DIVISION OF
Early Learning
LEARN EARLY. LEARN FOR LIFE.

Early Learning/Child Care Provider – ARPA Stabilization Subgrant Application – Round 2

Section 1. General Applicant Information

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

Provider Type

☐ Licensed Family Home ☐ Licensed Center

☐ License-Exempt Family Home ☐ License-Exempt Center

License or Exemption #	**EFSM Provider ID**	**DUNS or FEIN Number** ☐ Check if SSN

Physical Address

City	County	Zip Code

Mailing Address (if different from Physical Address)

City	County	Zip Code

Operator/Director Name	**Operator/Director Contact Email**	**Operator/Director Phone Number**

Operator/Director Race	**Operator/Director Ethnicity:**	**Operator/Director Gender:**
☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Multiracial ☐ Prefer not to answer	☐ Latino ☐ Non-Latino ☐ Prefer not to answer	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to answer

| **Gold Seal Accreditation Status:**
 ☐ Gold Seal
 ☐ Non-Gold Seal | **CLASS Composite Score:**
 ☐ Exempt
 ☐ 3.99 or below
 ☐ 4.00 to 4.99
 ☐ 5.00 or higher
 ☐ None | **Days/Hours of Operation:**

 ☐ Monday _____ am/pm - _____am/pm
 ☐ Tuesday _____ am/pm - _____am/pm
 ☐ Wednesday _____ am/pm - _____am/pm
 ☐ Thursday _____ am/pm - _____am/pm
 ☐ Friday _____ am/pm - _____am/pm
 ☐ Saturday _____ am/pm - _____am/pm
 ☐ Sunday _____ am/pm - _____am/pm |

Section 2. Operational Status

What type of program(s) do you operate? Select all that apply.	
☐ Child Care Center	☐ School-Age Site (before or after school, summer camp)
☐ Voluntary Prekindergarten (VPK)	☐ Summer Camp ONLY
☐ School Readiness	☐ Faith-Based
☐ Head Start	☐ Family Child Care Home (includes Large FCCH)
☐ Early Head Start	☐ Family Child Care Group Home
☐ Migrant Head Start	☐ Other _____
☐ Title I	
☐ IDEA	
☐ CCAMPIS	

Was your program licensed/registered/certified/regulated with your current license number/exemption approval on or before March 11, 2021?

☐ Yes ☐ No

<div align="center">OR</div>

Does your program meet Child Care and Development Fund (CCDF) health and safety requirements including the completion of comprehensive background checks?

☐ Yes ☐ No

What is the current status of your program?

☐ 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?

☐ Yes ☐ No

Have you had a contract with an early learning coalition terminated AND eligibility revoked within the past five years?

☐ Yes

☐ No

Are you under investigation or been convicted of child care fraud?

☐ Yes

☐ No

Have you submitted W-9 and direct deposit forms for payment to the ELC?

☐ Yes; Date previously submitted: _____

☐ No

Section 3. Child Count Information

What is the maximum capacity of your program by age group?

Infant (up to 12 months): _____

Toddler (12 months to 2 years old): _____

Two-Year-Old: _____

Preschool (3 years old to Kindergarten Entry): _____

School-Age (Kindergarten and above): _____

Total: _____

Do you have a current waiting list?

☐ Yes

☐ No

If yes, what is the waiting list of your program by age group?

Infant (up to 12 months): _____

Toddler (12 months to 2 years old): _____

Two-Year-Old: _____

Preschool (3 years old to Kindergarten Entry): _____

School-Age (Kindergarten and above): _____

Total: _____

What is your enrollment by age group?	Current Enrollment		Of the total, how many children are in -	
	FT	**PT**	**Early Head Start /Early Head Start -Child Care Partnership/Head Start ONLY**	**School Readiness**
Infant (up to 12 months):				
Toddler (12 months to 2 years old):				
Two-Year-Old:				
Preschool (3 years old to Kindergarten Entry):				
School-Age (Kindergarten and older)			███████	

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.)?

☐ Yes ☐ No

Section 4. Current Average Monthly Operating Expenses

Allowable Operating Expenses	Average Monthly Cost
Payroll	
Benefits	
Other Personnel Costs	
Rent or Mortgage	
Facility Expenses (Utilities, Insurance, Maintenance)	
Personal Protective Equipment (PPE), Including Cleaning and Sanitation Supplies and Services	
Training Expenses for Staff on Health and Safety Practices	
Equipment and Supplies in Response to COVID-19	
Subtotal	
Allowable Additional Expenses (Due to COVID-19)	**Average Monthly Cost**
Goods and Services to Maintain or to Resume Child Care Services Describe:	
Mental Health Supports for Children or Staff Describe:	
Total	
This is NOT the amount you will receive. The purpose is to calculate average monthly expenses.	

