



## Child Care and Development Fund (CCDF) COVID-19 EMERGENCY GRANT APPLICATION FOR NON-CCDF PROVIDERS under the CARES Act Re-Announcement

DCCA Child Care and Development Fund (CCDF) is making available a one-time grant assistance to **NON-CCDF PROVIDERS** to address Covid-19 related expenses. Eligible proposals may receive up to a maximum of \$20,000.00 per site/location. CCDF has the right to award smaller grant awards as appropriate and as recommended by the CCDF Review Committee. Applicants must demonstrate that expenses are directly related to their before and after-school program services and/or child care/day care services only.

### Requirements:

1. Valid Business License (No receipts will be accepted);
2. Valid Child Care Licensing Program (CCLP) License;
3. Copy of Certificate of Incorporation including listing of officers (if applicable);
4. Copy of Certificate of Incorporation as a Non-Profit Organization including listing of officers (if applicable);
5. Copy of most current (2019 or 2020) Annual Report for the Organization;
6. Duly Completed COVID-19 Emergency Grant Application Form, prescribed by CCDF along with required attachments. An application form that has been altered and lacking supporting documents/attachments **will not be reviewed and will be returned to the applicant.**
7. Submission:
  - i. Electronically to: [mloste.cnmiccdf@gmail.com](mailto:mloste.cnmiccdf@gmail.com) and [ccdf.roselleteregeyo@gmail.com](mailto:ccdf.roselleteregeyo@gmail.com)
  - ii. Or Drop box at the CCDF Office Bldg. No. 1347 Ascension Ct. Capitol Hill, Saipan
  - iii. in the following order:
    1. Cover Letter indicating intent to apply for the Grant
    2. Completed Application Form
    3. If applying for monthly expenses, applicant must break down actual expenses for each month. Attach receipts/documents particular for each month.
8. Address to: **Maribel Loste, CCDF Program Administrator** All applications should be received by CCDF Office **on or before October 31, 2020 no later than 3:00p.m.** Request for an extension will not be entertained.
9. Failure to attach all required documents will mean automatic disapproval.
10. This is a REIMBURSEMENT PROCESS.
11. Expenses incurred must be dated not earlier than April 1, 2020.
12. Applicants must demonstrate that expenses are directly related to their before and after-school program services and/or child care/day care services only.
13. CCDF has the right to request for additional documentations/receipts if needed related to this application. Applicant has 5 days from the date of request to provide documentations. Failure to respond and provide requested documentations will mean automatic disapproval from the grant process.

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14. If applying for Payroll Expenses, organization must provide complete list and information of Day Care Employee using the CCDF Prescribed Form. If organization employs CW 1 employees, organization must provide a copy of the most current Staff Listing as submitted to CNMI Department of Labor.
15. If your program/organization applied and was approved a Cares Act funding grant (due date July 31, 2020) you need not apply.

# APPLICATION

Ref.



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**DCCA CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM  
Covid-19 Emergency Grant Application**

Organization's Complete Business Name: \_\_\_\_\_

Type of Organization/Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Business Contact Nos: \_\_\_\_\_

Business License No: \_\_\_\_\_ Valid Until: \_\_\_\_\_

Tax ID No: \_\_\_\_\_

|                                      | <b>Primary Contact Person<br/>Director or Owner</b> | <b>Secondary Contact Person</b> |
|--------------------------------------|---|---------------------------------|
| Complete Name and Signature          |   |                                 |
| Position Title                       |   |                                 |
| Email Address                        |   |                                 |
| Contact Nos.<br>(Business, Cell no.) |   |                                 |

Total Child Care Capacity (DPW): \_\_\_\_\_ Total Child Care Enrollment prior to Covid-19: \_\_\_\_\_

**Breakdown of Enrollment prior to Covid-19**

| Age Group                | Number of Classrooms | Total Children |
|--------------------------|----------------------|----------------|
| 6 weeks to 18 months     |                      |                |
| 19 to 35 months          |                      |                |
| 3YO to 5YO               |                      |                |
| School Age (6YO to 13YO) |                      |                |

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|   |           |
|---|-----------|
| Business Name:                            | Location: |
| Person Competing this Form and Signature: | Date:     |

This application is for expenses incurred for the month of:

Total amount applying for:

What is the primary purpose for this grant application? Place a check mark the assistance you are applying for.

