



## Colorado Child Care Stabilization and Sustainability Grants Application

### Program Profile Basics

Select “yes” or “no” next to each piece of program profile information to let us know if the information we have on file is correct.

*Please do not worry if the information we have on file is not correct – we will reach out to you once you have submitted your application to make any corrections!*

	Information Correct?	
	Yes	No
Program Name: Alex MacCarty 2	<input type="radio"/>	<input type="radio"/>
License Number: 900023	<input type="radio"/>	<input type="radio"/>
Provider Physical Address (where services are provided): 6350 Eldridge ST Arvada, CO 80004	<input type="radio"/>	<input type="radio"/>

### Program Capacity and Quality Rating

Select “yes” or “no” next to each piece of program capacity or rating information to let us know if the information we have on file is correct.

*Please do not worry if the information we have on file is not correct – we will reach out to you once you have submitted your application to make any corrections!*

	Information Correct?	
	Yes	No
Program Licensed Capacity: 0	<input type="radio"/>	<input type="radio"/>
Colorado Shines Rating: Level 1	<input type="radio"/>	<input type="radio"/>
Provide care for infants (0-12 mos. old or infant classroom): No	<input type="radio"/>	<input type="radio"/>
Provide care for toddlers (12-36 mos. old or toddler classroom): No	<input type="radio"/>	<input type="radio"/>
Provide care for preschoolers (36 mos. until kindergarten entry or preschool classroom): No	<input type="radio"/>	<input type="radio"/>
Provide school-age after care (K - 12th grade): No	<input type="radio"/>	<input type="radio"/>

## **Program Operations Eligibility**

Select “yes” or “no” to the following statements regarding eligibility for this program

- *“Open” means the provider has an open child care license and is not in the revocation process. Programs on probation are still eligible.*
- *“Operating” means the provider is actively providing in-person care. Virtual services do not count for the purposes of this grant program.*
- *Temporary closures of physical care due to COVID-19 safety measures are permitted. A temporary closure is one where your staff is still on your payroll, your license is still active, and you plan to reopen to in-person care.*

	Information Correct?	
	Yes	No
This program was open and in operation as a childcare provider on March 11, 2021. (Temporary closure due to COVID-19 on this day is ok.)	<input type="radio"/>	<input type="radio"/>
On the day this application is submitted, this program is open and operational as a childcare provider. (Temporary closure due to COVID-19 is ok).	<input type="radio"/>	<input type="radio"/>

Is your program temporarily closed at present due to pandemic-related issues (this will not impact your award amount)?

No

Yes

## **Site Director or FCCH Provider Contact Information**

Select “yes” or “no” next to each piece of director information to let us know if the information we have on file is correct.

*Please do not worry if the information we have on file is not correct – we will reach out to you once you have submitted your application to make any corrections!*

	Information Correct?	
	Yes	No
Site Director or Family Child Care Home (FCCH) Provider Name: Alex MacCarty	<input type="radio"/>	<input type="radio"/>
Site Director or FCCH Provider Email: alexmacarty@eastvirg.com	<input type="radio"/>	<input type="radio"/>
Site Director or FCCH Provider Phone Number: (800) 555-6115	<input type="radio"/>	<input type="radio"/>

### **Site Director or FCCH Provider Demographic Information**

Please note you can select “no response” to any question within this section if you’d prefer not to disclose this information

Select the gender identity of the site director of FCCH provider

Male

Female

Non-binary

No response

Select if the site director of FCCH provider is of Hispanic ethnicity

No

Yes

No response

Select the race(s) of the site director or FCCH provider

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

No response

## **Multi-Site Providers**

Select if your program is part of a multi-site provider

- If you select “yes” you will be asked if you have previously supplied relevant W-9 and ACH information for your multi-site provider in another application and to enter all other license numbers associated with the multi-site provider on the next page
- If you select “no” you will move on to the next section

Is your program part of a multi-site provider?

Yes

No

If “no” you will move on to section 7

If “yes” then...

Have you previously supplied relevant W-9 and ACH information for your multi-site provider in another Application?

Yes

No

Please provide a list of program license numbers associated with your multi-site provider.

