

# The American Rescue Plan Act (ARPA)

Stabilization Grant Application Process and Instructions

# What is the ARPA Stabilization Grant?

- **ARPA Stabilization**: total \$1.5 billion for Florida. **The purpose of these funds is to stabilize providers.** This plan will allocate approximately half of these funds. Providers must use these funds on the following categories:
  - Personnel costs
  - Rent, utilities, facilities maintenance, and insurance
  - Personal protective equipment, cleaning, and other health and safety practices
  - Equipment and supplies
  - Goods and services
  - Mental health services for child care provider staff and children

# Base Grant for all Child Care Providers

- The foundation of the base funding amount is the size of the program. Approximately 85% of the funding will be awarded in the base grant. Amounts are based on the most recent Market Rate Study.
  - **Infants and Toddlers:** \$867 per child.
  - **Children 2 to Kindergarten Entry:** \$702 per child
  - **School-Age:** \$540 per child.
  - **FL School Readiness Enrollment:** additional \$70.20 per SR enrolled child.
- Minimum award for qualifying providers is **\$12,000.**

# Supplemental Program Bonuses

Providers may be eligible for multiple bonuses. All bonuses are in addition to the base rate.

- **Quality Services with Infrastructure deficit** (1,783 providers, \$12.3 mil) = 10% bonus
  - *Includes providers with either Gold Seal or CLASS score of 5.00 or higher*
- **Quality Services: CLASS 5.00 or higher** (1,246 providers, \$9.9 mil) = 15% bonus
- **Quality Services: CLASS score of 4.00 or higher** (2,890 providers, \$7 mil) = 5% bonus
- **Quality Services: Gold Seal** (1,929 providers, **\$29.5 mil**) = **20% bonus**
- **Non-Traditional Hours** (1,638 providers, \$2.2 mil) = 5% bonus
  - *Includes Nights and/or Weekend Care*
- **Workforce Investment Bonus** (approx. 80% of total providers, \$46.5 mil) = 10% bonus
  - *Provider agrees to use at least 25% of total grant amount on staff (bonuses, wage increases, health care costs, retirement, educational advancement, or tuition reimbursement)*

# Information to have ready when completing application...

- Provider Type – Licensed Family Home, Licensed Center, License Exempt Center, or License Exempt Family Home.
- Gold Seal Accreditation Status
- CLASS Composite Score – School Readiness Program Assessment Score
- Number of enrollments by AGE GROUP
- Number of children enrolled in HEAD START by AGE GROUP
- Number of School Readiness children by AGE GROUP
- Monthly Operating Expenses:  
(Payroll, Benefits, Other Personnel Costs, Rent/Mortgage, Facility Expenses, PPE, Training Expenses on Health and Safety, Equipment and Supplies in response to COVID-19, Goods & Services to maintain/resume childcare Mental Health Supports for children and staff)

# Log in to your Provider Portal

The screenshot shows the Florida Early Learning Provider Portal. The browser address bar displays <https://betaproviderservices.floridaearlylearning.com>. The page header includes the Florida Early Learning logo and the text "DIVISION OF Early Learning LEARN EARLY. LEARN FOR LIFE." followed by "Provider Portal". The navigation menu contains: Home, Business, Profile, Contracts, Enrollments, Attendance, Documents, Sites (with a dropdown menu), Profile (with a dropdown menu set to "2022 - 2023"), and a user greeting "Hello dengel@elcescambia.org!".

The main content area is divided into several panels:

- Common Tasks:** Manage Sites (Manage All Sites), Manage Users (Manage All Users), Manage VPK Applications and Contracts (VPK Provider Application, Manage VPK Instructors, Calendars, and Classes, Statewide VPK Provider Contract, VPK Contract Amendment), Manage SR Contracts (Statewide SR Provider Contract, SR Contract Amendment), Surveys/Grant Applications (ARPA Stabilization Subgrant Application), and Preschool Development (Developmental Screening Queue). A red arrow points to the "ARPA Stabilization Subgrant Application" link with the text "Click Here".
- Broadcast Messages:** No messages to display.
- Coalition Messages:** No notifications or alerts to display.
- Provider Site Summary:** Business name, Doing business as, Provider ID, License number, and SSN / Federal ID number. The fields for Doing business as, License number, and SSN / Federal ID number are redacted with black boxes.
- Frequently-Used Links:** Bright Beginnings, Core Competencies (Coming Soon), DCF Provider Training, Provider Portal User Guide, Quality Performance System (QPS), and VPK Provider Readiness Rate Website.