**Note: You must demonstrate actual expenses by providing original documents/receipts for your before/after school programs and/or child care/day care services only.**

Type of Expenses:

|  |         |
|--|---------|
| <input type="checkbox"/> Mortgage/Lease                      | Amount: |
| <input type="checkbox"/> Rent                                | Amount: |
| <input type="checkbox"/> Utilities                           | Amount: |
| <input type="checkbox"/> Payroll                             | Amount: |
| <input type="checkbox"/> Cleaning and/or sanitation Services | Amount: |
| <input type="checkbox"/> Cleaning and/or Sanitation Supplies | Amount: |
| <input type="checkbox"/> Others (Describe)                   | Amount: |
| <input type="checkbox"/> Others (Describe)                   | Amount: |
| <input type="checkbox"/> Others (Describe)                   | Amount: |
| <input type="checkbox"/> Others (Describe)                   | Amount: |
| <input type="checkbox"/> Others (Describe)                   | Amount: |
| <input type="checkbox"/> Others (Describe)                   | Amount: |

Notes:

1. Use CCDF Prescribed form for Payroll Summary Cost
2. Use CCDF Prescribed form for Summary of Monthly Expenses

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|  |                  |
|--|------------------|
| <b>Business Name:</b>                            | <b>Location:</b> |
| <b>Person Competing this Form and Signature:</b> | <b>Date:</b>     |

**Terms and Conditions:**

1. To comply with this agreement and Federal, State, and local regulations, policies and procedures governing the CARES Act Fund including any changes made during the agreement period.
2. To comply with the non-discrimination provisions with federal law and Department of Health and Human Services (45 CFR § 80.3) and the requirements of Title VI of the Civil Rights Act of 1964, including provisions of the American Disabilities Act of 1990 and its amendments. The Child Care Provider must ensure that no person, on the grounds of race, color, national origin, age, sex or disability is denied benefits, or be otherwise subjected to discrimination under any program to which this part applies.
3. To expend grant award which complies and conforms to the CCDBG Act (42 U.S.C. 9857 et seq.) 45 CFR Parts 98 and 99; CARES Act as intended in the application for the grant.
4. To allow reasonable access to the establishment for Federal, CCDF, CCLP representatives to review and monitor the vendor for compliance with program requirements, and to cooperate with Federal and CCDF, CCLP program representatives during a monitoring visit.
5. To allow any duly authorized representatives of CCDF and CCLP or federal representative to inspect and audit, at reasonable times and upon reasonable notice, all records and documents relating to this award.
6. To maintain and retain for a period of not less than three (3) years, inventory records used for Federal tax reporting purposes and other records including invoices, and/or receipts of payments, purchase records, shelf price records, and gross sales receipts.
7. Upon request, the Child Care Provider must make readily available and provide to representatives of CCDF, CCLP, or the Office of the Administration of Children and Families, Office of Child Care, and the Comptroller General of the United States, at any reasonable time and place for inspection and audit, all Cares Act award on the vendor's possession and all program-related records relevant to the performance of this agreement. In addition, the Child Care Provider must maintain and provide the CCDF, CCLP program upon request documentation of annual total expenses, as well as invoices and receipts showing the source of Covid-19 related expenses.
8. To notify CCDF and CCLP of any change in child care ownership, facility location, or cessation of operations. The notification must be in writing and provided not less than 30 calendar days in advance of the effective date of the change in ownership or cessation of operation.
9. In the event that the child care provider ceases operation within 90 days from receipt of any Cares Act funding, total amount receipt must be returned to CCDF Program.
10. To agree that all items, materials, supplies will be for the sole use of the provider's before and after-school services and/or day care/child care services only.
11. Minor renovations totaling \$5000.00 or more, organization must submit Lease Agreement indicating that organization will be at the site/location for at least 2 years.

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|   |           |
|---|-----------|
| Business Name:                            | Location: |
| Person Competing this Form and Signature: | Date:     |

|   |                |
|---|----------------|
| <b>CCDF OFFICIAL USE ONLY: Grant Proposal</b> |                |
| Approved _____                                |                |
| Denied  | Reasons: _____ |
| _____   | _____          |
| Robert H. Hunter DCCA Secretary               | Date           |

**CHECKLIST:**

- Valid Business License (No receipts will be accepted).
- Valid Child Care Licensing Program (CCLP) License
- Copy of Certificate of Incorporation as a Non-Profit Organization including listing of officers.
- Copy of most current (2019 or 2020) Annual Report for the Organization
- Duly Completed Covid 19 Emergency Grant Application Form, prescribed by CCDF along with required attachments. An application form that has been altered and lacking supporting documents/attachments **will not be reviewed, will be returned to the applicant and automatically disapproved.**
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    - 1. Cover Letter indicating intent to apply for the Grant
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    - 3. If applying for monthly expenses, applicant must break down actual expenses for each month. Attach receipts/documents particular for each month.
- Failure to attach all required documents will mean automatic disapproval.
- Completed Payroll Summary Cost for each month
- Completed Summary of Expenses for each month
- Most current Staff Listing as submitted to CNMI Labor

*Reps*