



Coquille Indian Tribe Childcare Assistance Program Stabilization Grant Application

The American Rescue Plan Act (ARPA) has provided resources to the Coquille CCDF programs to distribute stabilization grants to childcare providers to ensure that childcare is available to support families and businesses as the economy recovers. Our goal is to stabilize the childcare sector in a way that rebuilds a stronger childcare system that supports the developmental and learning needs of children; meets parent's needs and preferences with equal access to high-quality childcare; and supports a professional workforce that is fairly and appropriately compensated for the **essential** skilled work that they do.

Is my program eligible for this funding?

To be eligible, you must be one of the following:

- State licensed family childcare home
- State licensed group childcare home
- State licensed childcare center
- Tribally licensed
- Tribal CCDF approved provider

How can I use this funding?

Your program can use the funds on any cost associated with providing and maintaining childcare during the COVID-19 pandemic. That includes paying for:

- Rent, mortgage, or utilities
- Payroll, benefits, and staff
- Staff training and professional development
- Maintaining or improving your facility (NO construction)
- Cleaning supplies and personal protective equipment
- Mental health support for children and employees

To apply for these grant funds, please complete the following sections and provide a brief description of what you are requesting assistance for, including an estimate of funds needed to stabilize or support your childcare center or business.

Funds must be expended by September 30, 2023.

Section 1. General Applicant Information

State Licensed Center State Licensed Home Family Provider Home Provider

Child Care Program Name:	Not Applicable <input type="checkbox"/>
Director or Owner Name:	
Phone Number:	
Location Address:	
Mailing Address: (If Different)	
Email:	
State Licensing Number:	Not Applicable <input type="checkbox"/>

Section 2. Operational Status

Was your program licensed/registered/certified/regulated on or before March 11, 2021?	Yes -or- No
Are you a childcare provider currently certified by the Oregon Child Care Division or Coquille Childcare Assistance Program (CCDF)?	Yes -or- No
Do you currently serve Tribal Children?	Yes -or- No
Do you provide care to Infants, Toddlers, non-standard hours, underserved areas, or children with disabilities?	Yes -or- No

Section 3. Child Count Information

What is the licensed or approved capacity of you program?	Days of Operation: Hours of Operation:
What is your current enrollment by age? Infant: Toddler: Preschool: School Age: Total:	Of the children enrolled, how many are funded by the following programs? Baby Promise: Preschool Promise: Tribal CCDF: ERDC: Other: Total:

Section 4. Current Average Monthly Operating Expenses

Please complete the following form with estimated amounts for costs claimed.

****Coquille CCDF has the ability to ask for supporting documents or receipts if needed.**

Family Home Care Providers under the Coquille Childcare program (CCDF) - do your best to calculate costs. Example: You may not have a payroll, but any amount left after childcare specific costs are deducted would be considered income and can be listed.

Allowable Expenses	Average Monthly Cost
Payroll # of full-time employees: _____ part-time: _____	
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, Supplies, or Services in response to COVID-19:	
Additional Costs:	
Total:	

Section 5. Options For Use of Funds

Subgrant funds may only be used for the following categories. Please mark which categories you will support with the funding received from the subgrant:

- Personnel costs, benefits, premium pay, and recruitment and retention.
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance.
- Personal protective equipment, cleaning and sanitation supplies and services, or training and professional development related to health and safety practice.
- Purchases or updates to, equipment, supplies, or technology needed to respond to Covid-19.
- Good and services necessary to maintain childcare services.
- Mental health support for children and employees
- Reimbursement for any of the categories above going back to the beginning of the pandemic **(Must include itemized spreadsheet or list of previous expenditures. Coquille CCDF has the ability to ask for supporting documents or receipts if needed).**

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked in Section 5 which categories I plan to fund. If I need to, I can move funds to a different category with pre-approval.

_____ Initials

I understand and agree that no funds requested or received will be used for new construction or major renovation projects.

_____ Initials

I also understand that it is my responsibility to retain auditable records during the term of this Agreement and for a period of at least three (3) years following the expiration or termination of this agreement, and that documentation can be requested by Coquille CCDF at any time.

_____ Initials

Section 6. Certification

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

When open and providing services, I will implement policies in line with guidance and policy from corresponding state, territorial, Tribal, and local authorities and, to the

greatest extent possible, implement policies in line with guidance from the U.S. Center for Disease Control and Prevention (CDC).

_____ Initials

For each employee (including lead teachers, aides, and other staff who are employed by the childcare provider to work in transportation, food preparation, or other types 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 through the duration of the subgrant period.

_____ Initials

I will provide relief from copayments and tuition payments for families enrolled in the childcare program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

_____ Initials

I will keep my childcare center/home operational through September 30th, 2023 and understand that if I close my childcare center/home prior to September 30th, 2023, I will return all awarded funds to the Coquille Indian Tribe.

_____ Initials

The following signature affirms the information in this application is true to the best of my knowledge and I will adhere to the agreements stated above.

Signature: _____ Date: _____

What to submit with your application:

- Copies of any facility or provider licenses
- Completed W-9
- Spreadsheet or form with monthly costs
- Spreadsheet or form with costs claimed for reimbursement

Return to
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