CCSG Application Instructions

Section 1: Grant Information

Write or type the requested general information.

Name of Applicant: Person who is completing the application and is the owner, licensee, or the authorized designee

Provider ID: DHR generated unique identifier that begins with 50000 or 50001

Telephone Number: Telephone number, including area code, where the applicant may be reached

Email Address: Email address where the applicant may be reached

Facility Name: Name of the child care facility as listed on the license issued by the Department

Licensee Name: Name of the licensee as listed on the license issued by the Department

License Number: License number listed on the license issued by the Department

Facility Physical Address: Street address, including city, county, and zip code where the child care facility is physically located in the state of Alabama

Facility Mailing Address: Street address, including city, state, and zip code where the child care facility receives mail if different from the physical address

Race of Applicant: Check the race of the applicant (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)

Is the Applicant Hispanic or Latino?:   Check yes is the applicant is a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race or no if the applicant is not (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)

Gender of Applicant: Check the gender of the applicant (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)

<u>The provider is licensed, regulated or registered and meets Child Care and Development Fund health and safety requirements on the date of the application.</u>	Check YES or NO based on the date the facility was licensed by the Department. If the facility is licensed, the answer is YES.
<u>Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension?:</u>	Check YES if the facility is in good standing or check NO if the facility is on adverse action, including probation, revocation or suspension (applicants who check NO are not eligible for the CCSG)
<u>Does the child care facility serve children who are private-pay?:</u>	Check YES if the facility serves any of the types of children listed in the question or NO if the facility does not serve these types of children.
<u>Does the child care facility serve children participating on the Child Care Subsidy Program?:</u>	Check YES if the facility serves any of the types of children listed in the question or NO if the facility does not serve these types of children.
<u>Does the child care facility serve children enrolled in the DHR Early Head Start-Child Care Partnership Program?:</u>	Check YES if the facility serves these types of children listed in the question or NO if the facility does not serve these types of children.
<u>Does the facility exclusively serve children funded by State funded Pre-K, Head-Start, or non-DHR Early Head Start-Child Care Program?</u>	Check YES if the facility exclusively serves any of the types of children listed in the question or NO if the facility does not exclusively serve children funded by State funded Pre-K, Head-Start, or non-DHR Early Head Start-Child Care Program ***(Applicants who check YES but hold a DHR issued license are eligible for the CCSG but those classrooms must be deducted from the total capacity for grant funding).***
<u>Is your child care facility currently open and operating for in-person services at the time you are submitting this application (not including temporary closures consistent with the ordinary course of business)?</u>	Check YES or NO based on the status of the facility (applicants who check NO are not eligible for the CCSG)

<u>Do you commit to remain open and operating for a period of one (1) year from the date of receiving the grant award (not including temporary closures consistent with the ordinary course of business)?</u>	Check YES or NO (applicants who check NO are not eligible for the CCSG)
<u>Choose method of payment:</u>	Check **CK** if you would like a check mailed or **DD** if you would like the award to be direct deposit. **If your chosen method is direct deposit, you will obtain and complete a direct deposit form from the regional agency processing your application. Grant payments will not be made from the Alabama STAARS Vendor System.**

Section 2: Acknowledgement of Terms, Submissions, and Payment: Read and acknowledge the terms of receiving the CCSG. Sign and date the application prior to submission.

Section 3: Proposed Expenditure Reporting Form: Complete the information for your facility at the top of the form the same as you completed section one of the application. Indicate yes or no for each of the options that you plan to spend grant funding if you are approved for a grant. Complete the bottom section of the estimate by including your *daytime* capacity and *deducting the capacity for any classrooms on the campus that are Head Start or Non-DHR EHS-CCP* to determine your total estimated grant amount.