



DC Child Care Stabilization Grant In-take Application (DC SSBA Members Only)

Family Child Care Facilities – District of Columbia

As part of the American Rescue Plan (ARP) Act of 2021, the District of Columbia received approximately \$38 million in child care stabilization funds to support the child care sector through the coronavirus (COVID-19) pandemic and recovery. The DC Child Care Stabilization Grant will provide financial relief to child development facilities for unexpected business costs associated with the pandemic and help stabilize their operations and preserve the supply of child care for children and families.

To disburse DC Child Care Stabilization Grant funds, the Office of the State Superintendent of Education (OSSE) has partnered with the Washington Area Community Investment Fund (Wacif), the Low Income Investment Fund (LIIF), Hurley & Associates and the United Planning Organization (UPO). These organizations will act as grantees of the DC Child Care Stabilization Grant and will disburse grant funds to eligible child development facilities (or subgrantees). Grant funds will be disbursed on a formula basis and will help to ensure child development facilities in the District can continue to provide services to children and families through and beyond recovery from the public health emergency.

Eligibility and Allowable Uses of Funds

To receive grant funds, providers must meet federal and local eligibility criteria. More information on eligibility can be found [here](#).

Child care providers may use grants funds to cover a range of expenses, such as:

- Personnel costs
- Rent or mortgage payments
- Insurance
- Facility maintenance and improvements
- Personal protective equipment (PPE) and COVID-related supplies
- Training and professional development related to health and safety practices
- Goods and services needed to resume providing care
- Mental health supports for children and early educators
- Reimbursement of costs associated with the current public health emergency.

* 1. Licensed Business Name

* 2. Business Address

* 3. Facility License Number (Unique State ID)

* 4. Federal Employee Identification Number (FEIN)

* 5. Serving children who receive subsidy, at the time of application.

0 - No

1 - Yes

* 6. Temporarily closed at time of application.

0- No

1 - Yes

* 7. Primary language spoken by the facility owner.

Amharic

Bengali

English

French

Spanish

Other (please specify)

* 8. Languages spoken by families. Check all that apply.

- Amharic
- Bengali
- English
- French
- Spanish
- Other (please specify)

* 9. Gender of child development facility owner.

* 10. Ethnicity of Child Development Facility Owner (Hispanic or Latino Ethnicity)

RACE OF CHILD DEVELOPMENT FACILITY OWNER

* 11. American Indian and Alaskan Native

* 12. Asian

* 13. Black or African American

* 14. Native Hawaiian or Pacific Islander

* 15. White

* 16. How many staff are employed at the time of application? (Include yourself in the count)

* 17. Ward

* 18. Facility Type

PRIMARY POINT OF CONTACT INFORMATION

* 19. First Name

* 20. Last Name

* 21. Phone Number

* 22. Email Address

* 23. Zip code

* 24. Please report enrollment and openings as of the date of application deadline.

| | Number of Children Currently Enrolled | Teachers | Number of Current Openings – Vacancies | License Capacity | Desired Capacity |
|--|--|----------------------|--|----------------------|----------------------|
| Infant (0-17 months) for Family Homes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Toddler (18-35 months) for Family Homes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preschool (3 years) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preschool (4 years) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| School Age (5 years and older) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

FEDERAL REQUIRED ASSURANCES

As a subgrant recipient, all awardees are required to, for the duration of the grant,

- When open and providing child care services, implement policies in line with guidance from DC Health.
- To the greatest extent possible, implement policies in line with guidance from the Centers for Disease Control and Prevention (CDC).
- For each employee, pay not less than the full compensation, including any benefits, that was provided to the employee as of the date of submission of the application for the subgrant, and will not take any action that reduces the weekly amount of the employee's compensation below the weekly amount of full compensation, or that reduces the employee's rate of compensation below the rate of full compensation, or that reduced the employee's rate of compensation below the rate of full compensation, including the involuntary furloughing of any employee employed on the date of submission of the application for the subgrant.
- Provide relief from copayments and tuition payments for the families enrolled in the provider's program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.
- If a provider is unable to provide relief from copayments and tuition payments for all families enrolled in the program, they should prioritize doing so for families most in need of relief and target families earning below 85 percent of the State Median Income.
- The provider will remain in business through the duration of the grant period; The provider will use the funds to cover costs to remain in operation for the duration of the grant period.
- Keep ALL documentation of how the funds are expended for 5 years.
- Maintain receipts for all expenses reported on the recommended expenditure sheets.

