**2021 Child Care Relief Funds Grant**

**WORKSHEET**

**To make the grant application process easier, please use this worksheet to gather your information before completing the on-line grant application. Do not submit this WORKSHEET. Only submissions competed using the on-line form will be accepted.**

1. Name of Family Child Care Provider or Center

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Provider I.D. Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Type of Program (check one)

* Family Child Care Home
* Large Family Child Care Home
* Child Care Center
* Letter of Compliance

1. Family Child Care Provider or Center **Physical Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. County Where the Child Care Program is Located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Family Child Care Provider or Center **Mailing Address** for payments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Number of Licensed Slots** - Enter the number of slots, by age group, for which you are licensed.

Birth to 24 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 years through 4 years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 years and older\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Number of Children Enrolled** – Enter the number of children, by age group, who are enrolled in your program as of February 1, 2021.

Birth to 24 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 years through 4 years \_\_\_\_\_\_\_\_\_\_\_\_

5 years and older \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Children no Longer Attending** - Enter the number of vacancies, by age group, of children who are no longer attending your program as of February 1, 2021.

Birth to 24 months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 years through 4 years\_\_\_\_\_\_\_\_\_\_\_\_

5 years and older\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of days closed due to COVID-19 from March 28, 2020 to January 31, 2021

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_days

1. Are you providing full-time care to school-age students attending your facility and participating in virtual learning? \_\_\_\_Yes \_\_\_No \_\_\_

How many school-age students?\_\_\_\_

1. How many kindergarten-age students are you serving to fulfill their compulsory education requirement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **TUITION RATES:** Please complete the following information for each age group served. Do not include any discounts applied based on family size or income. If you charge monthly rates, divide the monthly tuition by 4.333 to determine the weekly rate. Select Not Applicable if you do not serve that age or do not collect tuition for that defined age group.
   1. Infant (Birth-18mo)
      1. Regular Full Time Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      2. Daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per day
      3. Non-Traditional (7pm – 6am) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      4. Non-Traditional (Weekend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per weekend
   2. Toddler (18mo-24mo)
      1. Regular Full Time Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      2. Daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per day
      3. Non-Traditional (7pm – 6am) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      4. Non-Traditional (Weekend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per weekend
   3. 2 year olds
      1. Regular Full Time Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      2. Daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per day
      3. Non-Traditional (7pm – 6am) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      4. Non-Traditional (Weekend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per weekend
   4. 3 year olds
      1. Regular Full Time Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      2. Daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per day
      3. Non-Traditional (7pm – 6am) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      4. Non-Traditional (Weekend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per weekend
   5. 4 year olds
      1. Regular Full Time Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      2. Daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per day
      3. Non-Traditional (7pm – 6am) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      4. Non-Traditional (Weekend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per weekend
      5. Before/After School Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_ per week
   6. 5 year olds
      1. Regular Full Time Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      2. Daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per day
      3. Non-Traditional (7pm – 6am) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      4. Non-Traditional (Weekend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per weekend
      5. Before/After School Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_per week
   7. School-Age (5+)
      1. Regular Full Time Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      2. Daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per day
      3. Non-Traditional (7pm – 6am) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week
      4. Non-Traditional (Weekend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per weekend
      5. Before/After School Weekly Rate \_\_\_\_\_\_\_\_\_\_\_\_per week
3. **REGISTRATION FEE** (if any): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. Registration is Assessed:

* Per Child **OR**
* Per Family
  1. Registration Fee is collected
* Annually **OR**
* One Time

1. Please specify the purpose for which COVID-19 Pandemic Relief Grant funds will be used by selecting one or more of the allowable uses of funds:
   1. Costs of decreased enrollment
   2. Costs of reduced capacity limits due to state or local restrictions
   3. Costs of temporary closures related to coronavirus
   4. Fixed costs
   5. Increased operating expenses
   6. Cleaning and sanitation
   7. Personal Protective Equipment or PPE
   8. Increased salaries or wages for staff
2. Administrative Costs - Please enter the monthly administrative costs of running your facility.
   1. Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Mortgage and Property Taxes $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Salaries $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Food Costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   6. Supplies and Materials $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   7. Other (please specify) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   8. TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. By checking this box, I agree to use grant funds as indicated.
4. By checking this box, I agree to report on grant expenditures and other data requested by MSDE by May 1, 2021.
5. By checking this box, I agree to provide receipts or other documentation if randomly selected for an audit.
6. By checking this box, I agree to remain open at least until June 30, 2021 or return all funds received.

DO NOT SEND THIS TO MSDE

THIS IS A WORKSHEET TO ASSIST WITH COMPLETING THE ON-LINE APPLICATION

ALL GRANT APPLICATIONS MUST BE COMPLETED ON-LINE