





The Shawnee County Board of County Commissioners awarded funding from the Coronavirus Aid, Relief and Economic Security Act ("CARES") to help Shawnee County child care programs meet operational challenges caused by the COVID-19 pandemic, recognizing that child care is an essential and necessary component of the infrastructure of the community. Working in partnership with Child Care Aware® of Eastern Kansas, Child Care Aware® of Kansas will distribute sustainability grants to all licensed family child care and groups home providers, preschools and child care centers in Shawnee County that are in good standing with Kansas Department of Health and Environment (KDHE) that apply for the funding and submit the needed documentation.

Directions: Complete the grant application, including the general program information identify expenses the grant will be used for and sign Page 2. Complete a W-9 and complete a Direct Deposit Form to include a voided check (unless you have already submitted a W-9 and Direct Deposit Form with other grant programs—HERO Relief, HEWS). <a href="Mailto:M

General Program Information (Please print clearly.)						
Program Name						
Applicant Name						
KDHE License Number						
Address						
City		Zip Code		County		
Phone Number			Check if: W-9 and Direct Deposit	Previously Su	ıbmitted	
Email Address						
My facility is:	Family child care or	group family o	child care home (grant awa	ard up to \$2,0	000.00)	
	Child care center, school- age program or preschool (grant award up to \$10,000.00)					
What is the total number of children currently enrolled in your program?						
Have you received a PPP (Paycl YES NO	heck Protection Loan) or any (other federal f	funding related to Corona	virus Relief?		
If yes, please provide details:						

The purpose of these grants is to help child care programs through operational challenges caused by the COVID-19 pandemic. Please tell us in a few sentences how this funding will help support the financial stability and sustainability of your child care facility:

✓ from the list or write-in additional items that indicate how funding has or will be used to support the sustainability of your child care program as you meet operational costs:

Food/Snacks	Cleaning/Sanitation supplies	\Box	Technology		Rent/Mortgage	
			Equipment/Service Expens	ses		
Maintenance	Equipment		Utilities		Licensing Fees	
Mileage	Advertising		Office Supplies		Professional Development	
Phone/Internet	Classroom Supplies		Liability/Accident Insurance	e 🔲	Staff Salaries	
Additional Items:						

Shawnee County CARES Grant Criterion for Eligibility:

• Shawnee County child care programs must be licensed by and in good standing with Kansas Department of Health and Environment (KDHE).

Shawnee County CARES Grant Guidelines:

- Programs may apply beginning October 1, 2020
- Grant funds must be spent on budgetary expenses incurred from September 1, 2020 through November 30,
 2020.

Receipts for child care operating costs may be submitted with this application. If acceptable receipts are submitted with the application, the grant award will be issued in one lump-sum payment. If receipts are not submitted with the application, a 50% payment will be made upon approval of the application and the final 50% payment will be made upon receipt of expenses. The deadline for the submission of receipts for reimbursement is December 7, 2020. NOTE---Receipts for Round 1 grant application cannot be used for the second-round funding opportunity.

Program Consent to Share Information Form:

In accepting funds awarded through the Shawnee County CARES Grant, I am authorizing Child Care Aware of Kansas to collect and share information on your program with Child Care Aware of Eastern Kansas and Shawnee County 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 awarding and distributing Shawnee County CARES Grant will be held as confidential, unless otherwise required by law.

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, is awarded, I will comply with all grant guidelines.

Shawnee County CARES Round 2 Grant							
Individual/Program Name							
Name of Authorized Representative							
(please print)							
Authorized Signature							
		Date					