



Division of Welfare and Supportive Services | Child Care Program
2021 Child Care and Development Program Pandemic Relief Grant
Out of School Time Application



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

Applicant General Information

| | | | |
|---------------------------------|------------------|-----------|----------|
| Name of Person Completing Form: | | Director: | |
| Name of Out of School Program: | | | # Sites: |
| Physical Address: | | City: | Zip: |
| Mailing Address: | | City: | Zip: |
| Phone: | Alternate Phone: | E-mail: | |

Program Operations & COVID Impact

What is your CURRENT operation status? Open Temporarily closed until: _____ 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, Average Daily Attendance (ADA) & COVID Impact

| Age Group | Current Enrollment | Enrollment January 2020 | Current ADA | ADA January 2020 |
|------------------------|--------------------|-------------------------|-------------|------------------|
| 6-12 Year Olds | # | # | # | # |
| 13-18 Year Olds | # | # | # | # |

Are you limiting enrollment or daily attendance due to COVID social distancing or staffing issues?
 Check all that apply:

Limiting enrollment due to social distancing measures Limiting enrollment due to staffing issues
 Limiting daily attendance due to social distancing measures Limiting daily attendance due to staffing issues

REQUIRED: Attach a list of program sites with physical address and CURRENT ADA of each site and the CAPACITY of each site. If a site is temporarily closed, please include the programming site, but indicate the site is closed. Please still included the capacity of ALL sites (closed or operating).

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 who work Directly with Youth | # | # | # |

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

| Rates & COVID Impact | | | | | |
|--|--|--|--|------------------------------|------------------------------|
| CURRENT PRICES or RATES Please provide the rate you most commonly use per age group. | | | | | |
| Rate Age Group | Full-Time Weekly Rate (School Breaks) If you charge daily, times by 5 | Weekly Before School If you charge daily, times by 5 | After School If you charge daily, times by 5 | Annual Membership Fee | Other Fee Specify: |
| 6-12 Year Olds | \$ | \$ | \$ | \$ | \$ |
| 13-18 Year Olds | \$ | \$ | \$ | \$ | \$ |
| Are the rates above your regular rates did you have to modify your rates due to COVID? | | | | | |
| <input type="checkbox"/> The rates above are our normal rates <input type="checkbox"/> 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 Weekly Rate (School Breaks) If you charge daily, times by 5 | Weekly Before School If you charge daily, times by 5 | After School If you charge daily, times by 5 | Annual Membership Fee | Other Fee Specify: |
| 6-12 Year Olds | \$ | \$ | \$ | | |
| 13-18 Year Olds | \$ | \$ | \$ | | |
| What date do you hope to return to your "normal" non-pandemic rates?: | | | | | |

| Operating Expenses – All Sites Combined | | |
|--|---------------------|---|
| Allowable Expense for Grant | Monthly Cost | Documentation Needed |
| Payroll | | Accounting system general ledger for payroll, taxes and benefit cost for one-month period of time. |
| Payroll Taxes | | |
| Health Benefits | | |
| Food Costs (for children only) | | Receipts for food costs |
| Transportation | | Gas receipts & maintenance invoices for youth transportation |
| Classroom Supplies & Equipment | | Receipts for classroom supplies & 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 related to child care |
| Training/Education - Staff | | Training registration receipts |
| Taxes/Licenses | | Property or business tax receipts or |
| TOTAL Monthly Expense | | <i>This is NOT the amount of your stipend. This is just to provide an average monthly expense amount.</i> |

Please do NOT provide expense documentation with your application.

The Documentation Needed column provides examples of the documentation that will be required for the allowable expenses if listed in your Excel Expenditures Workbook. The workbook will be provided to you after your signed agreement is received.

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.

Remember to attach your ADA report!