





GRANT APPLICATION for HEALTH CARE/EMERGENCY WORKER SUPPORT BONUS

This one-time bonus is to provide recognition to the child care provider and elevate the importance of ensuring that child care options are available to the health care and emergency workforce in Kansas. Due to the increased risk of exposure to COVID-19 by caring for children of workers (parents/legal guardians) on the frontlines, a bonus acknowledges the additional protective measures needed to ensure a child care provider can meet the demand of a healthy and safe environment.

Grant Guidelines

- The <u>Hero Relief Program-Health care/Emergency Worker Support Bonus Application</u> must be completed, signed and
 postmarked by September 15, 2020, for consideration. An incomplete application may be denied or delayed in processing.
- Licensed child care centers, school age programs and family/group child care home must include an <u>Attendance</u>
 <u>Verification Sheet with Parent/Legal Guardian Signature</u> when submitting a grant application, which identifies the children who have a parent/legal guardian working as a health care or emergency worker for organizations such as hospitals, nursing homes, fire and rescue, law enforcement, or correctional staff which have operated during the COVID-19 outbreak.
 Child(ren) identified must be attending the program between the date of application and September 15, 2020.
- Four forms, including the <u>signed application</u>, are the <u>Attendance Verification Sheet with Parent/Legal Guardian Signature</u>, completed <u>W-9</u> and <u>Direct Deposit Form with a Voided Check</u> (unless you have already submitted a W-9 and Direct Deposit Form with other grant programs). An incomplete set of forms may cause an application to be denied or delayed.

Criterion for Eligibility

- Child care centers, school age programs and family/group child care home programs must be licensed by and in good standing with the Kansas Department of Health and Environment (KDHE).
- Child care centers, school age programs and family/group child care programs must hold a current <u>Kansas Child Care Center License</u> or a <u>Kansas School Age Program License</u> or a <u>Kansas Day Care Home License</u> or a <u>Kansas Group Day Care Home License</u>.
- Child care centers, school age programs and family/group child care home programs must be currently open to provide care at least full-time (30 hours or more per week).
- Children identified on the Attendance Verification Sheet (page 3 of application) must be actively attending child care.
- Receipts for all items/expenses paid with grant funds must be kept by the child care centers, school age programs and family/group child care home programs for 5 years. These funds are subject to state, federal and Child Care Aware of Kansas audits. Receipts may be requested anytime within a 5-year timeframe.

Directions: Complete the grant application, including the general program information, answer three questions, identify expenses used for funding and sign Page 2. Obtain parent/legal guardian signatures for the Attendance Verification Sheet and a completed W-9 and completed Direct Deposit Form with a voided check (unless you have already submitted a W-9 and Direct Deposit Form with other grant programs). Mail all 4 forms to: Child Care Aware of Kansas, ATTN: Health Care/Emergency Support, PO BOX 2294, Salina, KS 67402-2294; ?'s Call Toll Free (855)-750-3343 or E-mail grants@ks.childcareaware.org; Fax (785)-823-3385

General Program Information (Please print clearly.)						
Don survey Name						
Program Name						
Applicant Name						
KDHE License Number		ollment Capaci n child care license	•	Total Cl Attendi	nildren Currently ng	
Address						
City		Zip Code			County	
Phone Number			Check if: W-9 and Direc	t Deposit	Previously Submitte	d \square
Email Address						

Grant Application continu	ıed	(Please pri	nt clearly)						
Program Name KDHE License Number					r				
Question 1: Are you currently open and providing care to children? *If you answer NO to this question you are not eligible for the support bonus.						YES	NO		
Question 2: Does a child legal guardi *If you answer NO to this que **Works for organizations (su	an estic	that is a hea	Ith care or endingible for the s	me upp	ergency worker**? port bonus.		YES	NO O	
or correctional staff) which Question 3: How many legal guard **Works for organizations (su or correctional staff) which	chi an _{ich}	Idren attend that is a hea as hospitals, nu	ing your prog Ith care or en rsing homes, fir	gra me	im have a parent or ergency worker**? nd rescue, law enforcement,		# of chi	ldren 	
These funds provide a recogn the Health Care and Emergen children of workers (parents/in place to ensure child care parents children in their care. Some effor additional hours or increases from the list or write.	ition cy v lega prov xam sed	n to child care p vorkforce in Kai il guardians) on iders can meet iples of the pro use of persona	providers and in nsas. Due to the the frontlines, the demand of tective measure I protective equ	npli e po a b nev es i	cate the importance to ensure the time of tential for an increased risk of the control on the control of the co	e ch of ex add ny ar onal	illd care options a posure to COVID itional protective nd safe environm staffing, the cos ent and supplies.	are available 0-19 in caring measures pent for all t of operatin	g fo put
Staff Wage/Salary	}-IN □		ng Equipment		ive measure expenses in Classroom Supplies	1 yo □	Nap Pads		$\overline{}$
Air Sanitizing Equipment	冒	Hand Sanitiz			Thermometer and Covers	Ħ	Kleenex		Ė
Food/Snacks		Cleaning Wij			Alcohol Wipes		Face Masks		一
Gloves		Toys/Activiti	es		Table Coverings		Disposable Pa	perware	
Hand Soap/Lotion		Cleaning Equ	uipment		Paper Towels		Disinfectants		
Trash Bags		Infect. Contr	ol Materials		Liability Insurance		Training		
Program Consent to Sha In accepting funds awarded ti information on your program	nrou wit	ugh the Hero Re h the agencies	elief Program, I listed below for	the	e purpose of supporting child	care	e program needs	as a result	of
the COVID-19 outbreak. It is funless otherwise required by • Kansas Department • Kansas Department ATTESTATION STATEME I certify that I have read a	law t for t of NT nd	Children and F Health and Env understand th	amilies (DCF) ironment (KDHI ne application	≣) an	d that the answers given	by r	me to the foreg	going quest	
are complete and true to t I will comply with all grant		-	owledge and	pel	iet. I further agree that if	my	grant applicati	on is accep	tec
		HEALTH CAR	E/EMERGEN	CY	WORKER SUPPORT BON	NUS			
Program Name									
Name of Authorized R	epr	esentative							
(please print)									
Authorized Signature									

Date

Program Name	KDHE License Number

Health Care/Emergency Worker Support Bonus - ATTENDANCE VERIFICATION SHEET

Please complete the table below and obtain signatures of the parent or legal guardian of each child(ren) identified as attending your program between the date of application and September 15, 2020.

******You can make multiple copies of this sheet and submit them together. if necessary.*****

Name of Child First & Last Name	Age of	Place of Employment for the Parent/Legal Guardian	Worker Type Healthcare (H)	Signature of Parent/Legal Guardian
	Child		or Emergency (E)	*Signature is needed on every line a child is identified.

Return with completed Grant Application for Health Care/Emergency Worker Support Bonus

One-time Support Bonus Structure

	Tier 1	Tier 2
License Family Child Care Programs	Up to 3 children actively coming	4 or more children actively
(includes Group Child Care Homes)	to child care	coming to child care
	\$500 Bonus	\$750 Bonus
Small Child Care Centers (Licensed	Up to 10 children actively coming	11 or more children actively
Capacity - 100 children or under) –	to child care	coming to child care
including school age programs that are	\$1,500 Bonus	\$2,250 Bonus
open to care for children full-time		
Large Child Care Centers (Licensed	Up to 20 children actively coming	21 or more children actively
Capacity - 101+ children) – including	to child care	coming to child care
school age programs that are open to	\$4,500 Bonus	\$6,750 Bonus
care for children full-time		

Grant Payment Distribution

All grant awards will be electronically deposited in grant recipients checking or savings account of choice. Participants may request checks be mailed in place of electronic deposit.

• <u>Hero Relief Program-Healthcare/Emergency Worker Support Bonus</u> will be awarded by a one-time deposit after approval of application. Please allow up to 4 weeks to process from the time of application.