Sample Financial Hardship Grant Application – Certified Child Care Center

DEPARTMENT OF HUMAN SERVICES

DHS-8070F-ENG 1-22 (1.0.1)

Child Care Stabilization Financial Hardship Grant Application

*Required field

The American Rescue Plan Act was signed into law in March 2021, and it provided Minnesota with additional funds designed to help stabilize the child care industry as the state continues to recover from the COVID-19 pandemic. At the end of June, the Minnesota legislature created Minnesota's Child Care Stabilization Grant program. As part of the Child Care Stabilization Grant program, Financial Hardship Grants are intended to provide support to child care programs that are experiencing extreme financial hardship.

Providers must meet at least one of three eligibility criteria related to financial hardship for their provider type. Details on each criteria can be found on the Child Care Stabilization Financial Hardship Grant web page.

Applicants may choose to apply under one or more criteria for their program type. All questions related to a specific criteria must be answered in order to determine eligibility under that criteria. Be sure to carefully read all information and review the details contained in the attestation prior to submitting your application.

Assistance in completing this application

For assistance completing this application, please contact Child Care Aware of Minnesota at 651-290-9704 or by email at supportfunds@childcareawaremn.org.

- Si necesita ayuda para comprender esta carta, comuniquese con Rocio Sosa, rsosa@thinksmall.org, 651-641-6660
- Hadaad ubaahantahay caawimaad fahanka warqadan, fadlan la xiriir Abdulkadir Warsame, awarsame@thinksmall.org, 651-641-6673
- Yog tias koj xav tau kev pab nkag siab tsab ntawv no, thov hu rau Julie Yang, JYang@thinksmall.org, 651-366-6792

Please see the Financial Hardship Grant Frequently Asked Questions (FAQs) webpage for additional eligibility requirements and other information.

Applicant program information

Certification No.

Provider type

Certified Child Care Center

Name of program

Services provided at:

Name of Center Operator

*Is the information for your program as stated above correct?

◯ Yes ◯ No

Application questions

*Was (Certification No. operating and serving children during the October 1, 2021 through December 31, 2021 funding period (temporary closures during this time period are allowable)?

◯ Yes ◯ No

Federal reporting requirements for the Child Care Stabilization Grant program require the state to collect demographic information on the family child care provider, center director and center operator of programs applying for these funds. The next two questions are designed to meet this requirement.

*Which of the following best describes the child care provider / center director or operator of (Certification No. to)?
(One or more categories may be selected)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

*What is the gender identity of the child care provider / center director or operator of (Certification No.

- ◯ Male
- ◯ Female
- ◯ Other gender identity
- ◯ Prefer not to answer

Applicants may choose to apply under one or more criteria for their program type. All questions related to a specific criteria must be answered in order to determine eligibility under that criteria.

Criteria 1: Monthly gross income or operating funds is insufficient to cover 4 weeks of payroll

What were your gross income[1] or operating funds[2] for December 1, 2021 to December 31, 2021?

What were your personnel expenses[3] for the most recently completed 4 weeks of payroll?

1 Gross income = Income that your child care business receives. This includes parent fees, potentially Child Care Assistance Program and Early Learning Scholarship payments, loans, grant funds, and other sources of income.
2 Operating Funds = Specific to non-profit certified centers is the funds allocated from the organizations budget to support the child care program.
3 Personnel Expenses = personnel expenses comprise wages and salaries subject to withholding of tax and comparable expenses, as well as expenses determined direct based on wage or salary, such as social security contributions, statutory and voluntary personal insurance contributions and pension expenses.

Criteria 2: Public school-based program with Fund Balance of $0 or less

Is this child care program a public school-based program?

◯ Yes ◯ No

If yes, then:

On the most recent official report, what was the Fund Balance of the fund that supports your child care program?

If no, then:

Criteria 2: Non-public school-based program with Days Cash on Hand[4] of less than 10 days

At the end of your last complete fiscal month how many Days Cash on Hand[4] did your program have?

