



**Coronavirus Response and Relief
 Supplemental Appropriations Act (CRRSAA)**
 Stabilization Subgrants for WV Child Care Providers
 Capacity Building Grant Application



If you have questions, or need help with completing this application, call your local Child Care Resource and Referral Agency (Child Care Resource Center, Choices, Connect, Link, MountainHeart North or MountainHeart South).

Section 1 – General Applicant Information

Please mark one: Capacity Building Grant – Current Center, Facility, Home or OST
 Capacity Building Grant – New Center, Facility, Home or OST

Application Date:		FEIN or SSN #:	
Applicant Name:			
Program/Facility Name:			
Mailing Address:		County:	
City, State, Zip:			
Phone Number:		E-mail Address:	
<input type="checkbox"/> Center (select type <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III)	<input type="checkbox"/> Family CC Home	<input type="checkbox"/> Family CC Facility	<input type="checkbox"/> OST Center
Applicant Race: <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	
Applicant Ethnicity:	Applicant Latino: <input type="checkbox"/> yes <input type="checkbox"/> no	Applicant Gender:	

If payment funding is awarded, the check should be made payable to:

- Same as applicant details above
- Different than applicant details above – complete information below

Payee Name:		FEIN or SSN #:	
Mailing Address:			
City, State, Zip:			
Daytime Phone:		E-mail Address:	

Section 2 – Operational Status

Was your program licensed/registered/certified/regulated by or before March 11, 2021? <input type="checkbox"/> yes <input type="checkbox"/> no OR Does your program meet Child Care and Development Fund health and safety requirements including the completion of comprehensive background checks? <input type="checkbox"/> yes <input type="checkbox"/> no
What is the current status of your program? <input type="checkbox"/> Open <input type="checkbox"/> Temporarily closed due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19) public health emergency. Please give details about the temporary closure and planned date to reopen:

Section 3 – Child Count Information

What is the licensed or identified capacity of your program?	Days of Operation:
	Hours of Operation:
What is your current average enrollment by age? Infant: Toddler: Preschool: School Age: Total:	Of the children enrolled, how many receive funds from the following programs? Early Head Start: Head Start: State Prekindergarten: Total:
What was your average enrollment by age in January 2020 (before COVID-19)? Infant: Toddler: Preschool: School Age: Total:	

Section 4 – Options for Fund Use

Subgrant funds may only be used for one or more of the purposes below. Please mark which categories you will support with the funding received from the subgrant:

- Personnel costs, benefits, premium pay, recruitment and retention
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance
- Personal protective equipment, cleaning and sanitation supplies and services, or 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

Please indicate if you plan to use funds for expenditures prior to March 11, 2021. yes no

Section 5 – Certification

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 any 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 involuntarily 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 areas noted in section 4 of this application.

Signature	Printed Name	Date
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Completed applications may be submitted by the following methods:

Email: tcr@rvcds.org with Capacity Building Grant Application in the subject line

OR

Fax: 304-529-2535 to the attention of Alyson Edwards, Capacity Building Grant Application

OR

Mail: WVECTCR/RVCDS
Attn: Alyson Edwards, Capacity Building Grant Application
611 Seventh Ave, Suite 322
Huntington, WV 25701