

# American Rescue Plan Act Child Care Discretionary Supplemental Subgrants for Child Care Providers Application

**Grantee shall not be eligible for Child Care Discretionary Supplemental subgrants if the Grantee fails to maintain compliance with the reporting requirements for any prior round(s) of child care stabilization grants.**

If you have questions or need help with completing this application, call the helpline at **833-834-7227 (833-TDHS-CCP)** or email [TDHS\\_CCP@utk.edu](mailto:TDHS_CCP@utk.edu). You may also view FAQs and other resources at [TNChildCareHelpDesk.org](http://TNChildCareHelpDesk.org).

**PLEASE NOTE: After this application is reviewed and eligibility is determined, funds can only be distributed to agencies that become registered with the State of Tennessee as a “vendor” in the Edison payment system. Providers who are participating in the child care payment assistance program are already registered in this system and do not need to create a new account.**

Providers who are not already registered vendors in the Edison system will need to create an account in this supplier [portal](#) before any payments can be issued to them. To create a supplier account, visit the [Edison website](#). Funds can only be issued through electronic funds transfer. If a child care agency is a registered vendor in Edison, they may expect to receive the grant award approximately 90 days from receiving notice of approval of the grant application.

## APPLICATION

### Section 1. Child Care Center, Family/Group Child Care Home Provider Applicant Information

This application will be for:

Provider name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

FEIN (including extension): \_\_\_\_\_

Please provide the following information for this program.

Operator/Director Name:	Operator/Director Contact Email:	Phone Number:
<b>Operator/Director Race [PLEASE CHECK ALL THAT APPLY]:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Operator/Director Ethnicity:</b> <input type="checkbox"/> Latino <input type="checkbox"/> Not Latino	<b>Operator/Director Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary

# American Rescue Plan Act Child Care Discretionary Supplemental Subgrants for Child Care Providers Application

## Section 2. Operational Status

**What is the current status of your program?**

- Open – **SKIP TO SECTION 3**
- Temporarily closed due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19) public health emergency.
- Permanently Closed (or planning to permanently close soon)

**Child care providers that are permanently closed are not eligible to receive ARPA Child Care Discretionary Supplemental grant funds. Please notify your Licensing Consultant that your agency has closed or is closing soon.**

**[IF TEMPORARILY CLOSED]:** Please provide the reasons for the temporary closure. Please check all that apply.

- COVID Case for staff, children, or families requiring quarantine
- Lack of Staff Availability due to COVID
- Lack of supplies such as PPE or Cleaning Materials necessary for operation during COVID
- Financial Hardship
- Other: \_\_\_\_\_

I affirm the program will reopen no longer than 30 days after this application is completed.

- Yes
- No

**IF NO – PLEASE CONTACT THE HELP DESK AT 833-834-7227 (833-TDHS-CCP) TO DISCUSS OR EMAIL TDHS\_CCP@utk.edu TO PROVIDE REASON THE PROGRAM WILL NOT REOPEN IN 30 DAYS. PLEASE INCLUDE THE PROGRAM NAME and FEIN-Ext IN THE MESSAGE.**

## Section 3. Operational Expenses

**What would you estimate your monthly operating expenses to be? \_\_\_\_\_**

**[Operating expenses include items such as: rent/mortgage; personnel costs including salaries and benefits; food and educational supplies; training and professional development; general liability insurance; and transportation expenses.]**

# American Rescue Plan Act Child Care Discretionary Supplemental Subgrants for Child Care Providers Application

## Section 4. Subgrant Award – Calculations & Staffing Information

### Base Funding Calculations:

The calculation for the base amount is based upon cost of care data collected from a sample of DHS licensed child care agencies (family, group, and center) in May/June 2021. Using this cost estimate model avoids placing the burden on each agency to collect and produce individualized financial materials as part of their application.

The following elements are used to calculate the amount of a potential grant award:

- **Capacity**
- **If the program operates part-time (provides services for less than 30 hours per week), the amount is reduced by 50%**
- **A 10% bonus is provided for agencies participating in the child care payment assistance program.**
- **A 10% bonus is provided for agencies operating in communities scoring .6 or above on the Social Vulnerability Index (SVI). For more information about the SVI, please visit [CDC/ATSDR SVI Frequently Asked Questions \(FAQ\) | Place and Health | ATSDR](#)**
- **An additional \$2,000 per full-time staff member and \$1,000 per part-time staff member to support staff retention. These funds are to be paid directly to these staff members as bonus payments within 30 days of your receipt of these subgrant funds.**

Please provide the information below.

My current capacity is: \_\_\_\_\_

Operating hours are:  Full-time  Part-time

I participate in the child care payment assistance program:  Yes  No

I provide child care services for Head Start or Early Head Start:  Yes  No

My current Head Start/Early Head Start Capacity is: \_\_\_\_\_

County my program is located in: \_\_\_\_\_

# American Rescue Plan Act Child Care Discretionary Supplemental Subgrants for Child Care Providers Application

## Staff Retention Award Calculation

\*\*To support staff retention, you may be eligible for an additional award of \$2,000 per full-time staff member and \$1,000 per part-time staff member. **These funds are to be paid directly to these staff members as bonus payments within 30 days of your receipt of these subgrant funds.**

What is your level of staff currently employed as of the date of your application?\*

\_\_\_\_\_ # Full-time agency staff members (including educators, directors, and support staff working 30 or more hours per week on average)

\_\_\_\_\_ # Part-time agency staff members (including educators, directors, and support staff working less than 30 hours per week on average)

I certify that I want to be awarded these staff retention funds and will pay these staff retention funds directly to full-time and part-time staff members, within 30 days of receipt of these subgrant funds, according to the amounts listed above.

- Yes  
 No

## Section 5. Options for Fund Use

Subgrant funds may only be used for one or more of the purposes below. Please mark which categories you will support with the funding received from the subgrant. You may check all that apply:

- Personnel costs, benefits, premium pay, and recruitment and retention
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance
- Personal protective equipment, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices
- Purchases of, or updates to, equipment and supplies to respond to COVID-19
- Goods and services necessary to maintain or resume child care services
- Mental health supports for children and employees

Please indicate if you plan to use funds for expenditures prior to March 11, 2021.  Yes  No

# American Rescue Plan Act Child Care Discretionary Supplemental Subgrants for Child Care Providers Application

## Certification

To receive a stabilization subgrant, I agree to use the funds only for the categories and purposes indicated on this application. I have marked above which categories I plan to fund. Note: You can move funds between categories you have marked without prior approval.

I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, and C listed below.

By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant (date of award through full expenditure of funds), including the following:

- A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).
- B. For each employee (including lead teachers, aides, and other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.
- C. I will provide relief from copayments and tuition payments for the families enrolled in my child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

### Terms & Conditions

Subgrant funds **CANNOT** be used to support general building renovations or remodeling, or any other enhancement to a facility or grounds that are not specific to the operation of a child care agency.

These terms and conditions shall remain in force from such time as the Child Care Provider first accepts funding through full expenditure of funds.

The grantee understands that all grant funds need to be used on approved items and spent by no later than September 30, 2024. The grantee will be required to report how the funds were spent no later than September 30, 2024.

The Child Care Provider accepting funds shall ensure that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer awards and funds drawn down.

Additional terms and/or conditions may be applied to this award if outstanding financial or programmatic compliance issues are identified.

# American Rescue Plan Act Child Care Discretionary Supplemental Subgrants for Child Care Providers Application

Child Care providers should consult with their tax advisor or attorney regarding potential tax consequences of accepting grant funding.

The Child Care Provider shall submit documentation of how subgrants were used and to show they met certifications according to instructions provided by the Department, or its designee. According to instructions from the Department or its designee, the Child Care Provider may submit documentation of how subgrants were used at any time once expenses have been incurred totaling the full amount of the award. At a minimum, the Child Care Provider will respond to requests for information from the Department or its designee at 30-day, 3-month, and 6-month intervals following receipt of the award. Child Care Providers are not required to submit documents as each expense is incurred but are encouraged to submit documentation as soon as expenses have been incurred totaling the full amount of the award. The Grantee shall not be eligible for Child Care Discretionary Supplemental grants if the Grantee fails to maintain compliance with the requirements of this section for any prior round(s) of child care stabilization grants. At the request of the Department, the Child Care Provider shall repay any portion of subgrant funds used or committed in material breach of this Agreement as determined by the Department in its discretion.

The Child Care Provider shall notify the Department of circumstances that may affect its eligibility to receive subgrant funds (i.e., closure, sale of business, etc.).

At the request of the Department, the Child Care Provider shall repay any portion of subgrant funds used or committed in material breach of this Agreement as determined by the Department in its discretion.

By signing this application, I am further certifying that I understand that subgrant awards and amounts are subject to funds availability.

## Provider Affirmation

The following signature affirms that I will adhere to the items noted in A, B, and C and the Terms & Conditions listed above. It also affirms I will only use the funds in the areas marked in section 5 of this application.

Provider Signature and Date: \_\_\_\_\_