

Office of the Secretary Caller Box 10007 Saipan, M.P. 96950 Tel. 664-2576 Fax. 664-2570

# Child Care and Development Fund (CCDF) Program Cares Funds Part III Grant Application Checklist

(For Licensed Programs center base program only)

Li Valid Business License (No receipts will be accepted);
□ Valid Child Care Licensing Program (CCLP) License;
☐ Valid CCDF Provider Certificate, if applicable;
☐ Copy of Certificate of Incorporation
<ul> <li>as a Non-Profit Organization including listing of officers;</li> </ul>
<ul> <li>as a For-Profit organization including listing of officers;</li> </ul>
☐ Copy of most current (2021) Annual Report for the Organization;
☐ Duly Completed Cares Funds Part III Grant Application Form, prescribed by CCDF along with required
Attachments; An application form that has been altered and lacking supporting documents or
attachments will not be reviewed and will be returned to the applicant.
☐ Submission and addressed to: Maribel Loste, CCDF Program Administrator at
mloste.cnmiccdf@gmail.com cc: ccdf.roselleteregeyo@gmail.com.
i. Electronically or via drop box and in the following order:
Grant Application checklist (this page)
2. Cover Letter indicating intent to apply for the Grant
3. Completed Application Form
a. Form A: Minor Renovation with Scope of Work (SOW).
b. Form B: Purchase of an Early Childhood Curriculum and/or Educational
Materials and/or equipment with Form B1
c. Form C: Program Operations and/or Program Expenses Only
d. Form D: Cleaning Supplies, PPE's, Cleaning and Sanitation Services, etc.
☐ Submission deadline: April 30, 2021
☐ Attach most recent QIP and/or SMART Goals and most recent ERS Self-Assessment if applicable.
Receive a minimum of 15 points for each of the areas applying for:
1. Minor Renovation
<ol><li>Purchase of Curriculum and/or related Educational Materials or equipment</li></ol>
3. Program Operations and/or Program Expenses
<ol> <li>Cleaning Supplies, PPE's, Cleaning and Sanitation Services</li> </ol>
☐ Must have submitted request for reimbursement at least 50% of Cares I Part I or Part II grant
approved funds.
Failure to attach all required documents will mean automatic disapproval.

Note: This page should be included as part of the submission packet of the organization



## Child Care and Development Fund (CCDF) Program

## GRANT APPLICATION III under the CARES Act Funding Licensed-Center base Providers

Grants are currently being offered by DCCA Child Care and Development Fund (CCDF) to Licensed-center base Providers address child care program needs related to operations, health and safety and improving quality child care services during the Covid 19 Pandemic. Eligible proposals may receive a one-time grant of up to \$25,000.00 per site/location. CCDF has the right to award smaller grant awards as appropriate and as recommended by the CCDF Grant Review Committee.

## Requirements:

- 1. Valid Business License (No receipts will be accepted);
- 2. Valid Child Care Licensing Program (CCLP) License;
- 3. Valid CCDF Provider Certificate;
- 4. Copy of Certificate of Incorporation as a Non-Profit Organization including listing of officers;
- 5. Copy of most current (2020/2021) Annual Report for the Organization;
- 6. Duly Completed 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 or via drop off and in the following order:
    - Grant Application Checklist
    - 2. Cover Letter indicating intent to apply for the Grant
    - 3. Completed Application Form
      - a. Form A: Minor Renovation with Scope of Work (SOW);
      - b. Form B: Purchase of an Early Childhood Curriculum and related supplies;
      - c. Form C: Program Operations and Expenses only
      - d. Form D: Cleaning Supplies, PPE's, Cleaning and Sanitation Services
         \* Submit only the forms related to your grant application.
  - ii. Address to: <u>Attention: Maribel Loste, CCDF Program Administrator</u> All applications should be received by CCDF Office on or before April 30, 2021 no later than 3:00p.m. Request for an extension will not be entertained.
    - Narrative must provide clear explanation for the rationale, identify specific quality standards (must be aligned to the program's Quality Improvement Plans (QIPs), QRIS, SMART Goals and Covid-19 safety precautions.
    - Attach most recent QIP and/or SMART Goals and most recent ERS Self-Assessment (CCDF Providers only).
- 8. Receive a minimum of 15 points for each of the areas you are applying for.
- 9. Failure to attach all required documents will mean automatic disapproval.
- 10. Disbursement of funds will be as followed:
  - Upon approval at the completion of DOF process, 50% of the grant amount;
  - ii. Upon submission and verification of receipts for the initial 50% of the funds, 25% of the remaining grant award.

