

Childcare Assistance Application



If you have questions about this application, are a closed operator, or require additional support to complete it, please contact:

Child Care Aware of Eastern Washington
Community Minded Enterprises
8:00 am – 5:00 pm, Monday – Friday
Phone: (509) 385-6442
Contact: Suzanne Suyama
Email: SuzanneS@community-minded.org

This application must be received no later than November 10, 2020 at 11:59pm.
Late applications will not be accepted. Email applications to
covid-19childcare@co.franklin.wa.us

Provider Information

Childcare Business Name

Unified Business Identifier (UBI) Number

If you do not have a UBI number, please use your Social Security Number.

Contact Name

Phone

Alternate Phone

Email

Business Profile

Please indicate if your business is designated as any of these (select all that apply).

- Woman Owned
- Registered non-profit in WA State
- Minority Owned
- Federal government 501(c)(3) nonprofit
- HUD Section 3

Washington State Department of Children, Youth and Families Provider ID

Total Licensed Capacity (for all sites combined)

Child Care Service Locations

If funding is requested for more than one site copy this page and provide a form for each site.

Site Information

Site Name

Address Line 1

Address Line 2

City

Zip Code

License Start Date

License Expiration Date

Number of Spaces

The number of spaces for children this site is licensed for.

Age Range

Age of children this site is licensed for.

COVID Closures

List all dates this site has been closed due to COVID.

Average Monthly Enrollment in 2019

Infants

Toddlers

Preschool

School-Age

Average Monthly Enrollment in 2020

Infants

Toddlers

Preschool

School-Age

Business Financials

Complete the following for your business as a whole.

Applied for Other Assistance

Have you applied to the DCYF COVID 19 grants or other special COVID-related programs, such as the Paycheck Protection Program, Benton County Small Business Support, charitable foundations, etc., to help your business financially?

Yes No

Received Funds

Have you received funds in your accounts from DCYF COVID 19 grants or other special COVID-related programs, such as the Paycheck Protection Program, Benton County Small Business Support, charitable foundations, etc. *Note that receipt of funds under any other program does not disqualify a provider from receiving funds under this program if they still show a loss in revenue below.*

Yes No

If you have received funds please list all grants and loans received by funding agency and amount:

Pre-COVID Profitability

Based on all operational costs before the COVID crisis hit and all sources of revenue received were you:

- Losing a specific amount of money per child served
- Generally breaking even
- Covering costs and generating a modest profit

Total Gross Revenue January 1, 2019 through September 30, 2019

Total Gross Revenue January 1, 2020 through September 30, 2020

Total gross revenue includes revenue from customer fees, federal, state and local payments, grants, donations and all other income normally attributed to the provider.

Documentation

Briefly describe how other funding sources have not been adequate to meet COVID-related costs incurred.

List expenses funding will be used to cover including total amounts for each expense.

Additional Information: Is there anything else we should be aware of such as your license status?

Financial Aid

Amount Being Requested

Request amount cannot exceed difference between your 2020 gross revenue and your 2019 gross revenue on page 4 or the sum of the maximum amount of funding requested by site location, whichever is less. *For example; if your organization has 10 sites with a capacity of 15 per site your maximum amount of funding would be the lower of \$150,000 or the difference in revenue.*

Licensed Capacity	Maximum Funding Amount
0-12	\$7,500
13-49	\$15,000
50-99	\$30,000
100+	\$60,000

Signature and Acknowledgment

I declare under penalty of perjury that:

the amount of dollars this business is requesting is for stabilization in response to acute financial need for survival due to COVID-19 impacts. The amount requested cannot exceed the loss in revenue between April 1, 2020 and November 30, 2020.

the information contained in his application is true and complete and that it is my responsibility to notify the County if any of that information changes prior to November 30, 2020.

the funds requested are necessary to remain operational, not duplicative of any other funding received, and without this financial support this childcare operation is at risk of closing.

the funds will only be used to pay or reimburse for eligible expenses incurred between April 1, 2020 and November 30, 2020.

if awarded a grant, I agree to provide additional information as may be reasonably requested which may include the collection of your financial data.

Signature

Type your name to serve as your signature.

Date Signed