



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 **Hero Relief Program-Health care/Emergency Worker Support Bonus Application** must be completed, signed and postmarked by August 1, 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 **Attendance Verification Sheet with Parent/Legal Guardian Signature** 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 August 1, 2020.
- Four forms, including the **signed application**, are the **Attendance Verification Sheet with Parent/Legal Guardian Signature**, completed **W-9** and **Direct Deposit Form with a Voided Check** (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 Kansas Child Care Center License or a Kansas School Age Program License or a Kansas Day Care Home License or a Kansas Group Day Care Home License.
- 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.)				
Program Name				
Applicant Name				
KDHE License Number		Total Enrollment Capacity <small>(as stated on child care license)</small>		Total Children Currently Attending
Address				
City		Zip Code		County
Phone Number			Check if: W-9 and Direct Deposit Previously Submitted	<input type="checkbox"/>
Email Address				

Grant Application continued (Please print clearly)

Program Name _____

KDHE License Number _____

Question 1: Are you currently open and providing care to children?

YES **NO**

*If you answer NO to this question you are not eligible for the support bonus.

Question 2: Does a child(ren) attending your program have a parent or legal guardian that is a health care or emergency worker?**

YES **NO**

*If you answer NO to this question you are not eligible for the support bonus.

**Works for organizations (such as hospitals, nursing homes, fire and rescue, law enforcement, or correctional staff) which have operated during the COVID-19 outbreak.

Question 3: How many children attending your program have a parent or legal guardian that is a health care or emergency worker?**

of children

**Works for organizations (such as hospitals, nursing homes, fire and rescue, law enforcement, or correctional staff) which have operated during the COVID-19 outbreak.

Statement of Funding Purpose and Required Documentation: (*Expenses incurred thru October 31, 2020*)

These funds provide a recognition to child care providers and implicate the importance to ensure child care options are available to the Health Care and Emergency workforce in Kansas. Due to the potential for an increased risk of exposure to COVID-19 in caring for children of workers (parents/legal guardians) on the frontlines, a bonus will relieve expenses of additional protective measures put in place to ensure child care providers can meet the demand of new guidelines defining a healthy and safe environment for all children in their care. Some examples of the protective measures include higher costs for additional staffing, the cost of operating for additional hours or increased use of personal protective equipment, to include cleaning equipment and supplies.

✓ from the list or write-in additional items of protective measure expenses in your program:

Staff Wage/Salary <input type="checkbox"/>	Floor Cleaning Equipment <input type="checkbox"/>	Classroom Supplies <input type="checkbox"/>	Nap Pads <input type="checkbox"/>
Air Sanitizing Equipment <input type="checkbox"/>	Hand Sanitizer <input type="checkbox"/>	Thermometer and Covers <input type="checkbox"/>	Kleenex <input type="checkbox"/>
Food/Snacks <input type="checkbox"/>	Cleaning Wipes <input type="checkbox"/>	Alcohol Wipes <input type="checkbox"/>	Face Masks <input type="checkbox"/>
Gloves <input type="checkbox"/>	Toys/Activities <input type="checkbox"/>	Table Coverings <input type="checkbox"/>	Disposable Paperware <input type="checkbox"/>
Hand Soap/Lotion <input type="checkbox"/>	Cleaning Equipment <input type="checkbox"/>	Paper Towels <input type="checkbox"/>	Disinfectants <input type="checkbox"/>
Trash Bags <input type="checkbox"/>	Infect. Control Materials <input type="checkbox"/>	Liability Insurance <input type="checkbox"/>	Training <input type="checkbox"/>

Additional Items:

Program Consent to Share Information Form:

In accepting funds awarded through the Hero Relief Program, I am authorizing Child Care Aware of Kansas to collect and share information on your program with the agencies listed below for the purpose of supporting child care program needs as a result of the COVID-19 outbreak. It is further agreed that all identifying information shared among agencies will be held as confidential, unless otherwise required by law.

- Kansas Department for Children and Families (DCF)
- Kansas Department of Health and Environment (KDHE)

ATTESTATION STATEMENT

I certify that I have read and understand the application and that the answers given by me to the foregoing questions are complete and true to the best of my knowledge and belief. I further agree that if my grant application is accepted, I will comply with all grant guidelines.

HEALTH CARE/EMERGENCY WORKER SUPPORT BONUS			
Program Name			
Name of Authorized Representative (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 August 1, 2020.

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

Name of Child First & Last Name	Age of Child	Place of Employment for the Parent/Legal Guardian	Worker Type Healthcare (H) or Emergency (E)	Signature of Parent/Legal Guardian *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 (includes Group Child Care Homes)	<i>Up to 3 children actively coming to child care</i> \$500 Bonus	<i>4 or more children actively coming to child care</i> \$750 Bonus
Small Child Care Centers (Licensed Capacity - 100 children or under) – including school age programs that are open to care for children full-time	<i>Up to 10 children actively coming to child care</i> \$1,500 Bonus	<i>11 or more children actively coming to child care</i> \$2,250 Bonus
Large Child Care Centers (Licensed Capacity - 101+ children) – including school age programs that are open to care for children full-time	<i>Up to 20 children actively coming to child care</i> \$4,500 Bonus	<i>21 or more children actively coming to child care</i> \$6,750 Bonus

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.

- **Hero Relief Program-Healthcare/Emergency Worker Support Bonus** 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.