



Fort McDowell Yavapai Nation
 ARPA-CCDF Stabilization
 Subgrant for Child Care Providers
APPLICATION



Applications are due April 1, 2023. For questions, please contact Andrea LeBeau at alebeau@fmyn.org

Date of Application: _____

Applicant Information:

Child Care Program Name: _____

Location Address (Street, City, Zip): _____

Mailing Address (if different): _____

State or Territory Licensing or Other Identifying Number: _____ Licensed Licensed-Exempt

Legal Business Name or DBA: _____ DUNS Number or Taxpayer ID Number: _____

Operator/Director Name: _____ Operator/Director Phone Number: _____

Email Address: _____ Operator/Director Race: American Indian Asian
 Black/African American Native Hawaiian/Pacific Islander
 White Multiracial

Operator/Director Ethnicity: Latino Not Latino Operator/Director Gender: Female Male

Operational Status:

Have you received a state or tribal stabilization subgrant prior to filling out this application? Yes No

If yes, from what State or Tribe and list month/year of support you received: _____

What type of program do you operate? Child Care Center Licensed Group Home In-Home Provider (Licensed)
 Relative Provider School-Age Site

Was your program licensed, regulated or registered as of March 11, 2021 and met state and local health and safety requirements as of the date of application? Yes No

OR

Does your program meet CCDF eligibility and meets all CCDF health and safety requirements, including the completion of a comprehensive background check? Yes No

What is the current status of your program? Open Temporarily Closed

If temporarily closed due to the public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19 public health emergency, please give details about the temporary closure and planned date to reopen):

Child Count Information:

What is the licensed or identified capacity of your program? _____

Days of Operation: _____ Hours of Operation: _____

What is your current average enrollment by age?

Infant _____ Toddler _____ Preschool _____ School Age _____

Child Count Information continued:

Of the children enrolled, how many are funded by the following programs?

Tribal CCDF _____ State CCDF _____ Other _____

How many tribal children (descendants or enrolled citizens) do you serve on an ongoing basis?

Infant _____ Toddler _____ Preschool _____ School Age _____

What was your average enrollment by age in January 2020 (before COVID-19)?

Infant _____ Toddler _____ Preschool _____ School Age _____

Current Average Monthly Operating Expenses:

Allowable Expenses	Average Monthly Cost
Payroll: # of full-time employees _____, # of part-time employees _____	
Benefits:	
Other Personnel Costs (<i>recruitment/retention costs</i>):	
Rent or Mortgage:	
Facility Expenses (Utilities, Insurance, Maintenance):	
Personal Protective Equipment (PPE), Including Cleaning and Sanitation Supplies and Services:	
Training Expenses for Staff on Health and Safety Practices:	
Equipment and Supplies:	
Minor Renovations: (<i>bathrooms, railings, ramps to improve physical accessibility</i>)	
Goods and Services: (<i>food, equipment and material to facilitate play, learning, eating, diapering and toileting, or safe sleep – transportation, food services, child care management services, etc.</i>)	
Mental Health Supports for Children or Staff:	
TOTAL Average Monthly Operating Expenses:	

This is not the amount you will receive. The purpose is to calculate average monthly expenses to help the Nation determine a possible subgrant amount.

Certification:

To receive a stabilization subgrant, I agree to use the funds only for the categories and purposes indicated on this application.

I understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive.

I understand that I may be required to undergo a thorough background check, which may include, but is not limited to, criminal history, previous employment, professional or other licensing, registration or certification, credit history, and financial information. By signing below, I consent to the aforementioned background check in all jurisdictions and courts, including but not limited to the Fort McDowell Yavapai Nation Court.

By checking each box below, I am certifying that I will meet the requirements throughout the period of the subgrant, including the following:

- As a child care provider, I was impacted by the COVID-19 pandemic in one or more of the following areas: had to shut down, lost income, increase of operations costs, had to layoff staff, or other hardships faced due to the pandemic.
- The provider will implement policies in line with guidance and orders from corresponding state, territory, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the Centers for Disease Control and Prevention.
- For each employee (including lead teachers, aides, staff that are employed by the child care provider to work in transportation or food preparation, and any other staff that the provider employs), the provider must pay 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. Child care providers may not involuntarily furlough employees from the date of application submission through the duration of the subgrant period.
- The provider will provide relief from co-payments and tuition payments for the families enrolled in the provider's program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.
- I have never committed substantiated misrepresentation or fraud.

I certify that all the information provided is true and correct to the best of my knowledge. I understand that falsification or omission of information can result in denial or repayment of a subgrant. I hereby authorize representatives of the Fort McDowell Yavapai Nation to verify any and all information provided in this application, including performing a thorough background check. I further understand that representatives related to the funding sources (Federal, State, local and private entities) may review the information related to eligibility for subgrant funds.

Applicant Signature

Date