



Division of **C**hild **C**are &
Early **C**hildhood **E**ducation

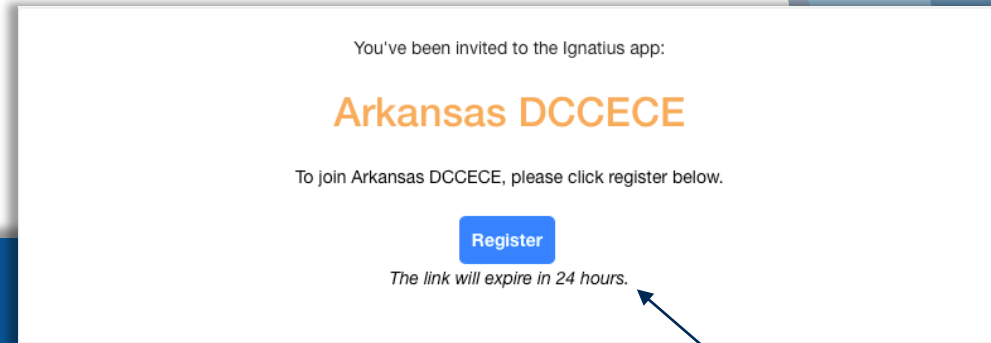
Child Care Stabilization Grant

Application Portal Support Document



Registration

A Registration Email will be sent to invite the authorized user of a facility to participate.



The link does not expire


1. Enter in requested personal information.
2. Create and enter in password information.
3. Click on "Register."

A screenshot of a web registration form for the "Child Care Grant Application Program". The header features the Arkansas Department of Human Services logo and the program name. The form is titled "Create Your Account" with a note that "Required fields are marked with an asterisk (*)". It asks the user to "Enter your details." and includes input fields for First Name*, Last Name*, City*, Zip Code*, Phone Number*, Create Password*, and Confirm Password*. Below these fields, a "Password must:" section lists requirements: at least 8 characters, at least 1 upper case letter, at least 1 lower case letter, at least 1 number, and at least 1 special character. A green "Register" button is at the bottom of the form.

Logging In

www.ar.gov/childcaregrants


1. Enter in your email and password.
2. Click “Log In”
3. If you have forgotten your password, click on “Forgot Password?”
4. Enter in your email. “Submit.”
5. Follow the instructions in the email to retrieve/reset your password.



Child Care Grant Application Program

[Log In](#)

[Forgot Password?](#)




Child Care Grant Application Program

[Submit email for password recovery](#)

[Submit](#)

[Return to Log In](#)



Child Care Grant Application Program

An email has been sent with recovery instructions. If you do not receive an email within 5 minutes, please check your spam folder.

[Submit](#)

[Return to Log In](#)

Subject: Reset your Arkansas DCCECE account password

Dear Arkansas DCCECE User,


To reset your password, click the link below and use code

[Reset password](#)


If you did not request a password reset for your Arkansas DCCECE account, you can safely ignore this email. The code expires in 24 hours.


Arkansas DCCECE Application Support

Dashboard | Single Facility



Child Care Grant Application Program

Facilities

English

Your Facility

Facility Number:

Facility Name: **Ranger Childcare Academy**

Address 1: **999 Ranger Road**

Address 2:

Step 1: Facility Information

Get Started

Status:

Application Owner: **Courtney Deifel**

[+ Invite User](#)

Authorized User:

Step 2: Grant Application

Quality Improvement Grant

Apply

Status: None

Operational Payments Grant


Apply

Status: None

Child Expansion Grant

Apply


Status: None

 HAGERTY


CTEH®


4

Dashboard | Multiple Facilities



Child Care Grant Application Program

Facilities

English

Your Facility

Facility Number:
Facility Name: **Pancake Parents**
Address 1: **888 Pancake Road**
Address 2:

Step 1: Facility Information

[Get Started](#)

Status:

Application Owner: **Lance Harter**
[+ Invite User](#)

Step 2: Grant Application

Quality Improvement Grant

[Apply](#)

Status: None

Operational Payments Grant

[Apply](#)