- iii. Upon submission and verification of receipts of the 25% and receipts for the remaining 25% of the grant award (reimbursement process).
- iv. For example:
  - Grant Approval of \$10,000.00
  - 2. \$5,000.00 will be immediately released (completion of DOF process)
  - 3. \$2,500.00 will be released once \$5,000.00 worth of receipts is submitted.
  - 4. Last \$2,500 will be released once \$5,000.00 worth of receipts is submitted
- 11. Program Expenses incurred must be dated not earlier than January 1, 2021.
- 12. Program expenses funded under earlier Cares grant applications should not be included in this grant application.
- 13. Salaries and benefits covered/paid by the Paycheck Protection Program should not be included in this grant application.
- 14. Salaries and benefits covered/paid by the Pandemic Unemployment Assistance should not be included in this grant application.
- 15. If additional pages are needed for the justification/rationale, label pages to correspond with forms.
- 16. If applying for minor renovations with a total of \$2500.00, or more applicant must provide documentation that the program will be in the location for at least 3 years. Documentation such as a lease agreement should be provided.
- 17. By submitting an application, the program certifies/agrees that all equipment, materials, items, will be for the sole purpose/use of the program's before and afterschool services and/or day care services.
- 18. Should the program close its business within 2 years of getting approved of this grant. All educational materials released from the program must be inventoried and any materials or equipment with the purchase amount of \$200 or more should be returned to CCDF.
- 19. If your program/organization applied and was approved under a Cares Act Funding Opportunity (due date July 30, 2020 and later Part I or Part II) and you have not spent at least 50% of your grant award, you need not apply for this grant.
- 20. The following will not be considered for this grant application: laptops, desktops, printers, and cameras, and video camera
- 21. The program must disclose if it is receiving any other federal funding support and the total amount it receives. If program is receiving other federal funding support, it may only apply up to a maximum of \$10,000.00 in grant assistance.
- 22. The program must disclose if it is receiving any other funding support such as Paycheck Protection Program or PPP as well as the Pandemic Unemployment Assistance or PUA.
- 23. All approved funds must be expended within 12 months from the date of approval.
- 24. At least 50% of the funds must be expended within 6 months from the date of approval.
- 25. Approved activities/purchases under this grant may not be changed without prior written approval from the CCDF Program. Written request must be submitted to the CCDF Program regarding changes to activities and/or purchases. Written request at a minimum should include: activity or purchases to be changed, reasoning of the change, and specific amount to be changed. Written request must conform to CCDF prescribed form.



# APPLICATION For Cares I (Part III) Funds

Name of Organization

Note: This page should be included as part of the application packet.



Organization's Complete	Business Name:		
Type of Organization:		Tax ID No:	
Mailing Address:	Ph	ysical Address:	
Business License No:		Valid Until:	
Other Grants and resour	ces applied for:		
1. My organization	applied for a grant under Cares I	Funds (Part I or Part II	):
☐ Yes, Date of App	proval:	Approved Amount	
□ No			
If yes, complete th	e info below:		
☐ My organization	has submitted for reimbursement	as of:	
Date:	Total Rei	mbursement:	
This amount consti	tutes% of my approved grai	nt award.	
☐ I have received	full reimbursement of Cares I (Part I	or Part II) funds as of Da	ate:
	A	on are in rainas as or bo	
2. My Program appl	ied for the following:		
Paycheck Protectio	n Program or PPP	□ YES	□ NO
If YES, the amount	received is:		
Attach copy of listi	ng of staff and months covered by	PPP.	
	yment Assistance or PUA of listing of staff and months cover	☐ YES	□NO
AXY	Primary Contact Persor Director or Owner	n Se	econdary Contact Person
Complete Name and Signature			
Position Title			
Email Address			
Contact number/s			

# **FORMS**

Form A:

Minor Renovation Only

Attachment:

- 1. Submit drawing or scope of work and budget breakdown if more than 1 scope of work
- 2. Lease Agreement for at least 5 years from date of submission of grant application

Form B:

Purchase of Educational Curriculum and related educational

materials

Attachment:

- 1. Form B1: List of Proposed Educational Curriculum and/or educational materials
- Educational Curriculum must address Family Engagement and Family Strengthening under QRIS Standards (narrative must strongly align to this standard); provide documentation that the curriculum choice has a Family Engagement and Family Strengthening program or piece
- 3. Latest QIP, Smart Goals, and Self Assessments

Form C:

**Operations and Program Expenses Only** 

Attachment

- 1. Most recent Staff Listing as submitted to CNMI Department of Labor
- 2. Payroll Cost Summary beginning January 1, 2021 (use CCDF Prescribed Form)
- 3. Summary of Day Care Operations Monthly Expense Form (Use CCDF Prescribed Form)

Form D:

PPE's, Cleaning Supplies, Cleaning and Sanitation Services

Attachment:

- 1. Form D1 List of Items to purchase
- 2. Agreement or quote for cleaning/sanitation services



## FORM A:

Business Name:	Location:	
Person Competing this Form and Signature:	Date:	
Amount being requested:	This amount is for:	Minor Renovation Only

1. RATIONALE: How is the use of this grant amount intentionally planned? Describe your reasoning.

2. **QUALITY STANDARDS:** Which quality standards justify the projected use of grant award? Please describe here. (ERS Indicators, QRIS Standards, etc)

3. **OUTCOMES:** How will quality be improved as a result of this award? How will this be evaluated? Provide Specific examples and details.

4. SPENDING PLAN: How is the use of this incentive part of a long-term plan for improving quality?

FORM B: Must attach Listing of Educational Materials purchased/to be purchased (Form B1)

Total possible points. 20

Business Name:	Location:
Person Competing this Form and Signature:	Date:
Total Amount being requested: \$	This amount is for: Purchase of Curriculum and related educational materials

1. RATIONALE: How is the use of this grant amount intentionally planned? Describe your reasoning.

2. **QUALITY STANDARDS:** Which quality standards justify the projected use of grant award? Please describe here. (ERS Indicators, QRIS Standards, etc)

3. **OUTCOMES:** How will quality be improved as a result of this award? How will this be evaluated? Provide Specific examples and details.

4. **SPENDING PLAN:** How is the use of this incentive part of a long-term plan for improving quality?

Form B1 (must be attached to Form B)

Business Name:	Location:
Person Competing this Form and Signature:	Date:
Total Amount being requested: \$	This amount is for: Purchase of Curriculum and related educational materials

Item Description or Activity	Quantity	Amount	Purchase Amount
EX. Different sized hulla hoops	10	\$5.00	\$50.00
A V-/			
		Cucud	
		Grand	
		Total	
		Incentive Amount	()
		Balance	

## FORM C:

Total possible points: 20

	rotal possible political 20
Business Name:	Location:
Person Competing this Form and Signature:	Date:
Amount being requested: \$	This amount is for: Program Operations and Program Expenses Only

1. RATIONALE: How is the use of this grant amount intentionally planned? Describe your reasoning.

· Otto D : Must attach Tollin D1	Total possible politis. 20
Business Name:	Location:
Person Competing this Form and Signature:	Date:
Total Amount being requested: \$	This amount is for: Cleaning Supplies, PPE's, Sanitation/Cleaning Services

1. RATIONALE: How is the use of this grant amount intentionally planned? Describe your reasoning.

2. **QUALITY STANDARDS:** Which quality standards justify the projected use of grant award? Please describe here. (ERS Indicators, QRIS Standards, etc)

3. **OUTCOMES:** How will quality be improved as a result of this award? How will this be evaluated? Provide Specific examples and details.

4. SPENDING PLAN: How is the use of this incentive part of a long-term plan for improving quality?

Form D1 (must be attached to Form D)

Business Name:	Location:
Person Competing this Form and Signature:	Date:
Total Amount being requested: \$	This amount is for: Cleaning Supplies, PPE's, Sanitation/Cleaning Services

Item Description or Activity	Quantity	Amount	Total Purchase Amount
EX. Alcohol	10 Cases	\$25.00	\$250.00
AXY			
			==
		Grand	
		Total	
		Incentive	()
		Amount	,
		Balance	

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

### **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, six 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. These visits maybe announced or unannounced.
- 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. CCDF reserves the right to request additional documentations related to this award when and if
  needed.
- 6. To maintain and retain for a period of not less than three (3) years, inventory records used for local and/or 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. In the event that the child care provider ceases operation all equipment, items, educational materials and supplies above \$200.00 bought using Cares I funding must be returned to CCDF Program.
- 11. To refrain from charging parents or family's child care fees associated with existing enrollment.
- 12. To agree that all items, materials, supplies will be for the sole use of the provider's before and afterschool services and/or day care/child care services.



siness Name:	Location:	
son Competing this Form and Signatur	Date:	
provider will be in the specification Should provider cease operated	s are for minor renovations that it must provide fic area/location for not less than 3 years upor ations before the end of the 3 years, provider warded for the renovations under this grant.	n approval of the grant.
De	eclaration Under Penalty of Perjur	y
imprisonment, or both under 18 jeopardize the validity of the ap	that willful false statements and the like are p B U.S.C. 1001, and that such willful false stater plication or document or any registration resu own knowledge on this application are true ar	ments and the like may ulting therefrom declares that
information and belief are belie		id all statements made on
		Date
information and belief are belie	ved to be true.	
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