**\*\*\*You currently need to complete one application per license number, but there will be an application coming out soon that will allow you to complete one application for all sites\*\*\***

**Primary Applicant Contact Information**

If you would like to have someone other than the site director act as the primary contact for this program, please enter their contact information below – if you do not need to add anyone, leave this section blank

Primary Applicant  
Contact Name

Primary Applicant  
Contact Email

Primary Applicant  
Contact Phone Number

**Applicant Financial Contact Information**

If you would like someone other than the site director should receive communications regarding financial information, please enter their contact information below – if you do not need to add anyone, leave this section blank

Applicant Financial  
Contact Name

Applicant Financial  
Contact Email

Applicant Financial  
Contact Phone Number

## **Pandemic Impact**

Select the response that best reflects the length of time your program closed as a direct result of the COVID-19 pandemic

What was the total length of time you temporarily closed your program during the pandemic (since March 11, 2020)?

My program did not close during the pandemic

Less than 1 month

1-3 months

3-6 months

6-9 months

9-12 months

More than a year

Select the statement that best reflects your program's current financial stability

How long can you remain open and continue operations at current enrollment levels (this will not impact your base funding amount)?

My program is not currently at risk of closure

Less than 1 month

1-3 months

3-6 months

6-9 months

9-12 months

## **Child Care Operations Stabilization Grant**

You will be presented with the total and monthly amounts that you will receive from the Child Care Operations Stabilization Grant – you will receive 9 equal monthly payments through this program.

You will receive a confirmation email from [coecstimulus@metrixiq.com](mailto:coecstimulus@metrixiq.com) with additional details and the date you can expect your first payment.

Your **TOTAL** Child Care Operations Stabilization Grant award: **\$0.00**

Your **MONTHLY** Child Care Operations Stabilization Grant amount: **\$0.00**

Please then select any/all categories that you anticipate spending this funding in – please note that there will be monthly attestations throughout the grant term following up on this question.

If you decide to spend the funding differently or realize after submitting your application that you need to change the categories you selected, you do not need to reach out to us to correct the information – we will collect the most up to date information in the monthly attestations.

Check all that apply:

**Personnel Payroll Costs:** Includes all full-time and part-time staff wages, state and federal payroll taxes

**Other Personnel Costs:** Includes employee benefits beyond payroll compensation such as premium or hazard pay, insurance, retirement contributions, bonuses, stipends, paid time off (including time to cover COVID-19 vaccine appointments and side effects), professional development, scholarships

**Facility Costs:** Includes rent or mortgage payments, utilities (e.g., electricity, water, telephone, internet), property insurance, property taxes, maintenance, late fees or charges related to late payments, minor facility renovation costs (e.g., building or upgrading playgrounds, renovating bathrooms, installing accessibility features for individuals with disabilities, creating additional space for social distancing)

**Health and Sanitation Equipment, Training, and Supplies:** Includes all materials and supplies purchased in response to COVID-19 pandemic and continued healthy environment such as personal protective equipment (PPE), cleaning and sanitization supplies, child locks, cleaning crew fees, COVID tests and thermometers, air purifiers, health and safety trainings (e.g., prevention and control of infectious diseases, prevention of SIDS and abusive head trauma, pediatric first-aid and CPR, recognition of child abuse and neglect, planning for natural disaster, prevention and response to food and allergic reactions)

**Goods and Services:** Includes materials, goods, or services necessary for operating program such as food, food service and equipment, books, curricula, child assessments, other educational or classroom materials, diapering and toileting supplies, office supplies and equipment (tangible personal property including information technology systems having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000), licensing or business operating support service fees (e.g., background checks, shared services, child care management services, payroll and credit/debit card processing fees), advertising, transportation, audit

**Mental Health and Counseling Services:** Includes any costs of providing mental and behavioral health counseling and support services to child care staff or children including (but not limited to) infant and early childhood mental health consultation (IECMHC)

**Reimbursement for previous expenses related to pandemic**

### **Workforce Sustainability Grant**

You will be presented with the total and monthly amounts that you will receive from the Workforce Sustainability Grant – you will receive 9 equal monthly payments through this program.

Your **TOTAL** Workforce Sustainability Grant award: **\$0.00**

Your **MONTHLY** Workforce Sustainability Grant amount: **\$0.00**

Please then select any/all categories that you anticipate spending this funding in – please note that there will be monthly attestations throughout the grant term following up on this question.



If you decide to spend the funding differently or realize after submitting your application that you need to change the categories you selected, you do not need to reach out to us to correct the information – we will collect the most up to date information in the monthly attestations.

Check all that apply:

Employee wages

Premium or hazard pay

Health, dental, vision, disability, or life insurance

Investment in flexible spending or health savings accounts

Retirement contributions

Bonuses (e.g., hiring and retention bonuses)

Education stipends (e.g., tuition support or scholarships)

Paid time off (including sick, vacation, holidays, and time to cover COVID-19 vaccine appointments and side effects)

Employee health and mental health resources (e.g., counseling services, telehealth services, gym memberships)

Early childhood professional development (e.g., paid training time, paid planning time, coaches)

Other:

## **Payment Information**

Please provide the banking information to enable grant payments via ACH (direct deposit) – please double and triple check the account and routing numbers to ensure your payment goes through without error.