The footer contains the text: "Please contact your early learning coalition for immediate assistance."

# What you should see after clicking the link

## Scroll down to complete the application

The screenshot shows a web browser window displaying the Florida Early Learning Provider Portal. The URL in the address bar is [https://betaproviderservices.floridaeearlylearning.com/ARPAStabilizationSurvey?providerID=2209&servicePeriodID=2022\\_2&surveyEventID=5](https://betaproviderservices.floridaeearlylearning.com/ARPAStabilizationSurvey?providerID=2209&servicePeriodID=2022_2&surveyEventID=5). The page header includes the Florida Early Learning logo with the tagline "LEARN EARLY. LEARN FOR LIFE." and the text "Provider Portal". A navigation menu contains links for Home, Business, Profile, Contracts, Enrollments, Attendance, and Documents. The user's profile information shows "Sites: [redacted]", "Profile: 2022 - 2023", and "Hello dengel@elcescambia.org!". The main content area is titled "Early Learning/Child Care Provider – ARPA Stabilization Subgrant Application" and includes a message: "Early Learning/Child Care Provider – ARPA Stabilization Subgrant Application was modified on 2/17/2022 11:09:51 AM by thoang@elcescambia.org." Below this is an "Instructions" section with a list of guidelines:

- [ARPA Grant Spending Documentation Guide](#)
- Please contact your local [early learning coalition](#) for assistance.
- The application may be saved at any time by pressing the **Save for Later** button at the bottom of the application.
- The **Save for Later** button will return you to the Provider Dashboard where you can access the application at a future time by clicking the ARPA Stabilization Subgrant Application link located under Surveys/Grant Applications on the left of the Provider Dashboard.
- All fields are required to be completed in order for the **Submit** button to appear.
- All applications must be submitted no later than **June 30, 2022**.

# Required fields that are not already pre-populated must be filled out completely

Section 1: General Applicant Information

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable): \*

Provider Type: \* (required)

Licensed Family Home ⓘ  License-Exempt Family Home ⓘ

Licensed Center ⓘ  License-Exempt Center ⓘ

License or Exemption #: \* (required) ⓘ

EFSM Provider ID: \* (required) ⓘ

DUNS or FEIN Number: \* (required) ⓘ

Check if SSN ← If using SSN please check

Physical Address: \* (required) (Street Address) ⓘ

City: \* (required) PENSACOLA County: \* (required) Escambia Zip Code: \* (required) 32504