Status: None

Child Expansion Grant

[Apply](#)

Status: None

Authorized User:

Facility Number:
Facility Name: **Good Children Academy**
Address 1: **55 Symptom Dr.**
Address 2:

Step 1: Facility Information

[Get Started](#)

Status:

Application Owner: **Lance Harter**
[+ Invite User](#)

Step 2: Grant Application

Quality Improvement Grant

[Apply](#)

Status: None

Operational Payments Grant

[Apply](#)

Status: None


Child Expansion Grant

[Apply](#)


Status: None


Authorized User:

Dashboard



Child Care Grant Application Program

 Facilities

 English

Your Facility

Facility Number:
Facility Name: **Ranger Childcare Academy**
Address 1: **999 Ranger Road**
Address 2:

Step 1: Facility Information

Get Started

Status:

Application Owner: **Courtney Deifel**
[+ Invite User](#)

Step 2: Grant Application
Quality Improvement Grant

Apply

Status: None

Authorized User:

Operational Payments Grant


Apply

Status: None


Child Expansion Grant

Apply

Status: None


 Facilities

ranger@academy.com

 Logout

Logout

Language Toggle




English

✓ English


Español

6


 HAGERTY

CTEH®


Dashboard



Child Care Grant Application Program



Facilities

English

Your Facility

Facility Number:
Facility Name: **Ranger Childcare Academy**
Address 1: **999 Ranger Road**
Address 2:

Step 1: Facility Information

Get Started

Status:

Application Owner: **Courtney Deifel**
[+ Invite User](#)

Step 2: Grant Application

Quality Improvement Grant

Operational Payments Grant

Child Expansion Grant

Apply

Apply

Apply

Status: None

Status: None

Status: None

| Home |

Click here to go back to your dashboard.

| Invite User |

To allow other trusted individuals to edit your applications, click on “+Invite User”

+Invite User

Invite User

Authorize a team member to access and work on applications for this specific facility.

Email

Name (Optional)

☐ I agree to terms & conditions

☐ I understand that as the Application Owner, I am the only user able to certify and submit grant applications.

Submit

Instructions:

1. Enter in the email address of your trusted individual.
2. Enter in the person's name.
3. Agree to the statements by placing a check in the box.
4. Click "Submit."
5. The invited user will receive an email .

Application Owner: **Courtney Deifel**
[+ Invite User](#)


Authorized User:
dwhite@cteh.com

Notes:


- ☐ Invited Users will only be able to edit the application(s).
- ☐ Invited Users **DO NOT** have the ability to submit an application.
- ☐ Invited Users will only have access to the the facility they are invited to.
- ☐ If you want a trusted individual to have the ability to see multiple facilities, you will need to invite them to each one individually.


Facility Information

Facility Information must be entered and verified prior to starting any application. Click on “Get Started” to begin.



Child Care Grant Application Program

Facilities

English

Your Facility

Facility Number:
Facility Name: **Ranger Childcare Academy**
Address 1: **999 Ranger Road**
Address 2:

Step 1: Facility Information

Get Started

Status:

Application Owner: **Courtney Deifel**
[+ Invite User](#)

Step 2: Grant Application
Quality Improvement Grant

Apply

Status: None

Authorized User:

Operational Payments Grant

Apply

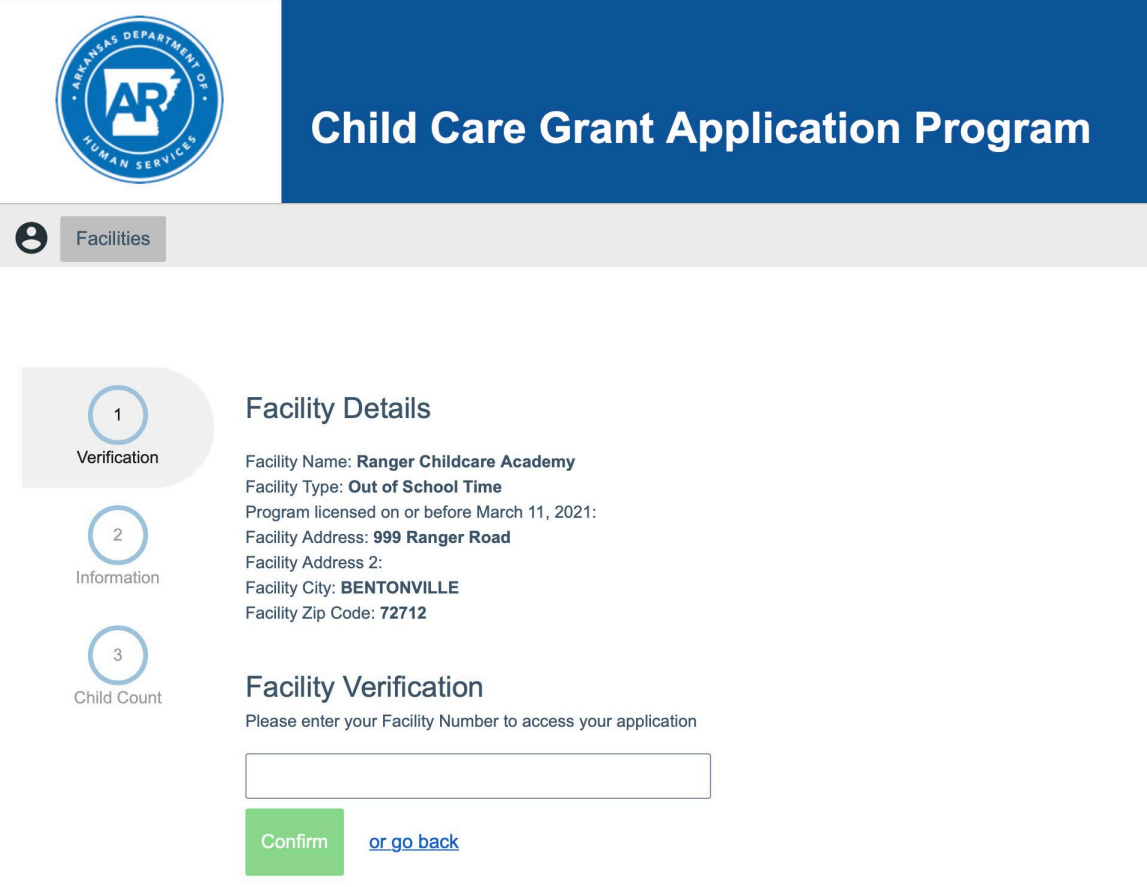
Status: None

Child Expansion Grant

Apply

Status: None

Facility Information | Facility Details



The screenshot shows the 'Child Care Grant Application Program' interface. At the top left is the Arkansas Department of Human Services logo. The main header is 'Child Care Grant Application Program'. Below this is a 'Facilities' tab. The left sidebar has three steps: 1. Verification (selected), 2. Information, and 3. Child Count. The main content area for 'Facility Details' shows the following information: Facility Name: Ranger Childcare Academy, Facility Type: Out of School Time, Program licensed on or before March 11, 2021: (blank), Facility Address: 999 Ranger Road, Facility Address 2: (blank), Facility City: BENTONVILLE, and Facility Zip Code: 72712. Below this is a 'Facility Verification' section with the instruction 'Please enter your Facility Number to access your application'. There is a text input field, a green 'Confirm' button, and a blue link 'or go back'.

Child Care Grant Application Program

Facilities

1
Verification

Facility Name: **Ranger Childcare Academy**
Facility Type: **Out of School Time**
Program licensed on or before March 11, 2021:
Facility Address: **999 Ranger Road**
Facility Address 2:
Facility City: **BENTONVILLE**
Facility Zip Code: **72712**

2
Information

3
Child Count

Facility Verification
Please enter your Facility Number to access your application

Confirm [or go back](#)

Instructions:

1. Verify the information displayed is correct.
2. Enter in your Facility Number for the facility details displayed. Do not enter any special characters, numbers only.
3. Click on "Confirm."

Note:

- ☐ If the Facility Number entered does not match the number DHS has on record, you will receive an error message when "Confirm" is clicked.