4 Days Cash on Hand = Days cash on hand represents the number of days a business can keep up with its expenses using the current cash reserves.

Criteria 3: Operating loss[6] over the previous complete consecutive 3 fiscal months equal to 33% or more of a provider's gross income or operating funds

What was your gross income[4] or operating funds for October 1, 2021 to December 31, 2021?

What was your child care operating expenses[5] for October 1, 2021 to December 31, 2021?

Operating profit/loss for October 1, 2021 to December 31, 2021

$0

Operating Loss as a percentage of gross income or operating funds

[4] Gross income = Income that your child care business receives. This includes parent fees, potentially Child Care Assistance Program and Early Learning Scholarship payments, loans, grant funds, and other sources of income.
Operating Funds = Specific to non-profit certified centers is the funds allocated from the organizations budget to support the child care program

[5] Operating expenses = operating expenses includes any business expenses in the categories below:

- Payroll
- Benefits (health, dental, vision insurance, retirement contributions, etc.)
- Training and professional development expenses for staff
- Other personnel costs
- Equipment and supplies (software/computers, IT services, office supplies, etc.)
- Rent or mortgage
- Facility expenses (utilities, insurance, maintenance)
- Personal Protective Equipment (PPE), including cleaning and sanitation supplies and services
- Food
- Learning materials and activities
- Tuition relief for families
- Mental health supports

[6] Operating Loss = Child Care revenues – Operating Expenses when operating expenses are more than child care revenues

Agreement to accept payment and funding requirements

As a condition of receiving a Child Care Stabilization Financial Hardship Grant, you must indicate that you are aware of and have complied with the requirement that your program remained operating and serving children during the funding period (October 1, 2021 to December 31, 2021). "Operating" means that your program has staff available to care for children if so requested by enrolled families or families wishing to enroll in your program, during hours your program is licensed to operate and to the extent your program had the licensed capacity, and clearly communicated that it was open to current and inquiring families.

Once your application has been received and it is determined your program is eligible to receive funds, you will receive notification of funding and receive payment.

If there is indication that you have failed to meet requirements associated with the Child Care Stabilization Financial Hardship Grant, you will receive written notice and be provided an opportunity to clarify and/or correct any non-compliance. Failure to make the required corrections, or providing false or misleading information to the Minnesota Department of Human Services (DHS) with regard to the funding requirements, may result in discontinuation of future installment payments, recovery of installment payments already made, and/or referral to the DHS Office of Inspector General for additional action related to the funds, status as a Child Care Assistance Program provider, and your license, certification, or registration under Minnesota Statutes, chapters 119B, 245A, 245E, 245H, and Minnesota Statutes, section 245.095.

*Does (Certification No.) accept this payment of the Child Care Stabilization Financial Hardship Grant for the purposes provided and does (Certification No. agree that it has met the funding requirements?

◯ Yes ◯ No

Intended Use of Funds

*Stabilization grant funds may only be used for the following purposes. Which purpose(s) do you plan to use these grant funds for, if awarded?

- [ ] 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
- [ ] Training and professional development related to health and safety practices
- [ ] Purchases of or updates to equipment and supplies to respond to COVID-19
- [ ] Goods and services necessary to maintain or resume child care services
- [ ] Mental health supports for children and employees

Collection of tax information

In order to process and mail your payment you must provide either the Federal Employer Identification Number (FEIN) for (Certification No. with the associated business name or the Social Security Number of the Certification Holder for (Certification No. with the associated legal first and last name. This information will be used to issue a Form 1099 for tax purposes at the end of 2021.

*Does (Certification No.) have a Federal Employer Identification Number?

