If you have multiple licensed facilities, you received an email notification for each facility and must complete a form for each license.

To avoid delay of awarding your grant, please complete the Intake Form for each facility using the same email address the form was sent to.

**Please Note:** Forms will be reviewed on a rolling basis. For those providers who submit applications by **January 31st 2022**, Wacif and OSSE anticipate the first allotment of grant awards will be dispersed no later than **March 14th 2022**. Providers who submit forms after **February 1st**, will receive their first allotment at a later date in Spring, 2022.

Unless otherwise indicated, **ALL** fields must be completed.
If prepopulated fields are incorrect, please contact Lyals Battle, Wacif Program Manager, at dcchildcaregrant@wacif.org.

Facility Name And License Number

Facility Name

Grant Amount

$  

Is your Child Care facility affiliated with a larger organization?  

For example: a university, a school, a congregation, a network, etc.

What is the name of the parent organization of your facility?

Facility License Number

If you have multiple licensed facilities, you received an email notification for each facility and must complete a form for each license.

Business Owner Email Address
Business Owner First Name

Business Owner Last Name

Business Owner Phone Number

Business Owner Title

Are you temporarily closed at the time of application?
Choose...

Are you serving children who receive subsidy, at the time of application?
Choose...

Personal Information

Are you submitting this form on behalf of the Business Owner/CEO/Executive Director?
Please complete this section with the personal information of the individual filling out this form.

First Name

Last Name

Phone Number

Mobile Number

Email

Job Title

Questions? If you have any questions, please email dcchildcaregrant@wacif.org.
Creating meaningful change in communities

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Business Owner/CEO/Executive Director
Personal Information

Please answer the following questions in regards to the Business Owner/CEO/Executive Director:

Business Owner Address (Home)

Business Owner City (Home)

Business Owner State (Home)

Business Owner Zip Code (Home)

Business Owner County (Home)
Business Owner Race:

Please choose Yes, No or No Response for the following categories.

Wacif is committed to inclusion, equity, and creating economic opportunity. The following information is being collected as an opportunity to provide you and your business/nonprofit with new resources (small business funding, services, and programs).

This will not impact you as a recipient of the D.C. Child Care Stabilization Grant. Providing this information is voluntary and will not be distributed.

Asian

Choose...

Native Hawaiian or Pacific Islander

Choose...

Black or African American

Choose...

White

Choose...

Hispanic

Choose...
Other (Race)

Business Owner’s Primary Language

Choose...

Does the Business Owner identify as a part of any of these communities? (check all that apply)

- [ ] Disabled
- [ ] Immigrant
- [ ] LGBTQ+
- [ ] Limited English Proficiency
- [ ] Refugee/Internally Displaced
- [ ] Other
- [ ] N/A

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CONTACT

2012 Rhode Island Ave NE
Washington, DC 20018
(202) 529-5505
info@wacif.org
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Business Owner/CEO/Executive Director
Personal Information continued

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This will **not** impact you as a recipient of the D.C. Child Care Stabilization Grant. Providing this information is voluntary and will not be distributed.

**Business Owner Gender**

Choose...

**Business Owner Marital Status**

Choose...

**Business Owner Age Range**

Choose...
To calculate the Gross Household Income for a particular year, please **total the gross income of each person living in the home at that time** who was 15 years old or older.
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Overview / Questions ▼

Business:
Applicant:

Facility Business Information (including Nonprofits)

Facility Year Established
List the year your facility became operational.

DUNS Number
If no DUNS number, leave blank

Facility Address (Business)

Facility City (Business)
Facility County (Business)
Choose...

Facility State (Business)

Ward (Business)
Choose...

Facility Zip Code (Business)

Business Website
If no business website, enter "N/A" below

Business Phone Number
(10 digits only)

Facility Annual Revenue 2020

Facility Annual Revenue 2021
Please describe what type of support/assistance would be helpful for you and your facility in the future?

What other additional support would be helpful?

- [ ] Funding / Financial Assistance
- [ ] Technical Assistance
- [ ] Other support
- [ ] N/A

If you selected "Other Support" - please elaborate:

In the next 12-18 months, will you be in need of any additional loan funding?

Will you need additional funding beyond this grant?
How much loan capital do you think you will need?
Choose...

What will you use the funds for?

- Working Capital
- Renance Existing Debt
- Purchase of Equipment and/or Inventory
- Start Up Capital
- Leasehold Improvements
- Business Acquisition
- Other

Business Structure (including Nonprofits)

State of Incorporation

Business Corporate Structure Type
Business Type

- Sole Proprietorship
- General Partnership
- Limited Partnership (LP)
- Limited Liability Company (LLC)
- C-Corporation
- S-Corporation
- Other or non-profit

Are you the Business Owner?

- Yes
- No

Minority Owned

- Yes
- No

Veteran Owned

- Yes
% of Business Ownership

Questions? If you have any questions, please email dcchildcaregrant@wacif.org.

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Overview / Questions ▼

Budget Narrative And Use of Funds

Please submit a budget narrative for planned use of funds for the grant. You are required to use grant funds for business expenses and solely for the purpose of continuing business operations in the District of Columbia.

Please select all areas where you expect to use the grant funds (check all that apply)

- [ ] Personnel Costs
- [ ] Rent/Mortgage/Utilities
- [ ] Personal Protective Equipment
- [ ] Goods and Services
- [ ] Mental Health Costs
Federally Required Assurances

By accepting this grant, I certify that my facility will:

- When open and available to provide child care services, implement policies in line with guidance from DC Health and, 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 (referred to in this subclause as “full compensation”), 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, including the involuntary furloughing of any employee employed on the date of submission of the application for the subgrant.

