

**Child Care Workforce Stabilization Grant Supplemental Application
(Form CCWS-B)**

Section 1: Grant Information	
Name of Applicant: _____ Provider ID: _____	
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: _____	
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)	

Section 2: Acknowledgement of Terms, Certifications, and Signature	
By submitting this Application Amendment and/or accepting funds distributed pursuant to this Application Amendment, the undersigned certifies and agrees:	
<ol style="list-style-type: none"> 1. To be bound by any and all terms set forth in the original Application and to use any and all funds distributed pursuant to this Application in the manner set forth below; 2. The information included in this Application is true and correct; 3. The person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application. 4. The person whose signature is below has reviewed and agrees to follow the grant guidance as it is written on today's date. 	
Signature: _____	Date: _____
Please include an updated CCWS Form E with this document	

CCWS Grant Application Amendment Instructions

Section 1: General 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 DHR
<u>Licensee Name:</u>	Name of the licensee as listed on the license issued by DHR
<u>License Number:</u>	Number listed on the license issued by DHR
<u>Facility Physical Address:</u>	Street address, including city, county, and zip code where the child care facility is physically located
<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>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
<u>Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus:</u>	List the number of part-time (works 16 to 25 hours per week) positions on the facility's payroll who will receive the bonus

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.