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 payments, 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:_____
☐ 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**.
☐ Yes ☐ No

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)	10%
	CLASS Score of 4.00 – 4.99 – **SR Contracted ONLY**	5%
	CLASS Score of 5.00 and higher – **SR Contracted ONLY**	15%
	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

Do you agree to use at least 25% of **total grant** amount on staff above and beyond regular payroll and benefits provided (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

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/Quick-Guide-Child-Care-Guidance-Center.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/Quick-Guide-Child-Care-Guidance-HOME.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-print.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 who work in transportation, food preparation, or other services). 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 and must be 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.

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 may be returned to me.

Signature of Authorized Provider Representative

Signature_____   Date _____

Printed Name_____   Title _____

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.

Sections below – *for ELC/RCMA use only*

Provider Subgrant Funding Amounts

Base Stabilization Subgrant	Amount
Infants and Toddlers (up to 24 months): $867 per child Number of Infant and Toddlers Enrolled: _____	<calculated field: *$867 *(Total Current Enrolled – EHS/EHS-CC/HS Only)*>
Children 2 - Kindergarten Entry: $702 per child Number of Children Age 2 through Kindergarten Entry Enrolled: _____	<calculated field: *$702 *(Total Current Enrolled – EHS/EHS-CC/HS Only)*>
School-Age: $540 per child Number of Children School-Age Enrolled: _____	<calculated field: *$540 *Number Enrolled*>
FL School Readiness Enrollment: $70.20 per child Number of Children Currently Enrolled in the SR Program: _____	<calculated field: *$70.20 *SR Enrolled*>
Base Stabilization Subgrant Subtotal **(based on current enrollment, with a funding floor of $12,000)**	<calculated field: *Greater of the subtotal based on enrollments by age or $12,000*>

Supplemental Stabilization Subgrant		% Increase Above Base	Amount
☐ Yes☐ No	**Quality Services with Infrastructure deficit** (Includes providers with either Gold Seal or CLASS score of 5.00 and higher)	10%	<calculated field: *Base Stabilization Subgrant Subtotal * % Increase above Base*>
☐ Yes☐ No	**Quality Services: CLASS score of 4.00 and higher – SR Contracted ONLY**	5%	<calculated field: *Base Stabilization Subgrant Subtotal * % Increase above Base*>
☐ Yes☐ No	**Quality Services: CLASS score 5.00 and higher – SR Contracted ONLY**	15%	<calculated field: *Base Stabilization Subgrant Subtotal * % Increase above Base*>
☐ Yes☐ No	**Quality Services: Gold Seal**	20%	<calculated field: *Base Stabilization Subgrant Subtotal * % Increase above Base*>
☐ Yes☐ No	**Non-Traditional Hours** (Includes Nights and/or Weekend Care)	5%	<calculated field: *Base Stabilization Subgrant Subtotal * % Increase above Base*>
☐ Yes☐ No	**Workforce Investment 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)	10%	<calculated field: *Base Stabilization Subgrant Subtotal * % Increase above Base*>
Supplemental Stabilization Subgrant Subtotal			**<calculated field>**
Total Stabilization Subgrant Award Amount (Base + Supplemental)			**<calculated field: *Base + Supplemental totals*>**

Provider Subgrant Eligibility Determination

Is this application form complete?

☐ Yes ☐ No

Does the provider meet the eligibility criteria?

☐ Yes ☐ No   If no, why? _____

Have you verified that the provider is not under investigation or been convicted of child care fraud?

☐ Yes ☐ No

Have you verified that the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

☐ Yes ☐ No

Did the provider submit, or do you have a completed, up to date IRS Form W-9 on file?

☐ Yes ☐ No

Have you verified your entity is the "home" coalition for this provider?

☐ Yes ☐ No

If all above responses are "yes," this application form can be accepted.

ARPA Stabilization Subgrant Awarded:

☐ Grant Amount: _____

☐ None

ELC / RCMA Certification

The following signature affirms that I have reviewed and processed this application in accordance with the DEL Program Guidance 240.21 – COVID-19, Appendix C, American Rescue Plan (ARP) Act Stabilization Subgrants for Early Learning/Child Care Providers.	
ELC / RCMA Signature	Date
Printed Name	Title
Phone	Email
Contact Entity ☐ Early Learning Coalition ☐ RCMA ☐ Other _____	