Facility Verification

Please enter your Facility Number to access your application

999

The Facility Number you entered for this Facility Name does not match DHS records

Facility Information | Information

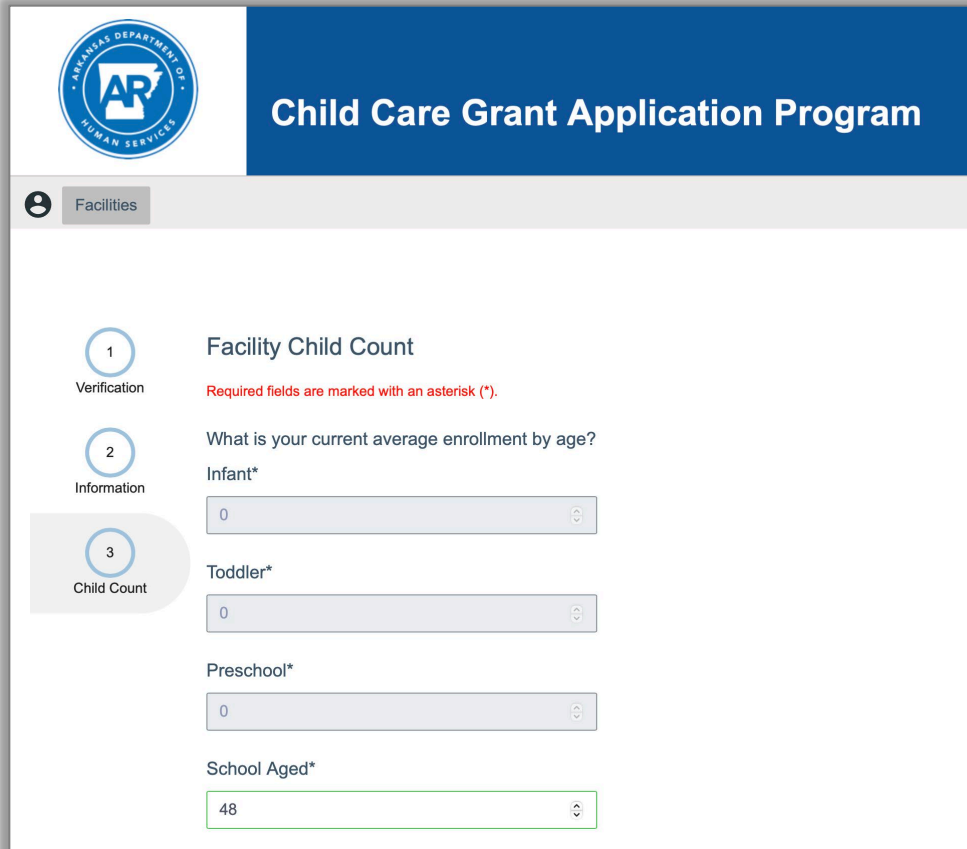
Instructions:

1. Answer all questions presented by clicking on the circle next to your answer
2. Enter in your annual operating budget in the space provided.
3. Click on "Save and Continue."

The screenshot shows the 'Facility Information' step of the application. The header includes the Arkansas Department of Human Services logo and the title 'Child Care Grant Application Program'. A sidebar on the left shows three steps: '1 Verification', '2 Information' (which is highlighted), and '3 Child Count'. The main content area is titled 'Facility Information' and includes a note: 'Required fields are marked with an asterisk (*)'. Below this, there are two sections: 'Owner/Operator Race*' and 'Owner/Operator Ethnicity*'. The 'Race' section has radio buttons for American Indian/Alaska Native, Asian, Black/African American, Multiracial, Native Hawaiian/Pacific Islander, Other, and White. The 'Ethnicity' section has radio buttons for Latino and Non-Latino.

This screenshot shows the bottom portion of the 'Facility Information' step. It continues with radio buttons for 'Latino' and 'Non-Latino'. Below that is the 'Owner/Operator Gender*' section with radio buttons for Female, Male, Non-binary, and Would rather not say. The next question is 'What is the current status of the program?*' with radio buttons for 'Closed temporarily due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19) public health emergency.' and 'Open'. This is followed by 'Does your program meet Child Care Development Fund (CCDF) health and safety requirements, including the completion of comprehensive regulatory checks?*' with radio buttons for 'No' and 'Yes'. The final question is 'What is this facility's annual operating budget?*' with a text input field showing '0.00'. At the bottom are two buttons: 'Save and Continue' and 'or go back'.

Facility Information | Child Count - Current Enrollment



The screenshot shows the 'Child Care Grant Application Program' interface. At the top left is the Arkansas Department of Human Services logo. The main header is 'Child Care Grant Application Program'. Below this is a 'Facilities' tab. The 'Facility Child Count' section is active, showing a progress bar with three steps: 1. Verification, 2. Information, and 3. Child Count. The 'Child Count' step is highlighted. The form asks for 'What is your current average enrollment by age?' and includes four input fields: 'Infant*', 'Toddler*', 'Preschool*', and 'School Aged*'. The 'Infant*', 'Toddler*', and 'Preschool*' fields are set to 0. The 'School Aged*' field is set to 48. A red error message is displayed at the bottom: 'Count entered exceeds the registered count for the facility'.

Arkansas Department of Human Services

Child Care Grant Application Program

Facilities

Facility Child Count

Required fields are marked with an asterisk (*).

What is your current average enrollment by age?

Infant*

0

Toddler*

0

Preschool*

0

School Aged*

48

Count entered exceeds the registered count for the facility

Instructions:

1. Enter in your current average enrollment by age group by typing in the number or using the up and down arrows.

Notes:

- ☐ Age groups available for entry are dependent upon the facility type.
- ☐ If the current enrollment entered for any particular age group exceeds the registered number DHS has on record, you will receive an error message when "Confirm" is clicked.

Count entered exceeds the registered count for the facility

Facility Information | Child Count - Programs

Of the children enrolled, how many are funded by the following programs?

Early Head Start*

Head Start*

Arkansas Better Chance*

Medicaid/EIDT*

Instructions continued:

2. Enter in the number of children enrolled funded by the programs requested by typing in the number or using the up and down arrows.

Facility Information | Child Count – Average Enrollment

Pre-COVID, what was your average enrollment by age in January 2020?

Infant*

Toddler*

Preschool*

School Aged*

[Save](#) [or go back](#)

Instructions continued:

3. Enter in your average enrollment by age group in January 2020 by typing in the number or using the up and down arrows.
4. Click “Save” and a popup will appear.
5. Click “Submit Now” to complete the facility information or “save for later” in order to make updates at a later time.

Important ×

After submitting, you will no longer be able to make changes or edit this part of your application.


[Submit Now](#) [or save for later](#)

Note:

- ☐ Age groups available for entry are dependent upon the facility type.

Facility Information Complete | Applications Available

Once the Facility Information is complete, the **Status** will be updated and the ability to **Apply** for a grant is now available.



Child Care Grant Application Program

Facilities

English

Your Facility

Facility Number: **999999**
Facility Name: **Ranger Childcare Academy**
Address 1: **999 Ranger Road**
Address 2:

Step 1: Facility Information

Status: Saved

View Facility Information

Application Owner: **Courtney Deifel**
[+ Invite User](#)

Step 2: Grant Application

Quality Improvement Grant

Apply

Status: None

Operational Payments Grant

Apply

Status: None

Child Expansion Grant

Apply

Status: None

Authorized User:

Grant Application Types

Quality Improvement Grant

Apply

Status: None

Operational Payments Grant

Apply

Status: None

Child Expansion Grant

Apply

Status: None

Operational Payments Grant: Available October 2021

- ❖ Operational Payments provide funds to cover operational expenses incurred from March 2020 through the subgrant period.

Quality Improvement Grant: Tentatively Available November 2021

- ❖ Quality improvements provide equipment, supplies, professional development, or other items necessary for a facility to move up in the AR Better Beginnings rating system

Child Care Expansion Grant: Tentatively Available January 2022

- ❖ Child Care Expansion provides start-up funding to open a new classroom(s) at an existing facility.