* 25. Please upload the signed copy of the Federal Assurance document.

Choose File

Choose File

No file chosen

* 26. Please confirm the following statement. I recognize that by accepting Child Care Stabilization Grant funds from H&A or UPO this facility agrees to the following for the duration of the subgrant:

· Participate in no less than 12 hours of business trainings offered by DC Child Care Connections (DC CCC), DC Shared Services Business Alliance (DC SSBA), United Planning Organization (UPO)-Hub or an OSSE-approved trainer, six hours prior to the first award, Feb. 1, 2022, and six hours during the continuation period, Feb. 1, 2022 – July 31, 2022.

· Agree the OSSE may share information collected with federal agencies. It is further agreed that all information shared among agencies will be held as confidential, unless otherwise required by law.

I agree and recognize that I recognize that by accepting DC Child Care Stabilization Grant funds from H&A I must abide by all stated assurances.

APPLICATION NARRATIVE

* 27. Please upload the Program Narrative

Choose File

Choose File

No file chosen

SELF-ASSESSMENT AND GOAL SETTING

* 28. Please upload the goal-setting document.

Choose File

Choose File

No file chosen

BUDGET FORM

* 29. Please upload the Budget Form

Choose File

Choose File

No file chosen

BUDGET NARRATIVE

* 30. Please upload the Budget Narrative.

Choose File

Choose File

No file chosen

SUBGRANTEE TRAINING

* 31. All subgrantees must participate in no less than 12 hours of business trainings offered by DC CCC, DC SSBA or UPO-Hub, six hours prior to the first award, Feb. 1, 2022, and six hours during the continuation period.

Please upload the certificates for all business, trauma-informed and family engagement trainings attended from Oct. 1, 2021 through Dec. 8, 2021 and a list of trainings scheduled to attend by Jan. 31, 2022. All information submitted will be reviewed and verified by individual partners and program officers. At a minimum, all subgrantees must attend at least one training on trauma-informed practices, marketing and outreach, systems and internal controls and building program budgets.

Choose File

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No file chosen

ADDITIONAL DOCUMENTATION

* 32. Please upload W-9.

Choose File

Choose File

No file chosen

* 33. Please upload the completed Direct Deposit Form.

Choose File

Choose File

No file chosen

ADDITIONAL FUNDING REQUEST

* 34. Subgrantees will be able to apply for additional funding through the Low Income Investment Fund (LIIF). Please answer the following questions to determine eligibility.

- Yes, additional funding is needed.
- No additional funding is needed at this time.
- Unsure

35. Yes, additional funding is needed for one or more of the following activities.

- Personnel costs
- Rent or mortgage payments
- Insurance
- Facility maintenance and improvements
- Personal protective equipment (PPE) and COVID-related supplies
- Training and professional development related to health and safety practices
- Goods and services needed to resume providing care
- Mental health supports for children and early educators
- Reimbursement of costs associated with the current public health emergency
- None of the above. No additional funds are needed at this time.

36. Please explain why funding is needed in order to remain in or resume full operations.

37. Please describe the business or operating impact on your program if additional funds are not received.

38. I certify that to the best of my knowledge all the information in the application is correct. I further agree that if my grant application is approved, I will comply with all grant guidelines as identified in the grant and the funds received will be spent in accordance with the award and intended purpose. Please include name of the authorized representative.

39. Date and time of submission

Date / Time

Date

Time

AM/PM