

CCWS Application Instructions

Section 1: Grant Information

Write or type the requested general information.

<u>Name of Applicant:</u>	Person who is completing the application and is the owner, licensee, or the authorized designee
<u>Provider ID:</u>	DHR generated unique identifier that begins with 50000 or 50001
<u>Telephone Number:</u>	Telephone number, including area code, where the applicant may be reached
<u>Email Address:</u>	Email address where the applicant may be reached
<u>Facility Name:</u>	Name of the child care facility as listed on the license issued by the Department
<u>Licensee Name:</u>	Name of the licensee as listed on the license issued by the Department
<u>License Number:</u>	License number listed on the license issued by the Department
<u>Facility Physical Address:</u>	Street address, including city, county, and zip code where the child care facility is physically located in the state of Alabama
<u>Facility Mailing Address:</u>	Street address, including city, state, and zip code where the child care facility receives mail if different from the physical address
<u>Race of Applicant:</u>	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)
<u>Is the Applicant Hispanic or Latino?:</u>	Check yes if 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)
<u>Gender of Applicant:</u>	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>Number of Full-Time Staff Positions on the Facility's Payroll to Receive Bonus:</u>	List the number of full-time (works more than 25 hours per week) positions on the facility's payroll who will receive the bonus.

Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus:

List the number of part-time (works 16 to 25 hours per week) positions on the facility's payroll who will receive bonus

The provider is licensed, regulated or registered and meets Child Care and Development Fund health and safety requirements on the date of the application.

Check YES or NO based on the date the facility was licensed by the Department. If the facility is licensed, the answer is YES

Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension)?:

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 CCWS Grant)

Does the child care facility serve children who are private-pay?:

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.

Does the child care facility serve children participating on the Child Care Subsidy Program?:

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.

Does the child care facility serve children enrolled in the DHR Early Head Start-Child Care Partnership Program?:

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.

Does the facility exclusively serve children funded by State funded Pre-K, Head-Start, or non-DHR Early Head Start-Child Care Program?

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 eligible for the CCWS Grant).**

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)?:

Check YES or NO based on the status of the facility (applicants who check NO are not eligible for the CCWS Grant)

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)?:

Check YES or NO (applicants who check NO are not eligible for the CCWS grant)

Choose method of payment:

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 CCWS Grant. Sign and date the application prior to submission.

Child Care Workforce Stabilization Grant Application (Form CCWS-A)

Section 1: Grant Information- Attach a copy of facility's W-9 and Form CCWS-E	
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"> <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native Hawaiian/ Pacific islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial 	Is the Applicant Hispanic or Latino?: <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender of Applicant: <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female 	
Number of Full-Time Staff Positions on the Facility's Payroll to Receive Bonus (Full-Time is defined as working more than 25 hours per week)	
Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus (Part-Time Staff is defined as working 16 to 25 hours per week)	
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? (If YES, the program must hold a DHR issued license to qualify.)	<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 To receive DD you must obtain and complete a DD form from your regional agency.	<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 submit payroll documentation i.e. bank statements, check stubs, payroll expenditures etc. 14 days after the disbursement of the bonuses;
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 only expend the funds in a manner as defined in this Application Guidance and to expend the total payment approved within 30 days of receipt of each disbursement;
8. To keep detailed, accurate, and truthful accounting records of the receipt, use, and disbursement of all funds received pursuant to this Application;
9. 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;
10. To allow the Department or its representatives to interview any employee or agency in relation to funds disbursed pursuant to this Application;
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 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;
13. 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;
14. Will not use any funds disbursed under this application for lobbying or any other prohibited use;
15. 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;
16. 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.
17. Certify acceptance of any subgrants must be to supplement, not supplant existing funding streams.

Signature: _____

Date: _____