Mailing Address: (if different from Physical Address) ⓘ

City: PENSACOLA County: Escambia Zip Code: 32504



# Required fields that are not already pre-populated must be filled out completely

<b>Operator/Director Name: * (required)</b> ⓘ <input type="text" value="████████████████████"/>	<b>Operator/Director Phone Number: * (required)</b> ⓘ <input type="text" value="████████████████████"/>	<b>Operator/Director Contact Email: * (required)</b> ⓘ <input type="text" value="████████████████████"/>																												
<b>Operator/Director Race: * (required)</b> ⓘ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Prefer not to answer	<b>Operator/Director Ethnicity: * (required)</b> ⓘ <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Prefer not to answer	<b>Operator/Director Gender: * (required)</b> ⓘ <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer																												
<b>Gold Seal Accreditation Status: * (required)</b> ⓘ <input checked="" type="checkbox"/> Non-Gold Seal <input type="checkbox"/> Gold Seal	<b>CLASS Composite Score: * (required)</b> ⓘ <input type="checkbox"/> Exempt <input type="checkbox"/> 3.99 or below <input checked="" type="checkbox"/> 4.00 to 4.99 <input type="checkbox"/> 5.00 or higher <input type="checkbox"/> None	<b>Days/Hours of Operation: * (required)</b> ⓘ <table border="1"><tr><td><input type="checkbox"/> Sunday</td><td></td><td>-</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Monday</td><td>06:30:00 am</td><td>-</td><td>05:45:00 pm</td></tr><tr><td><input checked="" type="checkbox"/> Tuesday</td><td>06:30:00 am</td><td>-</td><td>05:45:00 pm</td></tr><tr><td><input checked="" type="checkbox"/> Wednesday</td><td>06:30:00 am</td><td>-</td><td>05:45:00 pm</td></tr><tr><td><input checked="" type="checkbox"/> Thursday</td><td>06:30:00 am</td><td>-</td><td>05:45:00 pm</td></tr><tr><td><input checked="" type="checkbox"/> Friday</td><td>06:30:00 am</td><td>-</td><td>05:45:00 pm</td></tr><tr><td><input type="checkbox"/> Saturday</td><td></td><td>-</td><td></td></tr></table>	<input type="checkbox"/> Sunday		-		<input checked="" type="checkbox"/> Monday	06:30:00 am	-	05:45:00 pm	<input checked="" type="checkbox"/> Tuesday	06:30:00 am	-	05:45:00 pm	<input checked="" type="checkbox"/> Wednesday	06:30:00 am	-	05:45:00 pm	<input checked="" type="checkbox"/> Thursday	06:30:00 am	-	05:45:00 pm	<input checked="" type="checkbox"/> Friday	06:30:00 am	-	05:45:00 pm	<input type="checkbox"/> Saturday		-	
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# Required fields that are not already pre-populated must be filled out completely

## Section 2: Operational Status

What type of program(s) do you operate? \* (required) *Select all that apply*

Child Care Center

School Readiness

Early Head Start

Title I

CCAMPIS

Summer Camp ONLY

Family Child Care Home (includes Large FCCH)

Other

Voluntary Prekindergarten (VPK)

Head Start

Migrant Head Start

IDEA

School-Age Site (before or after school, summer camp)

Faith-Based

Family Child Care Group Home

Was your program licensed/registered/certified/regulated with your current license number/exemption on or before March 11, 2021? \* (required)

Yes  No

OR

Does your program meet Child Care and Development Fund (CCDF) health and safety requirements including the completion of comprehensive background checks? \* (required) [i](#)

Yes  No

# Required fields that are not already pre-populated must be filled out completely

What is the current status of your program? **\*(required)** [i](#)

Open

Temporarily closed due to public health, financial hardship, or other reasons relating to the Coronavirus Disease 2019 (COVID-19) public health emergency.  
Please provide details about the temporary closure and planned reopening date:

Permanently Closed

Have you completed a current fiscal year Child Care Resource and Referral (CCR&R) profile in the Florida Early Learning Provider Services Portal? **\*(required)** [i](#)

Yes  No

Have you had a contract with an early learning coalition terminated for cause within the past five years? **\*(required)**

Yes  No

Are you under investigation or been convicted of child care fraud? **\*(required)**

Yes  No

Have you submitted W-9 and direct deposit forms for payment to the ELC? **\*(required)** [i](#)

Yes; Date previously submitted:

No

# You will need ACTUAL NUMBER OF ENROLLMENTS to include Head Start and School Readiness

## Section 3: Child Count Information

What is the licensed or identified capacity of your program by age group? \* (required) ⓘ

Infant (up to 12 months):

8

Toddler (12 months to 2 years old):

24

Two-Year-Old:

17

Preschool (3 years old to Kindergarten):

125

School Age (Kindergarten and above):

75

Total:

249

What is your enrollment by age group?

