



Division of Welfare and Supportive Services | Child Care Program
2021 Child Care and Development Program Pandemic Relief Grant
Licensed Family Child Care and Center Application



All information is required in order for the application to be complete.

Applicant General Information

Name of Person Completing Form:		Director / Owner:	
Name of Child Care Business on License:			
Physical Address:		City:	Zip:
Mailing Address:		City:	Zip:
Phone:	Alternate Phone:	E-mail:	

License Information

Licensed by: <input type="checkbox"/> State of Nevada <input type="checkbox"/> Washoe County		License #:	
Program Type		Licensed Capacity (as stated on your license)	
<input type="checkbox"/> Center <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Family Child Care	Age Range (ex. 6 weeks-2 years)	Capacity for Age Range	

Program Operations & COVID Impact

What is your CURRENT operation status? <input type="checkbox"/> Open <input type="checkbox"/> Temporarily closed until: <input type="checkbox"/> Permanently closed							
Current Days & Hours of Operation <i>If open, check days and enter hours:</i>	<input type="checkbox"/> Sun Open: Close:	<input type="checkbox"/> Mon Open: Close:	<input type="checkbox"/> Tues Open: Close:	<input type="checkbox"/> Wed Open: Close:	<input type="checkbox"/> Thurs Open: Close:	<input type="checkbox"/> Fri Open: Close:	<input type="checkbox"/> Sat Open: Close:
Is the schedule above your normal operating schedule during non-pandemic times? <input type="checkbox"/> Yes (skip to enrollment) <input type="checkbox"/> No							
Non-Pandemic Days & Hours: <i>If you answered no or closed above,</i>	<input type="checkbox"/> Sun Open: Close:	<input type="checkbox"/> Mon Open: Close:	<input type="checkbox"/> Tues Open: Close:	<input type="checkbox"/> Wed Open: Close:	<input type="checkbox"/> Thurs Open: Close:	<input type="checkbox"/> Fri Open: Close:	<input type="checkbox"/> Sat Open: Close:
Did you close during any time during the pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what was the total time in weeks:			

Program Enrollment & COVID Impact

Age Group of Children	# Current Enrollment	# Enrollment 1 year ago	# Current Vacancies	Are you trying to fill vacancies now or limiting enrollment due to COVID social distancing or staff issues? Please select for each age group:
Infants 0-11 months				<input type="checkbox"/> Filling <input type="checkbox"/> Limiting-social distance <input type="checkbox"/> Limiting-staffing
1 Year Olds				<input type="checkbox"/> Filling <input type="checkbox"/> Limiting-social distance <input type="checkbox"/> Limiting-staffing
2 Year Olds				<input type="checkbox"/> Filling <input type="checkbox"/> Limiting-social distance <input type="checkbox"/> Limiting-staffing
3 Year Olds				<input type="checkbox"/> Filling <input type="checkbox"/> Limiting-social distance <input type="checkbox"/> Limiting-staffing
4-5 Year Olds				<input type="checkbox"/> Filling <input type="checkbox"/> Limiting-social distance <input type="checkbox"/> Limiting-staffing
6+ Year Olds				<input type="checkbox"/> Filling <input type="checkbox"/> Limiting-social distance <input type="checkbox"/> Limiting-staffing

Please provide additional information to help us understand your current enrollment, vacancies and the impact of COVID on your program:

Child Care Rates & COVID Impact

CURRENT PRICES or RATES | Please provide the rate you most commonly use per age group.

Rate Age Group		Full-Time Daily Rate 8 hours/day	Full-Time Weekly Rate 8 hours/day 5 days/week	Other Rate	Define Other Rate: Please provide the number of hours per day, days per week if you used Other rate.
From	To				
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	

Are the rates above your regular rates did you have to modify your rates due to COVID?

The rates above are our normal rates The rates above were modified due to COVID and are NOT our normal rates

NON-PANDEMIC "Normal" RATES

ONLY complete this section if your CURRENT prices/rates are NOT your normal rates.

Rate Age Group		Full-Time Daily Rate 8 hours/day	Full-Time Weekly Rate 8 hours/day 5 days/week	Other Rate	Define Other Rate: Please provide the number of hours per day, days per week if you used Other rate.
From	To				
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years	\$	\$	\$	

What date do you hope to return to your "normal" non-pandemic rates?:

Child Care Staffing & COVID Impact

	# CURRENT Full Time Staff	# CURRENT Part Time Staff	# of Staff who Left Over the Last 12 months
All Staff (include administrative staff)			
Staff in your teacher-to-child ratio			

Payroll Protection Plan (PPP) and Economic Disaster Injury Loans (EDIL)

Please check the funding to which you have applied or intend to apply: PPP EDIL

Please check if you have been awarded funding from either or both: PPP EDIL

Operating Expenses		
<i>Allowable Expense for Stipend</i>	<i>Monthly Cost</i>	<i>Documentation Needed</i>
Payroll		Accounting system general ledger for payroll, taxes and benefit cost for one-month period of time. If family child care providers do not use an accounting system for payroll, a rate of \$15.00 can be used for their hours of operations.
Payroll Taxes		
Health Benefits		
Food Costs (for children only)		Receipts for food costs
Transportation		Gas receipts for children's transportation
Child Care Supplies & Equipment		Receipts for classroom supplies and equipment
Office and PPE Supplies		Receipts for office supplies and personal protective equip.
Utilities		Gas, power, water, disposal bills.
Janitorial Expenses		Janitorial service bills and supplies
Marketing Expenses		Brochures, web hosting bills, social media fees, etc.
Insurance: Business/Liability/Real Estate		Copy of insurance premium statement
Accounting		Any accounting-related invoices or bills
Repairs/Maintenance		Receipts for general repairs and maintenance
Printing		Printing or copy receipts for classroom or admin materials
Postage		Receipts for stamps or mail service bill
Rent or Mortgage		Rent or mortgage statement
Dues & Subscriptions		Professional dues (if annual, divide by 12 months)
Training/Education - Staff		Training registration receipts
Taxes/Licenses		Property or business tax receipts or invoices
TOTAL Average Monthly Expense		<i>This is NOT the amount of your stipend. This is just to provide an average monthly expense amount.</i>

IMPORTANT: By signing below, I certify that:

- I have provided information on this application form that is accurate and true.
- I understand that the stipend amount is based on my capacity on the date of stipend approval.
- I understand that information contained on this form is subject to verification by The Children's Cabinet.
- I have read all Notice of Funding requirements.

Signature of Owner/Program Director

Printed Name

Date

Please make a copy of your application to keep for your records.

You do NOT need to submit documentation of expenditures now. The Documentation Needed column provides examples of the documentation you will be required to submit with your Excel Expenditures Workbook. Please read the NOFO for more information.