Operational Payments Grant Application | Calculator

This screenshot shows the first step of the application process, 'Application Options'. It features a vertical progress bar on the left with four numbered steps: 1. Application Options (highlighted), 2. Grant Calculator, 3. Proposed Budget, and 4. Certifications. To the right of the progress bar, there are three radio button options: 'Child Care Expansion', 'Operational Payments' (which is selected), and 'Quality Improvement'. At the bottom right, there is a green 'Save and Continue' button and a blue 'or go back' link.

Instructions:

1. Confirm Grant type then click "Save and Continue."
2. Review the Operational Payments Calculator.
 - Information has been populated based on data provided previously for the facility.
3. Click "Save and Continue."

This screenshot shows the second step of the application process, 'Operational Payments'. It features a vertical progress bar on the left with four numbered steps: 1. Application Options, 2. Grant Calculator (highlighted), 3. Proposed Budget, and 4. Certifications. To the right of the progress bar, the title 'Operational Payments' is followed by a description: 'funds to cover operational expenses incurred from March 2020 through the subgrant period. Funding covers the following:'. Below this is a bulleted list of covered expenses: 'Creating a formal business plan with an approved partner', 'Salary/Payroll', 'Minor COVID related renovations (example: UV Air Purifiers in HVAC)', and 'PPE/COVID related safety equipment'. The section is titled 'Operational Payment Calculator'. Below this title are three input fields: 'Facility Type*' with a dropdown menu showing 'Out of School Time', 'Capacity*' with a text input field containing '525', and 'Grant Amount*' with a text input field containing '30000.00'. At the bottom right, there is a green 'Save and Continue' button and a blue 'or go back' link.

Operational Payments Grant Application | Budget

1

Application Options

2

Grant Calculator

3

Proposed Budget

4

Certifications

Proposed Budget for Operational Funds

Total Operational Grant Amount 30,000.00

Budget Line Items	Grant Allocation
Salaries/Personnel	\$ 0.00
Fringe Benefits	\$ 0.00
Bonuses to Staff who worked during COVID	\$ 0.00
Substitutes	\$ 0.00
Minor Renovations	\$ 20,000.00
Rent or Mortgage	\$ 0.00
Utilities, Telephone, Internet	\$ 0.00
Facility Maintenance, Repair & Improvements	\$ 0.00
Insurance	\$ 0.00
Annual Audit	\$ 0.00
Office supplies	\$ 0.00
Food Service Supplies	\$ 0.00
Furniture and Equipment	\$ 0.00
Curriculum Resources and Supplies	\$ 0.00
Parent Involvement	\$ 0.00
Transportation	\$ 0.00
Professional Development	\$ 10,000.00
Screenings/Assessment	\$ 0.00
Technology	\$ 0.00
Health and Safety Items (PPE)	\$ 0.00
New or Updated Security Systems	\$ 0.00
Mental Health Services for Children or Families	\$ 0.00
Other	\$ 0.00

Do you plan to use the funds for expenditure prior to March 11, 2021?

☐ Yes

☐ No

Save and Continue

[or go back](#)

Remaining Grant Amount

0

Instructions:

- Enter in dollar amounts for the budget line items to present how the grant will be utilized.
 - The **Remaining Grant Amount** is dynamic and will update as dollar amounts are entered. A negative amount means you are over budget.
- Click "Save and Continue."

Operational Payments Grant Application | Certification

1

Application Options

2

Grant Calculator

3

Proposed Budget

4

Certifications

Certifications

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. Note: You can move funds between categories without prior approval.

I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, and C.

By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:

A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, 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).

B. For each employee (including lead teachers, aides, and other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must 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. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.

C. I will 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.

The following signature affirms that I will adhere to the items noted in A, B, and C. It also affirms I will only use the funds in the area(s) selected in section 4 of this application.

Type your name to sign*

DATE*

10/01/2021

Attach image of your government ID*

Choose File no file selected

Submit Application

[or save for later](#)

Instructions:

1. Type Your Name.
2. Enter in the Date.
3. Upload a government ID.
4. Click "Submit Application."
5. A confirmation popup will appear. Click "Submit Now" If you are done editing your application.