- To the extent possible, provide relief from copayments and tuition payments for the families enrolled in the provider’s program, prioritizing relief for families struggling to make payments. 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.
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.

Questions? If you have any questions, please email dcchildcaregrant@wacif.org.

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Business:
Applicant:

Additional Facility Information

What languages are spoken by the families you serve? (select all that apply)

- English
- Spanish
- French
- Amharic
- Chinese
- Korean
- Vietnamese
- Portuguese
- African Languages
If you chose Other, please specify:

Number of Current Full-Time Employees at the Facility

Please write any full-time employees and contractors including yourself if applicable

Number of Current Part-Time Employees at the Facility

Please write any part-time employees and contractors including yourself if applicable
Has your business furloughed or laid off employees temporarily due to COVID-19?

<table>
<thead>
<tr>
<th>Number of Full Time Jobs Temporarily Lost Due to Covid-19:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Number of Part Time Jobs Temporarily Lost Due to Covid-19:</th>
<th></th>
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<td></td>
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</table>

**How many children are currently enrolled and attending your facility in person?**

<table>
<thead>
<tr>
<th>Number of Children: Infant (0-12 Months)</th>
<th></th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Number of Children: Toddler (13-36 Months)</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Number of Children: Preschool (37 Months-5 Years)</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Number of Children: School Age (5 Years and Older)</th>
<th></th>
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</table>
Has your child development facility received financial assistance from any of these programs? (Select all that apply)

☐ Paycheck Protection Program (PPP)

☐ Economic Injury Disaster Loan

☐ Mary’s Center D.C. Child Care Reopening Fund

☐ Small Business Microgrants Program

☐ Other Federal or Local Government Programs (please specify below)

☐ Other Philanthropic Funds (please specify below)

☐ None Received

If you received any other government or philanthropic funds - please specify:


Please choose to report either MONTHLY or ANNUAL Facility operating expenses herein:


Facility’s Monthly Expenses ($):
Will your program be able to remain in operation through the next 12 months without additional financial assistance?

Choose...

Questions? If you have any questions, please email dcchildcaregrant@wacif.org.

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Business:
Applicant:

Reporting

By checking the box below, you are acknowledging that you are required to submit a Closeout Report and receipts to Wacif by **February 28, 2023** on your use of the grant funds on business expenditures throughout the grant performance period as defined by the sub-grant agreement. Once you have fully expended the grant funds and submitted the final closeout report with receipts, Wacif will closeout the Grant. The Closeout Report shall include support documentation for actuals, including, but not limited to, receipts and paid invoices for all costs. You will receive a grant agreement after you have submitted this form with greater details. Please check the box below to acknowledge.

- [ ] Report Acknowledgement

Grant Disbursement

Your preferred payment method is the way in which you will receive your grant award.
We highly recommend you use ACH payments. Using ACH will accelerate your payment. Banking information will be requested during the documentation execution process.

Should you absolutely require a check as the form of payment, please be advised that there will be an additional significant delay. Please be advised that you will experience significant delays with respect to payment delivery.

Preferred Payment Method

Choose...

D.C. Child Care Provider Relief Fund II Close Out Form Submission

Grant II Close-Out Form Submission?

Please follow this link to fill out the D.C. Child Care Provider Relief Fund II Close Out Form. Please note that, while you are welcome to submit this Intake Form now, you will need to fill out the respective Close Out Form in order to receive this future funding.
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Request for Taxpayer Identification Number and Certification (W9)

Grant funds are taxable and a 1099-Misc will be submitted if awarded. The information you are requested to submit below will be populated for signature at the time of award confirmation. If you have any questions about what information to provide, please reference the latest W9 documentation from the IRS.

Box 1 on W-9: Name as shown on your income tax return (This will be the recipient listed on the 1099. If you file business income taxes as part of your individual 1040 tax return, input your individual name. If you file a separate business tax return, input the legal business name as shown on your business tax return)

Box 2 on W-9: Business Name or Business DBA, if different than above (If you have a business name or DBA different than the primary name listed on your income tax return, you may enter it here (optional))

Box 3 on W-9: Business Ownership Structure

Choose...
Mailing Address

Address (number, street, and apt. or suite no.)

City, State, and ZIP code

The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN).

Based on the W9 TIN instructions above, should you use your EIN or SSN on the W9?

- SSN/ITIN
- EIN

Business Employer Identification Number (9 digits only - If you do not have an EIN, add SSN or ITIN)

Do you certify that the W9 information is true to the best of your knowledge?

- Yes
Questions? If you have any questions, please email dcchildcaregrant@wacif.org.

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Communication Consent

Wacif is committed to protecting and respecting your privacy, and we will only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you. You may at any time unsubscribe to these communications. If you consent to us contacting you for this purpose, please check the box below:

☐ I agree to receive other communications from Wacif.

You may unsubscribe from these communications at any time however if you do unsubscribe during the grant period, please know you may miss important updates about the program. For more information on how to unsubscribe, our privacy practices, and how we are committed to protecting and respecting your privacy, please review our Privacy Policy.

By clicking COMPLETE below, you consent to allow Wacif to store and process the personal information submitted above to provide you the content requested.
Questions? If you have any questions, please email dcchildcaregrant@wacif.org.

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