



American Rescue Plan Act Stabilization Subgrants for Child Care Providers

CNMI CCDF ARPA Phase 2 (Quality Only) Application Child Care Provider

If you have questions, or need help in completing this application, please contact Ms. Nadia Camacho, Grant Manager, at (670) 286-3211 or nadiacnmi@gmail.com.

Section 1. General Applicant Information			
Child Care Program/Owner Name:	Location Address:	Mailing Address:	
		City	State Zip
CCLP License Number:	<input type="checkbox"/> Licensed <input type="checkbox"/> License Exempt	CNMI Taxpayer ID Number:	
Legal Business Name or DBA:	Federal Employer ID Number (EIN):		
Operator/Director Name:	Operator/Director Contact email:	Phone Number:	
Operator/Director Race: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; White; Multiracial		Operator/Director Ethnicity:	Operator/Director Gender:
Section 2. Operational Status			
What type of program do you operate? Select all that apply. <input type="checkbox"/> Licensed Child Care Center – CCDF Certified <input type="checkbox"/> Licensed Child Care Center – not CCDF Certified <input type="checkbox"/> Friend, Family, Neighbor Care (LEFFN) <input type="checkbox"/> School-Age Site (before- or afterschool, summer camp) <input type="checkbox"/> Faith Based <input type="checkbox"/> Other:			
Was your program licensed/registered/certified/regulated on or before March 11, 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No			

What is the current status of your program?

Open

Temporarily closed due to 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:

Section 3. Child Count Information

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

Days of Operation:

Hours of Operation:

What is your current TOTAL enrollment by age (CCDF and non-CCDF children):

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

Infant:

Head Start:

Toddler:

CCDF:

Preschool:

Total:

School Age:

Total:

Section 4. Forms

In the CNMI Quality Rating and Improvement System (QRIS), quality is defined within six categories of standards:

- (1) **Health and safety** - Child care programs are implementing best practices in ensuring children are kept safe and healthy.
- (2) **Staffing and professional development** - Child care staff are qualified to do their jobs and continue to improve their knowledge and skill base.
- (3) **Child growth and development** - Child care programs apply developmentally appropriate practices in their interactions with children and in setting up the learning environment.
- (4) **Children with disabilities** - Child care providers are competent in supporting children with disabilities. They are able to provide or direct parents to needed resources.
- (5) **Family engagement and family strengthening** - Child care programs make the effort to involve parents and their community in their efforts to provide quality care. Beyond just engaging parents to participate in center activities, child care programs make available opportunities for families to learn best practices in child development and to provide them with the tools children need to succeed.
- (6) **Leadership and management** - Child care programs run efficiently under an effective and competent administrator. These leaders are engaged in continuous quality improvements.

Check here if there are no request(s) on this form.

FORM A: TRAINING			
Total amount requested on this form: \$	Summary of items requested in this category	Identify the QRIS Standard and/or the Environmental Rating Scale (ERS) Subscale and Item Number that this request addresses.	How will your program be improved as a result of meeting this standard?
<i>(Attach additional details and/or cost estimates/quotations. Be sure to indicate corresponding form)</i>			
Health and Safety (HS)			
Staffing & Professional Development (SPD)			
Child Growth and Development (CG)			
Children With Disabilities (CWD)			
Family Engagement & Family Strengthening (FES)			
Leadership Management (LM)			

Check here if there are no request(s) on this form.

FORM B: FACILITY IMPROVEMENT			
Total amount requested on this form: \$	Summary of items requested in this category	Identify the QRIS Standard and/or the Environmental Rating Scale (ERS) Subscale and Item Number that this request addresses.	How will your program be improved as a result of meeting this standard?
<i>(Attach additional details and/or cost estimates/quotations. Be sure to indicate corresponding form)</i>			
Health and Safety (HS)			
Staffing & Professional Development (SPD)			
Child Growth and Development (CG)			
Children With Disabilities (CWD)			
Family Engagement & Family Strengthening (FES)			
Leadership Management (LM)			

Check here if there are no request(s) on this form.

FORM C: PROGRAM-RELATED IMPROVEMENTS			
Total amount requested on this form: \$	Summary of items requested in this category	Identify the QRIS Standard and/or the Environmental Rating Scale (ERS) Subscale and Item Number that this request addresses.	How will your program be improved as a result of meeting this standard?
<i>(Attach additional details and/or cost estimates/quotations. Be sure to indicate corresponding form)</i>			
Health and Safety (HS)			
Staffing & Professional Development (SPD)			
Child Growth and Development (CG)			
Children With Disabilities (CWD)			
Family Engagement & Family Strengthening (FES)			
Leadership Management (LM)			

Check here if there are no request(s) on this form.

FORM D: ADMINISTRATIVE EQUIPMENT			
Total amount requested on this form: \$	<i>Summary of items requested in this category</i>	<i>Identify the QRIS Standard and/or the Environmental Rating Scale (ERS) Subscale and Item Number that this request addresses.</i>	<i>How will your program be improved as a result of meeting this standard?</i>
<i>(Attach additional details and/or cost estimates/quotations. Be sure to indicate corresponding form)</i>			
Health and Safety (HS)			
Staffing & Professional Development (SPD)			
Child Growth and Development (CG)			
Children With Disabilities (CWD)			
Family Engagement & Family Strengthening (FES)			
Leadership Management (LM)			

Check here if there are no request(s) on this form.

FORM E: EDUCATIONAL MATERIALS			
Total amount requested on this form: \$	Summary of items requested in this category	Identify the QRIS Standard and/or the Environmental Rating Scale (ERS) Subscale and Item Number that this request addresses.	How will your program be improved as a result of meeting this standard?
<i>(Attach additional details and/or cost estimates/quotations. Be sure to indicate corresponding form)</i>			
Health and Safety (HS)			
Staffing & Professional Development (SPD)			
Child Growth and Development (CG)			
Children With Disabilities (CWD)			
Family Engagement & Family Strengthening (FES)			
Leadership Management (LM)			

Application for Phase 2 Stabilization Grants

Attachment to Form: (check one)

Make copies of this form, as needed
or recreate using similar format

- A—Training
- B—Facility Improvement
- C—Program-Related Improvement
- D—Administrative Equipment
- E—Educational Materials

#	Item Description	Quantity	Price Each	Total
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TOTAL ON THIS PAGE				

Check here if list continues on next page

Check here if end of list

Certification

Initial on each line to show you have fully read and understood each statement.

_____ To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. **Note:** Notice must be given to the Grant Manager regarding movement of funds between categories.

_____ I understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive, as well as to document my compliance with the requirements described in A, B, and C below.

_____ By receiving stabilization funding, I agree to submit to an audit by any auditor of CCDF's choosing. I will grant the auditor access to and the right to examine and copy any records, data or papers relevant to this subgrant until three (3) years have passed since the final payment pursuant to this subgrant.

_____ The undersigned being warned that willful false statements and the like are punishable by fine or imprisonment, or both under 18 USC 1001, and that such willful false statements and the like may jeopardize the validity of the application of document or any registration resulting therefrom declares that all statements made of his/her knowledge on this application are true and all statements made on information and belief are believed to be true.

By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:

- A. _____ When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).
- B. _____ For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period. I will not reduce wages regardless of children's enrollment/attendance.
- C. _____ I will provide relief from 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.

Provider Affirmation

The following signature affirms that I will adhere to the items noted in A, B, and C. It also affirms I will only use the funds in the areas noted in Section 4 of this application.

Provider Signature and Date:

