

## Child Care Provider Emergency Reimbursement Grant Request Form

### Forward Together Safely

These grants are made possible through a generous collaboration between the Boulder County Commissioners, the City of Longmont, and the City of Boulder in partnership for the Child Care Provider Emergency Relief Program funded by the Coronavirus Aid, Relief and Economic Security Act (CARES Act).

**Technical Assistance Webinar will take place on November 5th at 6:30 pm.** This webinar will be recorded for those unable to attend. Please register for the webinar [here](#). Please email Jessica Bernett Knight at [jknight@eccbouldercounty.org](mailto:jknight@eccbouldercounty.org) for further technical assistance.

This request form will require many answers requiring a bit of preparation to complete. Please visit [our website](#) to find a pdf of all the questions in order to gather your responses offline. Once you begin entering information, you will need to complete the entire form or your work will be lost.

Funding for this grant program is limited. Submission of a request form is no assurance that a grant will be awarded, in whole or in part. Receipt of funds from this grant program, if and as awarded, may impact the amount of other funding offered or awarded by other entities. The applicant assumes such risk. In accordance with federal guidance, childcare programs that are awarded grants under this program should consider the awards taxable income, and there may be additional federal reporting requirements regarding the use of awarded funds.

This request form must be submitted by November 16th at 5:00pm.

## Child Care Provider Emergency Reimbursement Grant Request Form

### PROGRAM INFORMATION

\* 1. Program Name

\* 2. Contact Name

\* 3. Contact Email

\* 4. Name of Director/Caregiver on Child Care License

\* 5. Name of Business Owner

6. Name of Fiscal Agent (if applicable)

\* 7. Program Phone Number

\* 8. Program Mailing Address

Street Address

City, ZIP

9. Program Physical Address (if different than mailing address)

Street Address

City, ZIP

\* 10. Taxpayer Identification Number (TIN)

\* 11. Program Auspice

- For Profit  
 Nonprofit

\* 12. Program Property Status (please check one)

- Rent  
 Own

\* 13. Child Care License Number

\* 14. Licensed Capacity

\* 15. Year Program Opened

\* 16. Number of months program has been operational since March 1, 2020

\* 17. Colorado Shines Level

- |                         |                           |
|-------------------------|---------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 4   |
| <input type="radio"/> 2 | <input type="radio"/> 5   |
| <input type="radio"/> 3 | <input type="radio"/> N/A |

18. Accreditations

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### PROGRAM AND PRIORITY POPULATION INFORMATION

\* 19. Current Total Enrollment

\* 20. Current Total Child Care Slot Vacancies (all ages)

\* 21. Number of infants enrolled (birth-12 months)

\* 22. Number of toddlers enrolled (1 year -2 years 11 months)

\* 23. Number of preschoolers enrolled (3-5 years)

\* 24. Number of school-age children enrolled (6-12 years)

\* 25. Do you accept families participating in the Colorado Child Care Assistance Program (CCCAP)?

Yes

No

26. If yes to question 25, number of children ages 0-5 participating in CCCAP?

27. If yes to question 25, number of children ages 6-12 participating in CCCAP?

28. Do you accept families participating in any other subsidy/scholarship programs?

Yes

No

If yes, please list the funding source and number of children participating.

29. How many children in your program do **NOT** have English as their primary language?

30. How many children in your program are experiencing homelessness?

31. How many children in your program have special needs (including, but not limited to, having a disability, IFSP or IEP)?

32. How many children in your program are from families that would identify as a minority population by race or ethnicity?

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### PROGRAM NARRATIVE

\* 33. Please tell us about your program. Speak about your mission, philosophy, the children, families, and community you serve. (suggest 10 sentence limit)

\* 34. Please briefly explain how this emergency financial support will specifically help keep your program open or will help you reopen? What hurdles are you still facing as a child care provider currently open for business? (suggest 10 sentence limit)

\* 35. At a high level, please describe how this funding will affect your childcare program through the COVID-19 pandemic. (suggest 10 sentence limit)

36. Is there anything else you would like to share about the impacts of the pandemic? (optional)

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### FINANCIAL INFORMATION

**\* 37. Application status of funding from other sources and success in receiving funding**

	Did Not Apply	Applied, pending response	Applied, denied funds	Applied, accepted, waiting for funds	Applied, received funds
Paycheck Protection Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic Injury Disaster Loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorado COVID-19 Relief Fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 municipality funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID -19 foundation funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 38. Other income sources that must be considered for this request**

	Received and will include in income	Did not apply/receive
ECCBC Mini-grants	<input type="radio"/>	<input type="radio"/>
Office of Early Childhood Sustainability Grant	<input type="radio"/>	<input type="radio"/>
COVID-19 specific fundraisers	<input type="radio"/>	<input type="radio"/>
COVID-19 specific donations	<input type="radio"/>	<input type="radio"/>
Other income sources	<input type="radio"/>	<input type="radio"/>

**39. In order to assess potential loss of revenue, please list your 2019 Q1, Q2, and Q3 revenue (this number should correspond to documentation you will upload if loss of revenue will be claimed).**

**40. To complete assessment of potential loss, please list your 2020 Q1, Q2, and Q3 revenue (this number should correspond to documentation you will upload if loss of revenue will be claimed).**

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### COVID-19 IMPACT SURVEY

\* 41. What are the impacts of COVID-19 on your program? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Program closure   | <input type="checkbox"/> Inability to provide online or home-based services |
| <input type="checkbox"/> Reduced hours of operation                              | <input type="checkbox"/> Interrupted access/delivery of supplies            |
| <input type="checkbox"/> Employee layoffs or fuloughs                            | <input type="checkbox"/> Employee absenteeism                               |
| <input type="checkbox"/> Revenue decline   | <input type="checkbox"/> Quarantines or required closures                   |
| <input type="checkbox"/> Increased operating costs                               | <input type="checkbox"/> Cost due to service delivery interruption          |
| <input type="checkbox"/> Difficulty accessing capital to address increased costs | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please specify)                                  |   |

\* 42. What public safety practices has your program implemented due to COVID-19? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Allowed employees to work from home that are able and as appropriate | <input type="checkbox"/> Providing masks for all people entering the building  |
| <input type="checkbox"/> Taken measure to allow for social distancing                         | <input type="checkbox"/> Restricting access of who may enter the building  |
| <input type="checkbox"/> Requiring masks of all employees                                     | <input type="checkbox"/> Providing hand washing stations or alcohol-based (62%) hand sanitizer on-site, accessible to parents, children, employees, and others in the facility |
| <input type="checkbox"/> Providing masks for all employees                                    | <input type="checkbox"/> Reduced child and/or employee capacity  |
| <input type="checkbox"/> Requiring masks of all people entering the building                  | <input type="checkbox"/> Modified the physical space   |
| <input type="checkbox"/> Other (please specify)   |  |



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### REIMBURSEMENT REQUEST BUDGET

\* 43. Reimbursement Request Budget.

- Please be as specific as you can.
- Organize your entries below by Loss of Revenue 2020 first, and/or then reimbursement of actual expenses if applicable. Loss of revenue will require documentation to be submitted verifying the numbers entered in questions 38 and 39.
- Only expenses for activities that have not already been reimbursed through the federal PPP loan, other CARES Act or public funding opportunities since March 1, 2020 may be submitted.
- ECCBC will sponsor a webinar with examples of documentation and receipts needed to meet CARES Act requirements.
- For reimbursement of costs, invoices and/or receipts marked as paid and demonstrating proof of payment must be submitted in order to receive reimbursement. If not available, a verification form may be used. No personal private business information is to be submitted (i.e. copies of payroll, SSNs, bank account information).
- Ensure that the items listed below are totaled accurately in question 44.

For example:

1. Lost revenue of \$8,000
2. Extra COVID PPE supplies \$4,000
3. Payroll for extra staff needed to implement health guidance \$5,000

1. Lost revenue 2020 as shown in data from questions 38 and 39. (enter N/A if not applicable)

2. Expense #1- Item and total expense for reimbursement

3. Expense #2- Item and total expense for reimbursement

4. Expense #3- Item and total expense for reimbursement

5. Expense #4- Item and total expense for reimbursement

6. Expense #5- Item and total expense for reimbursement

7. Expense #6- Item and total expense for reimbursement

8. Expense #7- Item and total expense for reimbursement

9. Expense #8- Item and total expense for reimbursement

10. Expense #9- Item and total expense for reimbursement

**\* 44. Total Amount Requested**

**\*ECCBC encourages you to seek counsel from your tax professional about the taxable implications of applying for this grant. Neither ECCBC or the county is liable if a reward of this funding impacts your eligibility for funding from other sources or your organization's taxes.**

## Child Care Provider Emergency Reimbursement Grant Request Form

### FILE UPLOADS

\* 45. Upload your signed signature page here. (pg. 8 of this document <https://www.eccbouldercounty.org/wp-content/uploads/2020/10/ECCBC-Grant-Info-packet-complete.pdf>)

Choose File

Choose File

No file chosen

\* 46. Upload your child care license here.

Choose File

Choose File

No file chosen

\* 47. Upload your W-9 here. <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Choose File

Choose File

No file chosen

48. Upload all documentation for proof of revenue loss or requested expenses here in one single file.

Choose File

Choose File

No file chosen