*You will not need to provide any banking or ACH documentation as part of this application*

Name of authorized  
account contact:

Bank name:

Bank account number:

Bank 9-digit routing  
number:

Select the bank account type

Checking

Savings

Lastly, you will be asked to re-enter the account and routing number.

*If the information entered below does not match the boxes above, you will not be able to move forward until you correct them.*

Bank Account number:

Bank 9-digit routing  
number:

## **Tax Information**

Please provide the following W-9 tax information exactly as it is registered with the IRS for your organization

*You will not need to submit a W-9 as part of this application, although we will need to collect one from you by the end of the calendar year in order to provide you with a 1099 tax form*

Name (as shown on  
income tax return):

Business/entity name if  
different from above:

If you select “no” to the following question, you will be prompted to provide the address for tax purposes on the next page

Is the official address for tax purposes the same as the Provider physical (service) address confirmed in the Program Profile section of this Application?

Yes

No

If you select “other” you will be asked to further specify your classification and may be asked to enter an exempt payee code

Federal tax classification category:

Individual/ Sole Proprietor/ Single-member LLC

C Corporation

S Corporation

Partnership

Trust/Estate

Limited liability company

Other (including tax exempt, nonprofit, and government agency)

## **Taxpayer Identification Number**

Enter your Social Security Number or Employer identification number and select which type of number you entered

Social Security number  
or Employer  
identification number

Did you provide a Social Security Number (SSN) or an Employer Identification Number (EIN)?

Social Security Number (SSN)

Employer Identification Number (EIN)

## **W-9 Certification**

Read through the information in the box below and check the box

By checking here, I certify that:

1. The number provided in this application is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (as defined on W-9 form)

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

## **Attestations**

Read through each attestation and check the box next to it

A. When open and providing services, I agree to 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 agree to continue paying at least the same amount of weekly wages and maintain the same level of benefits (such as health insurance and retirement) for the duration of the grant. I understand that I may not furlough employees from the date of application submission through the duration of the grant period.

C. I agree to provide financial relief for the families enrolled in my program by an amount equal to 50% of my base Child Care Operations Stabilization grant award, to the extent possible, and prioritize such relief for families struggling to make payment. Financial relief for families can include a new reduction in tuition, continuation of existing tuition reduction, forgiveness of unpaid parent fees or tuition for children still in care, and/or other financial relief, such as waiving fees and offering free services.

D. I agree to use the Workforce Sustainability Grant award exclusively for costs associated with offerings for staff (including yourself) such as reasonably increased wages and/or benefits.

E. I understand the Child Care Operations Stabilization and Workforce Sustainability Grants are time limited, with no guarantee for additional funding for the purposes of business stabilization and workforce retention beyond the period of performance of this grant award (September 30, 2023).

F. I understand that these grant funds are federal funds with requirements and limitations upon use. I agree to review the guidance that is provided and use the funds only for the purposes allowed.

G. I agree to provide monthly attestations and grant monitoring information to continue the receipt of funds from the Child Care Operations Stabilization and Workforce Sustainability Grants and to report expense amounts by allowable use category at the end of the grant period.

H. I understand that the State of Colorado and other external partners reserve the right to review documentation, upon request, for monitoring and/or audit purposes.

I. I understand that funds obtained using fraudulent (or intentionally false/misrepresented) information will be subject to recovery.

### **Information Privacy**

Read through the information in the box below and check the box

I authorize MetrixIQ to release any information in the Application to partner agencies including the Office of Early Childhood and the Colorado Department of Human Services  
 for the purpose of record keeping and audits. I release MetrixIQ from any and all liability arising from the release, review or copying of such information. MetrixIQ, on behalf of the State of Colorado, may require other information in the event of an audit.

### **Authorized Person**

Enter the information of the authorized person completing this application below

Name of Authorized  
Person:

Title of Authorized  
Person:

### **Signature**

Check the box once you've read the text and type your name in at the bottom of the page

By checking here, I certify that I am authorized to represent the child care business requesting funding in this application. I certify that I have read, understand, and agree to comply with the above attestations. I certify that the information provided in this application is true and correct to the best of my knowledge.

Checking the box and typing your name below constitutes the same authority as a signature. You must check the box and type your name for the application to be considered complete.