Total Current Children ⓘ

Includes Private Pay

Of the total, how many children are in:

These two numbers do not have to equal  
Total Current Children

Early Head Start/Early Head Start - Child Care Partnership/Head Start ONLY

School Readiness

Infants and Toddlers (up to 24 months) \* (required)

24

0 ⓘ

24 ⓘ

Children 2 – Kindergarten Entry \* (required)

36

5 ⓘ

21 ⓘ

School-Age (Kindergarten and older) \* (required)

15 ⓘ

15 ⓘ

Do you offer child care services during hours outside of a typical full-time workday (during non-traditional hours, i.e. evenings, nights, weekends, etc.)? \* (required) ⓘ

Yes

No

# List your average monthly expenses

## Section 4. Current Average Monthly Operating Expenses

Allowable Operating Expenses	Average Monthly Cost ⓘ * (required)
Payroll	\$ 16000.00
Benefits	\$ 2500.00
Other Personnel Costs	\$ 0.00
Rent or Mortgage	\$ 3500.00
Facility Expenses (Utilities, Insurance, Maintenance)	\$ 1000.00
Personal Protective Equipment (PPE), Including Cleaning and Sanitation Supplies and Services	\$ 500.00
Training Expenses for Staff on Health and Safety Practices	\$ 500.00
Equipment and Supplies in Response to COVID-19	\$ 500.00
<b>SubTotal</b>	<b>\$24,500.00</b>
Allowable Additional Expenses (Due to COVID-19)	Average Monthly Cost ⓘ
Goods and Services to Maintain or to Resume Services Child Care Services Describe: masks, gloves, cleaning supplies	\$ 500.00
Mental Health Supports for Children or Staff Describe: none	\$ 0.00
<b>Total</b>	<b>\$25,000.00</b>

This is NOT the amount you will receive. The purpose is to calculate average monthly expenses.

# Select how you plan to use your funds

(You are required to obtain all receipts for monitoring purposes)

## Section 5. Options For Fund Use

Subgrant funds may only be used for the following categories. Please check the box to select categories where funds are estimated to be spent. Funds may be transferred between categories without prior approval. You may choose to use funds for one or more of the following.

Category

Personnel costs, benefits, premium pay, and recruitment and retention

Rent or mortgage payments, utilities, facilities maintenance and minor improvements, or insurance

PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices

Purchases of or updates to equipment and supplies to respond to COVID-19

Goods and services necessary to maintain or to resume child care services

Describe:

masks, gloves, cleaning supplies

Mental health supports for children and employees

Describe:

Please indicate if you plan to use funds to reimburse the business for expenditures prior to March 11, 2021. \* (required)

Yes  No

# Table on subgrant amounts and criteria

## Section 6. Subgrant Amounts

**Base Subgrant:** The base subgrant will be calculated using current enrollment reported in Section 3 of this application, with a minimum of \$12,000 per provider.

- **Infants and Toddlers (up to 24 months):** \$867 per child
- **Children 2 - Kindergarten Entry:** \$702 per child
- **School-Age:** \$540 per child
- **School Readiness Enrollment:** Additional \$70.20 per SR enrolled child

**Supplemental Bonuses:** The supplemental bonuses are calculated as percentages of a provider's base grant and are provided in addition to the base grant. Providers can be eligible for multiple bonuses which are intended to reward child care programs that support children's development and working families

Bonus Category	Criteria	Bonus Percentage
Quality Services	Gold Seal or CLASS Score of 5.00 and higher in an area with a child care infrastructure deficit (desert) - SR Contracted ONLY	10%
	CLASS Score of 4.00 – 4.99 – SR Contracted ONLY	15%
	CLASS Score of 5.00 and higher – SR Contracted ONLY	5%
	Gold Seal	20%
Non-Traditional Hours	Includes Nights and/or Weekend Care	5%
Workforce Investment	Provider agrees to use at least 25% of total grant amount on staff (bonuses, wage increases, health care, retirement, educational advancements, or tuition reimbursement)	10%

### Quality Services and Non-Traditional Hours

Provider eligibility for bonus categories will be determined based upon verification of the information provided within Section 1 - General Applicant Information. Non-traditional hours encompass evening, night or weekend care. Evening or night care means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m. to accommodate parents who work evenings and late-night shifts. Weekend care means child care provided anytime on Saturday or Sunday.

### Workforce Investment \* (required)

Do you agree to use at least 25% of total grant amount on staff (bonuses, wage increases, health care, retirement, educational advancements, or tuition reimbursement) from the receipt of funds through September 30, 2023? By selecting Yes, you are eligible to receive the 10% Workforce Investment supplemental bonus.

Yes  No

# Provider Certification

## Provider Certification

To receive a stabilization subgrant:

I agree to use the funds only for the categories and purposes check marked on this application.

I understand I can move funds between categories without prior approval.

I understand that it is my responsibility to maintain records supporting the use of funds I receive and to document my compliance with A, B, and C below.

From the date of application submission through the duration of the subgrant period, I certify I will meet requirements, including:

A. I will implement policies in line with guidance and orders from state and local authorities and, to the greatest extent possible, with guidance from the U.S. Centers for Disease Control and Prevention (CDC) when open and providing services.

CDC has posted several fact sheets and guides to help child care providers understand and meet the guidelines, including:

- Quick Guide: Help Protect Your Child Care Center From COVID-19, available at [https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/322883-B\\_COVID-19\\_ChildcareGuidance\\_CENTER\\_infographic\\_v3.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/322883-B_COVID-19_ChildcareGuidance_CENTER_infographic_v3.pdf).
- Quick Guide: Help Protect Your Family Child Care Home from COVID-19, available at [https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/322883-B\\_COVID-19\\_ChildcareGuidance\\_HOME\\_infographic\\_v7.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/322883-B_COVID-19_ChildcareGuidance_HOME_infographic_v7.pdf).
- Child Care Providers Quick Guide to Symptoms of COVID-19 at Child Care, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/Childcare-Providers-Quick-Guide-Symptoms-of-COVID-19-at-Child-Care.pdf>.

B. I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for each employee (including lead teachers, aides, and any staff employed by the child care provider to work in transportation, food preparation, or other service). Also, I will not furlough employees or reduce their work hours.

C. I will provide relief from copayments and tuition payments for enrolled families and prioritize this relief for families struggling to make either payment, to the extent possible. NOTE: For School Readiness, providers may not waive copayments, however, discounts equivalent to the copayment amount are allowable if properly tracked and documented. In addition, the monthly statement provided to families indicating all payments received and any remaining balance, must include the amount, date and type of financial relief provided (e.g., discounts, differential, enrollment fees, etc.).

### Terms & Conditions

Subgrant funds CANNOT be used to support general building renovations or remodeling, or any other enhancement to a facility or grounds not specific to the operation of a child care agency. Refer to the ARPA Grant Spending and Documentation Guide for allowable costs and examples of documentation.

These terms and conditions shall remain in force from such time as the provider first accepts funding through full expenditure of funds.

Provider understands all grant funds need to be used on approved items and spent by no later than September 30, 2023.

Provider accepting funds shall ensure proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer awards.

Additional terms and/or conditions may be applied to this award if outstanding financial or programmatic compliance issues are identified.

Provider should consult with a tax advisor or attorney regarding potential tax consequences of accepting grant funding.

Provider understands it may be selected for monitoring by the Division of Early Learning (DEL), or its designee. Provider shall maintain documentation of how subgrants were used and to show they met certifications in A, B, and C above, according to instructions provided by DEL, or its designee.

At the request of the DEL, or its designee, the Provider shall repay any portion of subgrant funds determined not spent on an allowable expense as determined by DEL at its discretion.

By signing this application, I am further certifying I understand subgrant awards and amounts are subject to funds availability.

All fields are required. The Submit button will only display if all fields are completed. If the Submit button does not display, review the application for completeness.



# Authorized Signature and Submission

## Provider Affirmation

The following signature affirms that I will adhere to the items in A, B, and C. It also affirms I will only use the funds in the categories in section 5 of this application. I attest to the fact that the information I provide in this application is true and accurate and understand if my application is incomplete or incorrect it be returned to me.

- I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

### Authorized Electronic Signature

Full Name:

Check box to certify by electronic signature

Submission date: 2/22/2022

Submit

# Questions.....

## CONTACTS FOR THE ARPA GRANT APPLICATION

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