

**CCSG Application Form**

<b>Section 1: Grant Information- Attach a copy of facility's W-9 and a current copy of DHR license.</b>	
Name of Applicant: _____ Provider ID: <u>5000</u>	
Telephone Number: (    ) _____ Email Address: _____	
Facility Name: _____	
Licensee Name: _____ License Number: _____	
Facility Physical Address: _____	
City: _____ County: _____ Zip Code: _____	
<i>Complete only if mailing address is different from physical address:</i>	
Facility Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Race of Applicant: <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian/Alaska Native</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Black/African American</li> <li><input type="checkbox"/> Native Hawaiian/Pacific islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Multiracial</li> </ul>	Is the Applicant Hispanic or Latino?: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gender of Applicant: <input type="checkbox"/> Male <input type="checkbox"/> Female
The provider is licensed through DHR Child Care Services Division, regulated or registered and meets Child Care and Development Fund health and safety requirements on the date of the application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children who are private-pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children who are participating on the Child Care Subsidy Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children enrolled in the DHR Early Head Start-Child Care Partnership Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the program exclusively serve children funded by State funded Pre-K, Head-Start, or non-DHR Early Head Start-Child Care Program? <b>(If YES, the program must hold a DHR issued license to qualify and those classrooms cannot be counted in total capacity for grant funding.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose payment method: Check =CK or Direct Deposit= DD <u>To receive DD you must obtain and complete a DD form from your regional agency.</u>	<input type="checkbox"/> CK <input type="checkbox"/> DD

## Section 2: Acknowledgement of Terms, Certifications, and Signature

By submitting this Application and/or accepting funds distributed pursuant to this Application, the undersigned certifies and agrees:

1. To be bound by any and all terms set forth in this Application and to use any and all funds distributed pursuant to this Application in the manner set forth below;
2. To only expend the funds in a manner on allowable categories as defined in the instructions
3. When open and providing services, to implement policies in line with guidance and orders from corresponding state 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);
4. To 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 for each employee (including lead teachers, aides, and any other staff who are employed to work in transportation, food preparation, or other type of service) and to not involuntarily furlough employees from the date of submission of this Application through the duration of the subgrant period;
5. To provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment if able to do so;
6. This Application does not create a contractual relationship with the State of Alabama or any of its Agencies and any failure to distribute funds pursuant to this Application does not create a cause of action nor does it carry any appeal rights;
7. To keep detailed, accurate, and truthful accounting records of the receipt, use, and disbursement of all funds received pursuant to this Application;
8. To allow the Department or its representatives unlimited access to audit and examine any and all records related to the funds disbursed pursuant to this Application, including, but not limited to, all records, reports, distributions, account ledgers, balance sheets, bank records, credit card statements, electronic payment records, receipts, or other documents related to the receipt and distribution of funds pursuant to this Application; failure to provide accurate documentation will be construed as filing a false statement;
9. To allow the Department or its representatives to interview any employee or agency in relation to funds disbursed pursuant to this Application;
10. To comply with all Performance Standards for Daycare Centers and Nighttime Centers Regulations and Procedures or Performance Standards for Family Day Care Homes, Family Nighttime Homes, and Group Day Care Homes, Group Nighttime Homes Regulations and Procedures.
11. That any funds received pursuant to this Application are subject to repayment, reclaim and recapture if (a) the funds are not used in the manner provided for and set forth in this Application, or (b) if access to records or information as set forth in the preceding paragraphs is refused or denied by the person(s) or entity receiving funds pursuant to this Application or, (c) if any information provided in the Application is found to be false or misleading; any agency action in requesting or demanding repayment, reclaim, and/or recapture is a final determination and is not subject to appeal;
12. That this is an application for a continuing benefit under its existing child care license and its lawful presence in state of Alabama, to the extent required, has been previously established;
13. That if funding is reduced or restricted prior to distribution by legislative action, federal or state allocations, or executive action, the amount distributed under this Agreement will be reduced or eliminated accordingly;
14. That this Agreement does not and will not violate any conflict of interest provisions in any respect and agrees not to employ an individual that would result in a violation of this law;
15. Will not use any funds disbursed under this application for lobbying or any other prohibited use;
16. If any provisions or paragraphs of this application are or become illegal, unenforceable, or invalid, in whole or in part for any reason, the remainder of this Application shall remain in full force and effect without being impaired or invalidated in any way;
17. To comply with Executive Order No. 11246, as amended and as supplemented by U.S. Department of Labor regulations (41 CFR, Part 60-1, et. seq.), which prohibits discrimination based on race, creed, color, religion, national origin, sex, or age;
18. To remain open for one year from the date of the grant award.
19. The information included in this Application is true and correct; and the person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application.
20. Certify acceptance of any subgrants must be to supplement, not supplant existing funding streams.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit completed application no later than August 5, 2024 to TCR.**

**July 2024 Child Care Stability (CCSG) Grant**

**Section 3: Proposed Expenditure Reporting Form**

Name of Applicant: \_\_\_\_\_ Provider ID: 5000

Telephone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Complete only if mailing address is different from physical address:*

Facility Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Do you plan to spend grant funding on the following areas:**

Personnel Costs	___ Yes ___ No
Rent/Mortgage/Utilities	___ Yes ___ No
Personal Protective Equipment	___ Yes ___ No
Purchases of or Updates to Equipment and Supplies	___ Yes ___ No
Goods and Services	___ Yes ___ No
Mental Health Supports	___ Yes ___ No

Licensed Daytime Capacity _____	-	Capacity of Head Start/Non-DHR EHS-CCP Classrooms _____	=	Total Maximum Capacity _____	<u>Select Amount</u> Center 0-50: \$25,000 Center 51-99: \$32,000 Center Over 100: \$43,000 Family Home: \$11,000 Group Home: \$14,000	Estimated Grant Total _____
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**Signature**

\_\_\_\_\_  
**Date**