

CARES Act Program – Child Care Facility Health & Safety Grant Application

A. PROGRAM INFORMATION

As a part of the Child Care Health Consultant Network, Child Care Aware of Kansas (CCAAS) will award health and safety grants to KDHE-licensed child care facilities that meet the eligibility requirements. These grants are intended to assist facilities with meeting [CDC recommendations for child care](#) to prevent the spread of COVID-19 and other illnesses.

NOTE: Grant applications will not be accepted until the child care facility completes a self-assessment in consultation with a Child Care Health Consultant (CCHC). Contact CCAAS to schedule a virtual or in-person visit with a CCHC.



► Call: 855-750-3343 or Email: cchc@ks.childcareaware.org

Timeline*

- September 15: Grant Application and Facility Self-Assessment released for facility planning purposes
- September 22: Grant Application goes live (consultation must be completed prior to applying)
- September 30-November 3: Complete applications reviewed, and grant payments made to child care facilities (continuing/rolling basis)
- November 3: Grant Application deadline (11:59 pm online submission or postmarked by date). Mailed applications must be received at CCAAS no later than November 6 to be considered.
- November 17: Final Grant payments made to child care facilities
- December 30: All funds must be spent by child care facilities/grantees

**Technical assistance and coaching regarding the application, policies, practices, and grant expenditures will be provided to child care facilities throughout the process (September 15-December 30, 2020). To request assistance, contact CCAAS at 855-750-3343 or cchc@ks.childcareaware.org.*

Eligibility and Allowable Use Information

- Child care programs must be licensed by and in good standing with the Kansas Department of Health and Environment (KDHE).
- Child Care Programs must complete a Self-Assessment **and** complete a coaching session/consultation visit (in-person or virtual) with a CCHC from CCAAS. As soon as the consultation is complete, child care programs should complete the grant application. **NOTE:** The visit must be completed before a child care facility can apply for grant funds.
- Grant funds must be used for allowable expenses directly related to increasing health and safety to mitigate COVID-19 and only for those items contained in the approved grant application and budget.
- Grant funds must be spent by December 30, 2020 (no exceptions can be made).

Grant Funds Available

- A total of \$3,700,000 is available to award for child care health and safety grants for allowable expenses. The typical range of grant awards is estimated to be \$1,000 to \$3,000, with smaller and larger grants available, based on documented needs aligned with CDC recommendations for child care.
- Complete grant applications from facilities that have completed self-assessments and consultations will be reviewed on a continuing basis. Timely submission is critical; grant funds are limited.
- Consultation with the CCHC will be focused on the Self-Assessment Tool. Grant awards are contingent on availability of funds.
- Funds will not be distributed until final approval of award by CCAAS, KDHE, and the Kansas Office of Recovery. Every effort will be made to award grants equitably across program types and locations.
- Due to the timeframe of this grant process (outlined above), grant requests should be made for purchases that can be completed/paid by December 30, 2020 (deadline to spend grant funds).

CARES Act Program – Child Care Facility Health & Safety Grant Application

Recordkeeping Information

- Child care facilities must purchase the items approved in the grant application and budget. Funds unspent as of December 30 must be returned to the Federal government.
- Receipts for all items/expenses paid with grant funds must be submitted to Child Care Aware® of Kansas. These receipts must be submitted with the Grant Receipt Form. These funds are subject to state, federal and Child Care Aware® of Kansas audits. The receipts will be maintained by Child Care Aware® of Kansas for 5 years.

Submission Instructions

- Grant Applications will be accepted and reviewed on a continuing basis; early submission is advised.
- Grant Applications will not be accepted after **November 3, 2020** (11:59 pm online/postmarked date).
- Grant Applicants can be submitted through the CCAKS Provider Profile OR via mail. If you are mailing a completed Grant Application, include all required documentation. Applications must be received at CCAKS no later than November 6 to be considered (three business days for mailing). Mail to:

Attn: CCHC Child Care Facility Grant
Child Aware of Kansas
PO Box 2294
Salina, KS 67402-2294

If you have any questions or challenges with the application, technical assistance is available by contacting

FOR PLANNING PURPOSES ONLY

CARES Act Program – Child Care Facility Health & Safety Grant Application

B. APPLICANT INFORMATION

Child Care Facility Information

- Child Care Facility (as stated on the KDHE license):
 - Owner/Operator (individual or entity):
 - Name and Title of Person Completing the Grant Application:
 - KDHE License Number:
 - KDHE License Type:
 - Street Address:
 - City:
 - State:
 - Zip Code:
 - County:
 - Phone Number:
 - Email Address:
 - Website (if available):
-
- Number of children currently enrolled in your child care program that are eligible for DCF Child Care Subsidy:

C. GRANT REQUEST

Provide a short description of purchases you will make with grant funds and provide rationale for the requests based on results from the self-assessment and CCHC visit. Be specific regarding how grant funds will be used to reduce the spread of COVID-19 and other illnesses.

