

# Delaware Nation Child Care and Development Fund American Rescue Plan Act Stabilization Subgrants for Licensed Child Care Providers - Round 2

## Section 1. General Applicant Information

Child Care Program Name on OK DHS license:	Location Address:  Location Zip Code:	Mailing Address:
OK DHS License number (K8):		Taxpayer ID Number:
Operator/Director Name:	Operator/Director Contact email:	Phone Number:

## Section 2. Operational Status

<p><b>What type of program do you operate?</b> Select all that apply.</p> <p><input type="checkbox"/> Child Care Center, privately owned/operated</p> <p><input type="checkbox"/> Child Care Center, part of a chain or corporation</p> <p><input type="checkbox"/> Family Child Care Home</p>
<p><b>Was your program licensed/registered/certified/regulated on or before March 11, 2021?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (if not, you are not eligible for this grant program)</p>
<p><b>What is the current status of your program?</b></p> <p><input type="checkbox"/> Open and currently providing child care services to Native American Families.</p> <p><input type="checkbox"/> Temporarily closed due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19) public health emergency. Please give details about the temporary closure and planned date to reopen:</p>
<p>Please indicate if you plan to use funds for any expenditures from March 11, 2021 to present: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you currently looking to make updates to increase Star Rating? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

### Section 3. Child Count Information

<b>Days of the Week of Operation:</b>		<b>Hours of Operation:</b>
<b>What is your current average enrollment by age:</b> Infant: Toddler: Preschool: School Age: <b>Total:</b>	<b>What is the licensed or identified capacity of your program?</b>	<b>What was your average enrollment by age in January 2020 (before COVID-19)?</b> Infant: Toddler: Preschool: School Age: <b>Total:</b>
<b>Applicants must currently serve Native American Children in the Delaware Nation CCDF service area. How many Native American Children are currently enrolled in your program?</b> Infant: Toddler: Preschool: School Age: Total:		<b><i>Delaware Nation's current definition of a Native American Child is: any child who is enrolled, eligible to be enrolled or whose parent/guardian is enrolled in a Federally Recognized Tribe. A request for verification may be required.</i></b>

### Section Four: Current Average Monthly Operating Expenses

<b>Allowable Expenses</b>	<b>Average Monthly Cost</b>
Payroll, including benefits if applicable: (number of individuals [FTE] currently on payroll: _____)	
Rent or Mortgage:	
Facility Expenses (Utilities, Insurance, Maintenance):	
Personal Protective Equipment (PPE), Including Cleaning and Sanitation Supplies and Services, average monthly expense:	
Equipment and Supplies in Response to COVID-19:	
<b>Total:</b>	
<i>This is NOT the amount you will receive. The purpose is to calculate average monthly expenses.</i>	

## Section 5. Options for Use of Funds

Subgrant funds may only be used for the following categories. Please check the box and enter the estimated monthly amounts per category. Because this is an estimate, you can move funds between categories without prior approval. You may choose to use funds for one or more of the following:

<input type="checkbox"/> Personnel costs, benefits, premium pay, hazard pay and recruitment and retention	Estimated Monthly Amount:
<input type="checkbox"/> Operational Costs: Rent or mortgage payments, utilities, facilities maintenance, or insurance	Estimated Monthly Amount:
<input type="checkbox"/> PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices	Estimated Monthly Amount:

### Certification

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund.

I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive, as well as to document my compliance with the requirements described in A, B, and C.

**By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:**

- A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).
- B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.
- C. I understand that any funding received is considered revenue and proper tax filing and claims procedures are required.
- D. I understand and agree to sign the Delaware Nation Subgrantee Agreement in order to be eligible for funding.
- E. I certify that I have not received ARP Stabilization funds from the State of Oklahoma, any other Federally Recognized or other organization for the same expenses I am applying for with this application.

## F. Provider Affirmation

**The following signature affirms that I will adhere to the items noted in the above Certification section. It also affirms I will only use the funds in the areas noted in section 5 of this application.**

**Provider Signature and Date:**

### Required Documents Must Be Submitted with Completed Application:

1. Copy of current Oklahoma Department of Human Services Child Care License
2. Completed W9
3. Mortgage statement/lease agreement for child care location
4. Payroll financial reports (if applying for this type of assistance)
5. Current OKDHS Star Rating