Note:

- ☐ The application owner is the only person authorized to submit the application.

Important

Please confirm that you would like to submit the application. Once submitted, the application cannot be edited or resubmitted

Submit Now

[or go back](#)

Quality Improvement Grant Application | Calculator

This screenshot shows the first step of the application process, 'Application Options'. It features a vertical sidebar with four numbered steps: 1. Application Options (highlighted), 2. Grant Calculator, 3. Proposed Budget, and 4. Certifications. The main content area contains three radio button options: 'Child Care Expansion', 'Operational Payments', and 'Quality Improvement' (which is selected). At the bottom, there is a green 'Save and Continue' button and a blue 'or go back' link.

Instructions:

1. Confirm Grant type then click “Save and Continue.”
2. Review the Quality Payment Calculator.
 - Information has been populated based on data provided previously for the facility.
3. Click “Next.”

This screenshot displays the 'Quality Improvement Grant' section and the 'Quality Payment Calculator'. The top section, 'Quality Improvement Grant', includes a list of eligible funding items: creation or update of learning centers, professional development, travel costs, technology upgrades, indoor equipment, literacy resources, library membership, trauma-informed care, CDA credentials, and age-appropriate technology. The bottom section, 'Quality Payment Calculator', contains several input fields. 'Facility Enrollment*' is set to 525. 'What is your enrollment by care type?' is split into two columns: 'Infant, toddler, preschool*' (0) and 'Grant Amount*' (0.00); 'School Aged*' (525) and 'Grant Amount*' (262500.00). The 'Total Quality Grant Amount*' is calculated as 262500.00. A green 'Save and Continue' button and a blue 'or go back' link are at the bottom.

Quality Improvement Grant Application | Budget

1

Application Options

2

Grant Calculator

3

Proposed Budget

4

Certifications

Use of Quality Funds

Total Quality Subgrant Amount 262,500.00

Budget Line Items	Grant Allocation
New Staff Sign-on Bonus	\$ 21,500
Substitutes	\$ 25,000
Minor Renovations	\$ 25,000
Furniture and Equipment	\$ 25,000
Curriculum Resources and Supplies	\$ 25,000
Parent Involvement	\$ 18,000
Professional Development	\$ 18,000
Screenings/Assessment	\$ 10,000
Technology	\$ 50,000
New or Updated Security Systems	\$ 15,000
Mental Health Services for Children or Families	\$ 30,000
Other	\$

Do you plan to use the funds for expenditure prior to March 11, 2021?

☒ Yes

☐ No

[Save and Continue](#) [or go back](#)

Remaining Grant Amount

0

Instructions:

1. Enter in dollar amounts for the budget line items to present how the grant will be utilized.
 - The **Remaining Grant Amount** is dynamic and will update as dollar amounts are entered. A negative amount means you are over budget.
2. Click "Save and Continue."

Quality Improvement Grant Application | Certification

1

Application Options

2

Grant Calculator

3

Proposed Budget

4

Certifications

Certifications

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. Note: You can move funds between categories without prior approval.

I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, and C.

By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:

A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, 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).

B. For each employee (including lead teachers, aides, and other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must 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. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.

C. I will 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.

The following signature affirms that I will adhere to the items noted in A, B, and C. It also affirms I will only use the funds in the area(s) selected in section 4 of this application.

Type your name to sign*

DATE*

Choose File

no file selected

Submit Application

[or save for later](#)

Instructions:

1. Type Your Name.
2. Enter in the Date.
3. Upload a government ID.
4. Click "Submit Application."
5. A confirmation popup will appear. Click "Submit Now" If you are done editing your application.

Note:

- ☐ The application owner is the only person authorized to submit the application.

Important

Please confirm that you would like to submit the application. Once submitted, the application cannot be edited or resubmitted

Submit Now

[or go back](#)

Child Expansion Grant Application | Calculator

1 Application Options

Application Options

☒ Child Care Expansion

☐ Operational Payments

☐ Quality Improvement

2 Grant Calculator

3 Proposed Budget

4 Certifications

[Save and Continue](#) [or go back](#)

Instructions:

1. Confirm Grant type then click “Save and Continue.”
2. Enter in the desired Additional Capacity and review the Child Expansion Calculator.
 - Care Type Amounts and the Total Grant Amount will update based on additional capacity entered.
3. Click “Save and Continue.”

