

Child Care Stabilization Base 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](#) which began in June 2021 and will last until June 2023.

Applicants are required to answer all questions contained in this application. 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. Please see the [Base Grant Frequently Asked Questions](#) webpage for additional eligibility requirements and other information.

- Si necesita ayuda para comprender esta carta, comuníquese 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

Applicant program information

License No.

Provider type

Family Child Care

Name of program

Services provided at:

Name of License Holder

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

Yes No

Intent to apply for funding

*Do you intend to apply for the November 15, 2022 through December 14, 2022 funding period of the Child Care Stabilization Base Grant?

Yes No

Application questions

*Was (License No.) operating and serving children for at least a portion of the November 15, 2022 through December 14, 2022 funding period (temporary closures including seasonal closures for summer-only and school year-only programs are allowable, programs that permanently close during the funding period are ineligible)?

Yes No

What was your enrollment for each age group in a typical week from November 1, 2022 to November 30, 2022?

* Infants – Less than 30 hours per week

* Infants – 30 or more hours per week

* Toddlers – Less than 30 hours per week

* Toddlers – 30 or more hours per week

* Pre-schoolers – Less than 30 hours per week

* Pre-schoolers – 30 or more hours per week

* School-age – Less than 30 hours per week

* School-age – 30 or more hours per week

* Are you the only person who regularly takes care of children in [redacted] (License No. [redacted])?

Yes No

If yes or no, then:

Below, please enter your initials and the number of hours you worked caring for children from November 1, 2022 to November 30, 2022.

*A full-time staff person is someone who works 32 hours per week or more. The application will calculate the Full-Time Equivalent (FTE) value for each person listed and then calculate the total FTE value for your program. This total FTE value is the basis for your Base Grant award.

Regularly caring for children = A paid staff person whose job description / responsibilities include interacting with, caring for, and supervising children enrolled in the program. **Only include hours spent caring for children. Time spent on other child care related activities such as preparations before children arrive or after children leave, record keeping, cleaning, etc. should not be included when reporting hours caring for children.

*Your initials

* Hours worked caring for children from November 1, 2022 to November 30, 2022

FTE value

Total FTEs

If no, then:

* How many people, not including yourself, did you employ both full- and part-time that regularly cared for children from November 1, 2022 to November 30, 2022?

Below, please enter your initials and the number of hours you worked caring for children from November 1, 2022 to November 30, 2022.

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*Your initials	*Hours worked caring for children from November 1, 2022 to November 30, 2022	FTE value
<input type="text"/>	<input type="text"/>	0.00

Below, please list all staff (only enter initials) your program paid to regularly care for children and the number of hours they each worked caring for children from November 1, 2022 to November 30, 2022:

*A full-time staff person is someone who works 32 hours per week or more. The application will calculate the Full-Time Equivalent (FTE) value for each person listed and then calculate the total FTE value for your program. This total FTE value is the basis for your Base Grant award.

Regularly caring for children = A paid staff person whose job description / responsibilities include interacting with, caring for, and supervising children enrolled in the program. **Only include hours spent caring for children. Time spent on other child care related activities such as preparations before children arrive or after children leave, record keeping, cleaning, etc. should not be included when reporting hours caring for children.

*Staff member 1	*Hours worked caring for children from November 1, 2022 to November 30, 2022	FTE value	
<input type="text"/>	<input type="text"/>	0.00	<input type="button" value="Remove"/>

Required field

*Staff member 2	*Hours worked	FTE value	
<input type="text"/>	<input type="text"/>	0.00	<input type="button" value="Remove"/>

Required field

Total FTEs

*How much did you pay other people who were regularly caring for children from November 1, 2022 to November 30, 2022?

If a FCC provider has staff other than themselves, then:

Waiver to the Base Grant 70 percent increased compensation requirement

Providers receiving Stabilization Base Grants are required by Minnesota State law to use at least 70 percent of the Base Grant to provide increased compensation, benefits, or premium pay to all paid employees, sole proprietors (i.e. family child care provider), or independent contractors who regularly care for children. Applicants may request a waiver from this requirement if they cannot increase compensation, benefits, or premium pay due to restrictions included in agreements with employee bargaining units, or if the program is experiencing unusual and significant financial hardship.

*Are you requesting a waiver from the requirement to use at least 70 percent of the Base Grant to provide increased compensation, benefits or premium pay for this funding period?

Yes No

If yes, then:

*What is the primary reason for requesting a waiver to use at least 70 percent of the Base Grant to provide increased compensation, benefits, or premium pay to all paid employees, sole proprietors (i.e. family child care provider), or independent contractors who regularly care for children?

Restrictions included in agreements with employee bargaining unit
Required COVID-19 closure
Low enrollment
Families unable to pay tuition
Significant unexpected repair/maintenance bills
Other

Agreement to accept payment and funding requirements

As a condition of receiving a Child Care Stabilization Base 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 (November 15, 2022 to December 14, 2022). "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 that month's payment.

If there is indication that you have failed to meet requirements associated with the Child Care Stabilization Base 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 [redacted] (License No. [redacted]) accept this payment of the Child Care Stabilization Base Grant for the purposes provided and does [redacted] (License No. [redacted]) 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) did you use or plan to use your most recently received grant funds for?

- 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 [redacted] (License No. [redacted]) with the associated business name or the Social Security Number of the License Holder for [redacted] (License No. [redacted]) 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 2022.

*Does [redacted] (License No. [redacted]) have a Federal Employer Identification Number?

Yes No

If yes, then:

* Enter the Business Name for [redacted] License No. [redacted] as it appears on your W-9 form or other federal tax documents:

* Enter the Federal Employer Identification Number (FEIN) for [redacted] License No. [redacted]. 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 License Holder's legal **FIRST** name for [redacted] License No. [redacted]. Only one name is needed if there are multiple License Holders:

* Enter the License Holder's legal **LAST** name for [redacted] License No. [redacted]. Only one name is needed if there are multiple License Holders:

* Enter the Social Security number of the License Holder for [redacted] License No. [redacted]. Only one number is needed if there are multiple License 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, [redacted] (License No. [redacted]) hereafter referred to as "my program" attests and agrees to the following:

- My program was operating and serving children during the funding eligibility period (November 15, 2022 to December 14, 2022).
 - 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.
 - Use at least 70 percent of the Base Grant to provide increased compensation, benefits, or premium pay to all paid employees, sole proprietors (i.e. family child care provider), or independent contractors who regularly care for children, unless a waiver has been received from DHS.
 - Report/update program capacity information, at a minimum every six weeks, via the Provider Business Update tool at <https://stage.worklivesystems.com/program/47>. For more information on this requirement, please refer to the [Base Grant Frequently Asked Questions](#) 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 November 15, 2022 to December 14, 2022.

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 [REDACTED] will be sent to the License Holder of [REDACTED] (License No. number [REDACTED]) at the following address:

[REDACTED]

A provider may receive a 10% bonus if they received payment(s) for serving children participating in either the CCAP or ELS programs during the billing periods starting August 22, 2022 and ending September 18, 2022.

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