

**Coronavirus Relief and Response Act/American Rescue Plan Act**

The CTSI Childcare Assistance Program has funds available under the Coronavirus Relief and Response Act (CRRSA) and the American Rescue Plan Act (ARPA) to support Child Care Providers who face challenges due to the COVID-19 pandemic, and to stabilize the child care sector in a way that rebuilds a stronger childcare system that supports the developmental and learning needs of children, meets parent's needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do.

These grant funds can be used for fixed and increased operating costs, decreased enrollment, and uncertain demand and staffing. Providers can spend funds on wages and benefits, rent and utilities, mental health services, cleaning and sanitation supplies and services, supplies and equipment (such as personal protective equipment), goods and services necessary for the operation of a child care program (food, equipment or materials to facilitate play, learning, eating, diapering, toileting or safe sleep), and facility maintenance and improvements. Funds can be used to support COVID-19 testing services and additional costs associated with testing, such as staff time to get tested or vaccinated, to recover from COVID-19 vaccination, or to quarantine. Funds can be used to provide online training and scholarships to child care workers. Funds can be used to prioritize non-standard hour care, infant and toddler care, child care in underserved areas, and child care that meet the needs of children with disabilities. **Funds cannot be used for construction or major renovation projects.**

These funds can be for future purchases or to reimburse for costs incurred between the declaration of the public health emergency in January 2020 and the enactment of the CRRSA Act on December 27, 2020.

Providers must be licensed, regulated, or registered under applicable state and local law; and satisfy the state and local requirements, including health and safety requirements outlined in sections 658E(c)(2)(1) of the CCDBG Act. (42 U.S.C. 9858c(c)(2)(I)). **We must be able to verify you meet these requirements.**

Providers must certify they will implement policies in line with guidance from the State, Tribal and local authorities, and to the greatest extent possible the CDC. Not pay less than full compensation, including benefits, for each employee, and will not take action that reduces weekly compensation. To provide relief from copayments and tuition for families, to the extent possible, and to prioritized families struggling to make payments.

To apply for these grant funds, please answer the following questions and provide a brief description of what you are requesting assistance for that are necessary to stabilize or support your childcare center or business with an estimate of the costs. Grant funds must be expended by September 30, 2023.

1. Are you a child care provider who did not participate in the CCDF subsidy system from January 1, 2019 and prior to the declaration of the public health emergency on January 27, 2020? **Yes – or - No**
2. Was your program licensed/registered/certified/regulated on or before March 11, 2021? **Yes -or- No**
3. Are you a child care provider currently certified by the Oregon Child Care Division or CTSI Childcare Assistance Program? **Yes – or- No**
4. Does your program meet Child Care and Development Fund health and safety requirements including the completion of comprehensive background checks? **Yes -or- No**
5. Do you currently serve tribal children? **Yes -or- No**

6. Is your center/home open and available to provide child care services or closed due to the COVID-19 public health emergency? Please describe: \_\_\_\_\_  
\_\_\_\_\_

7. Do you provide care to Infants, Toddlers, non-standard hours, underserved areas, or children with disabilities? Please describe: \_\_\_\_\_  
\_\_\_\_\_

8. How many children and what ages of children do you serve or you are licensed to serve? Please describe: \_\_\_\_\_  
\_\_\_\_\_

9. Are you a Relative Family Home Provider (related to the child(ren) you provide care for)? **Yes - or- No**

10. If you are a Relative Family Home Provider, are you receiving Unemployment Benefits? **Yes -or- No**

11. Are you planning on applying for State ARPA funds? **Yes -or- No**

**Name of Center/Provider:** \_\_\_\_\_

**Contact Name (if different):** \_\_\_\_\_

**Race of Center Director or Family Child Care Owner. Circle all that apply**

**White/ European      Black/African American      American Indian/Alaskan Native      Asian**

**Native Hawaiian/Other Pacific Islander      Hispanic/Latino      Middle Eastern/North Africans**

**Gender of Center Director or Family Child Care Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**What type of program do you operate? Circle all that apply**

**Child Care Center      State Prekindergarten      Head Start      Early Head Start      Family Home**

**School-Age Site (before or after school, summer camp)      Other:** \_\_\_\_\_

**I am requesting grant funds to address the following need(s):**

**\_\_\_\_\_ Fixed Operating Expenses      \_\_\_\_\_ Increased Operating Expenses      \_\_\_\_\_ Cleaning & Sanitation**

\_\_\_\_ Decreased Enrollment      \_\_\_\_ Staffing      \_\_\_\_ Staff Training      \_\_\_\_ Goods & Services  
\_\_\_\_ Supplies & Equipment      \_\_\_\_ COVID-19 Testing      \_\_\_\_ Facility & Maintenance  
\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

**Please detail the costs associated with each need identified and submit documentation for actual costs incurred, or detailed cost estimates and timelines for future expenditures. Documentation for future expenditures must be provided within 30 days of expenditure.**

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**My signature below verifies the information provided is true and correct and that no funds requested or received will be used for construction or major renovation projects. I will provide information necessary to confirm my eligibility to qualify for grant funds, and to document my use of grant funds. I certify to implement policies in line with guidance from the State, Tribal and local authorities, and to the greatest extent possible the Center for Disease Control (CDC). I certify to not pay less than full compensation, including benefits, for each employee, and will not take action that reduces weekly compensation, and to provide relief from copayments and tuition for families, to the extent possible, and to prioritize families struggling to make payments.**

\_\_\_\_\_ **Owner/Provider Signature**

\_\_\_\_\_ **Date**