D. BUDGET REQUEST: Please fill in the following chart with items you are requesting. Add additional rows if needed.

NOTE: Documentation (screenshots, images, and/or contractor bids) to support the estimated cost of each item for which you are requesting grant funds must be included.

Expense/Item Description	Cost per Unit	# of Units	Total
<i>EX: Disposable gloves (box of 100)</i>	\$26.99	5	\$134.95
	\$		\$
	\$		\$
Other (please describe):	\$		\$
Total Grant Request			\$

CARES Act Program – Child Care Facility Health & Safety Grant Application

E. CARES ACT FUNDING: For data collection purposes, the Kansas Office of Recovery would like to know the following information.

Has your child care facility received any funding resulting from the federal CARES Act?

Yes No

If YES, please provide details in the table below.

Funder/Funding Source	How Were Funds Utilized?	Amount Received
		\$
		\$
		\$
Total CARES Act Funding Received (as of the date/time of application)		\$

F. STATEMENT OF INTENT

NOTE: The authorized person completing the application must read, agree, and sign the statement below for this to be considered an official application.

As the Grant Applicant, or as an authorized representative of the Child Care Facility, I hereby submit this Application to CCAKS and acknowledge it may be reviewed and is accessible by the KDHE, the SPARK Task Force, and Kansas Office of Recovery. I represent that the information and financial data contained herein are true and correct to the best of my knowledge.

I understand that the following conditions apply to this Application:

- Additional information may be requested;
- I must contact Child Care Aware of Kansas within 72 hours if my organization received notice of award from other funders, including but not limited to those supported with CARES Act funds;
- I authorize the Kansas Office of Recovery to independently verify any information contained in this Application; and
- Acceptance and consideration of this Application does not constitute commitment for financial assistance by the State of Kansas.

I assure that I have reviewed the CARES Funding Guidance Requirements

(<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>), and this project will be constructed in accordance with the CARES grant program and all applicable Kansas laws.

I assure that all work performed, and all material furnished for the project shall be in reasonable conformity with the plans, specifications, and any authorized revisions thereto, which have been approved by Child Care Aware of Kansas as the Program Administrator.

If the application is approved and funds are awarded, I will provide written assurance that:

1. The information outlined in this application meets qualifications of CARES funding.
2. All revisions and/or deviations from the grant application will be approved by Child Care Aware of Kansas.
3. The applicant agrees to an audit of expenses (if needed), as required by the CARES Act or Kansas Office of Recovery.

CARES Act Program – Child Care Facility Health & Safety Grant Application

Upon accepting funds, I authorize Child Care Aware of Kansas (CCA KS) to collect and share information about my program with the agencies listed below for the purpose of supporting child care program needs as a result of the COVID-19 pandemic. It is further agreed that all identifying information shared among agencies will be held as confidential, unless otherwise required by law.

- Kansas Office of Recovery
- Kansas Department for Children and Families (DCF)
- Kansas Department of Health and Environment (KDHE)
- Kansas Children’s Cabinet and Trust Fund (KCCTF)
- Kansas State Department of Education (KSDE)

Applicant Signature:

Date:

Applicant Printed Name:

Applicant Title:

Applicant Organization:

G. GRANT APPLICATION CHECKLIST

NOTE: Applications must contain all required information. Incomplete applications or those submitted before a CCHC visit is conducted will not be reviewed. Grant funds cannot be awarded without all information on file.

- Check this box to confirm that you have updated your Child Care Provider Profile with CCAKS.
- Check this box to confirm that you have completed the Self-Assessment.
- Check this box to confirm that you have completed a consultation with a CCHC and reviewed the Self-Assessment to support the Grant Application requests. Date consultation completed: _____
- Check this box to confirm that you have completed the Budget worksheet and have included documentation (screenshots, images, and/or contractor bids) to support the estimated cost of each item for which you are requesting grant funds.
- Check this box to confirm that CCAKS has a [W-9](#) and [Direct Deposit Form](#) and a voided check on file OR that you have completed these additional forms and will submit them with your completed Grant Application.

This project is supported by the Kansas Department of Health and Environment with funding from the Department of the Treasury (Treasury) Office of Inspector General’s (OIG) Coronavirus Relief Fund, federal funds available under section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”).