

Lab Schools Stabilization Funding

License Type

License Number

My program is currently open or opening within the next 30 days

Yes

Program Operations

Program Name

Street Address

Town

Zip Code

Are at least 50% of your classrooms operating:

- Full time - 30 hours or more per week
- Part time - Less than 30 hours per week

Please specify the race of the center director:

Please specify the ethnicity of the center director:

Please specify the gender of the center director:

Final Attestation

Terms and Conditions:

By agreeing to these terms and conditions and submitting an application for the Child Care Program Stabilization Fund, I certify that all information provided as part of this application is true and accurate to the best of my knowledge and agree to each of the following statements;

- The Office of Early Childhood (OEC) will be promptly notified of any changes to information provided in this application including the closure of the child care program or inability to open within thirty days if currently closed.
- Closure of the child care program will require the return of all unspent funds.
- Child care programs receiving funds will maintain compliance with OEC health and safety requirements, local health, fire safety, and zoning requirements, and, to the greatest extent possible, implement policies in line with guidance from the Centers for Disease Control and Prevention (CDC) (available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>).
- All funds received from this child care stabilization fund will be used for the following purposes, including reimbursement for expenses incurred from January 2020 through September 2023;
 - Personnel Costs
 - Rent, Mortgage, Utilities, Facilities Maintenance, and Insurance
 - Equipment and Supplies
 - Goods and Services

- Mental Health Services

- The OEC or its agents may monitor this application and use of funds to ensure the accuracy of the information provided and the proper use of funds
- All child care programs that receive funds may be subject to audit and may be required to submit supporting documentation. I agree to provide information and supporting documents as requested
- I agree to provide, for audit purposes, access to the child care facility for which this application is submitted, information and documentation related to the application and use of funds, and access to interview child care staff members in connection with this application and the use of funds received
- Supporting documentation must be retained for a period of three years and promptly submitted to the OEC upon request
- Providing false or inaccurate information on this application or improper use of funds will result in the return or repayment of funds and any program applying for these funds agrees to repay funds as required
- The child care program must be prepared to affirm estimates of operating expenses and report the use of funds received to OEC or its agents upon request
- For each employee of the child care program, I agree to pay, to the extent possible, at least the same amount in weekly wages and maintain the same benefits (such as health insurance and retirement, if applicable) for the duration of the subgrant. I agree to prevent, to the extent possible, any involuntarily furlough of employees from the date of application submission through the duration of the subgrant period
- I agree to 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.
- Funds cannot be used to pay for expenses expressly covered by another external source, i.e. Paycheck Protection Program (PPP), Governor's Workforce Council funds, etc., or to supplant other federal or state funds
- Funds must be expended by September 30, 2023

I have read and agree to the terms and conditions and am an authorized person to submit this application. *

Enter your full legal name of the authorized individual completing this application

Your Email Address

Your Phone Number

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