◯ Yes ◯ No

If yes, then:

*Enter the Business Name for (Certification No) as it appears on your W-9 form or other federal tax documents:

*Enter the Federal Employer Identification Number (FEIN) for (Certification No.). The Federal Employer Identification Number (FEIN) must match the business name in the question above. FEIN must be in the format XX-XXXXXXX or XXXXXXXXX:

If no, then:

*Enter the Certification Holder's legal **FIRST** name (Certification No.). Only one name is needed if there are multiple Certification Holders:

*Enter the Certification Holder's legal **LAST** name for (Certification No. . Only one name is needed if there are multiple Certification Holders:

*Enter the Social Security number of the Certification Holder for (Certification No.). Only one number is needed if there are multiple Certification Holders. The Social Security number must match the first and last names entered above. Social Security number must be in the format XXX-XX-XXXX or XXXXXXXXX:

Attestation

To be eligible to apply for and receive the Child Care Stabilization Base Grant, (Certification No.) hereafter referred to as "my program" attests and agrees to the following:

- My program was operating and serving children during the funding eligibility period (October 1, 2021 to December 31, 2021).
- My program agrees to use these funds for one or more of the following purposes:
  - 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
  - Training and professional development related to health and safety practices
  - Purchases of or updates to equipment and supplies to respond to COVID-19
  - Goods and services necessary to maintain or resume child care services
  - Mental health supports for children and employees
  - Reimbursement for any of the uses above, paid between January 31, 2020 and September 30, 2023, that has not already been paid for with other federal, state, tribal or local public funds.

- My program agrees to:
  - When open and providing services, implement policies in line with guidance and orders from corresponding state, tribal, and local authorities and, to the greatest extent possible, guidance from the Centers for Disease Control and Prevention (CDC) (available at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html).
  - Pay at least the same amount in weekly wages and maintain the same benefits (such as health insurance and retirement, if applicable). Specifically, this means that providers must maintain weekly wages and benefits for staff:
    - during program or classroom COVID caused closures
    - who are quarantining after testing positive for COVID
    - who are isolating after being exposed to COVID, unless providers have internal policies that state they will not maintain wages for unvaccinated staff who experience a COVID exposure

    Providers can follow internal policies for non-COVID-related sicktime instances.
  - Report/update program capacity information, at a minimum every six weeks, via the Provider Business Update tool at https://mnpbu.naccrraware.net/#!/login. For more information on this requirement, please refer to the Financial Hardship Grant Frequently Asked Questions (FAQs) webpage.
- My program agrees **NOT** to:
  - involuntarily furlough or layoff employees.
  - use these funds to pay taxes (other than payroll taxes, which are allowed).
  - use these funds for items that have already been paid for by other federal, state, tribal and/or local public funding.

Duration of funding and attestation period

I understand if my program is determined to be eligible, that the funds will be dispersed in one installment and that this attestation is for the period of October 1, 2021 to December 31, 2021.

Data sharing

I understand that by signing this agreement, I am allowing Minnesota Department of Human Services to share information with contracted agencies and other state agency partners for the following purposes, to:

- Administer the funding application process.
- Analyze data on use of funds.
- Analyze the effectiveness of the process of administering the Child Care Stabilization Grant Program.

I understand that the information I submit for this application is considered public, unless it could potentially identify children in my program or if is considered private data on an individual, such as a phone number, email address, social security number, or other data classified as private under the Minnesota Government Data Practices Act.

Payment distribution

Upon eligibility confirmation, a payment of $) will be sent to the Center Operator of (Certification No. number) at the following address:

Signature

By typing my name in the "Enter Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that I have verified that the information provided above is true and accurate. I understand that if I knowingly submit false or fraudulent information during the funding application process or thereafter, including in this attestation, my program will no longer be eligible for future funds and may be subject to criminal and civil penalties, including but not limited to repayment of funds previously received. Finally, I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature (Minn. Stat. sec. 325L.07).

* ENTER ELECTRONIC SIGNATURE

Please click "Submit" to ensure that your answers have been recorded. Thank you for taking the time to fill out this form.

Submit