1 Child Care Expansion

Application Options

start-up funding to open a new classroom(s) at an existing facility. Funding covers the following:

- Furniture/equipment
- Minor Renovations
- Classroom supplies/materials
- Training for new or existing staff members
- Substitutions to cover times in which educators are at professional development courses
- Travel costs for educators attending professional development courses

2 Grant Calculator

3 Proposed Budget

4 Certifications

Child Care Expansion Calculator

Care Type	Additional Capacity	Amount
Family Care Home	0	0
Infant	0	0
Toddler	0	0
School Aged	18	5000
Staff Salary (1 per room)	1	15000

Total Grant Amount*

20,000

[Save and Continue](#) [or go back](#)

Child Expansion Grant Application | Budget

1

Application Options

2

Grant Calculator

3

Proposed Budget

4

Certifications

Proposed Budget for Child Expansion Funds

Total Expansion Grant Amount 20,000

Budget Line Items	Grant Allocation
Salaries/Personnel (first six months)	\$ 15,000
Fringe Benefits (first six months)	\$
Minor Renovations	\$
Rent or Mortgage	\$
Utilities, Telephone, Internet	\$
Facility Maintenance, Repair & Improvements	\$
Insurance	\$
Annual Audit	\$
Office supplies	\$
Food Service Supplies	\$
Furniture and Equipment	\$ 5,000
Curriculum Resources and Supplies	\$
Parent Involvement	\$
Transportation	\$
Professional Development	\$
Screenings/Assessment	\$
Technology	\$
Health and Safety Items (PPE)	\$
New or Updated Security Systems	\$
Mental Health Services for Children or Families	\$
Other	\$

Do you plan to use the funds for expenditure prior to March 11, 2021?

☐ Yes

☒ No

Save and Continue or go back

Remaining Grant Amount
20,000

Instructions:

1. Enter in dollar amounts for the budget line items to present how the grant will be utilized.
 - The **Remaining Grant Amount** is dynamic and will update as dollar amounts are entered. A negative amount means you are over budget.
2. Click "Save and Continue."

Child Expansion Grant Application | Certification

1

Application Options

2

Grant Calculator

3

Proposed Budget

4

Certifications

Certifications

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. Note: You can move funds between categories without prior approval.

I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, and C.

By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:

A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, 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).

B. For each employee (including lead teachers, aides, and other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must 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. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.

C. I will 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.

The following signature affirms that I will adhere to the items noted in A, B, and C. It also affirms I will only use the funds in the area(s) selected in section 4 of this application.

Type your name to sign*

DATE*

10/01/2021

Attach image of your government ID*

Choose File no file selected

Submit Application

[or save for later](#)

Instructions:

1. Type Your Name.
2. Enter in the Date.
3. Upload a government ID.
4. Click "Submit Application."
5. A confirmation popup will appear. Click "Submit Now" If you are done editing your application.

Note:

- ☐ The application owner is the only person authorized to submit the application.

Important


Please confirm that you would like to submit the application. Once submitted, the application cannot be edited or resubmitted

Submit Now


[or go back](#)

Facility Information Complete | Applications Submitted

Once the individual applications have been submitted, the **Status** will be updated and the “Apply” button will say “View.”



Child Care Grant Application Program

Facilities

English

Your Facilities

Facility Number: **999999**
Facility Name: **Ranger Childcare Academy**
Address 1: **999 Ranger Road**
Address 2:

Step 1: Facility Information

View Facility Information

Status: Saved

Application Owner: **Courtney Deifel**
[+ Invite User](#)

Step 2: Grant Application

Quality Improvement Grant

View

Status: Submitted

Operational Payments Grant

View

Status: Submitted

Child Expansion Grant

Apply

Status: In Progress

Authorized User:
dwhite@cteh.com