



Child Care Services Program
P.O. Box 948
Nome, AK 99762
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1-800-450-4341 or (907) 443-4358
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Kawerak Child Care Stabilization Grant 2023

Section 1: General Applicant Information

Legal Business Name: _____ State License Number: _____

Child Care Center Name: _____

Location Address (City/State/Zip): _____

Mailing Address: _____

Employer Identification Number, or Taxpayer Identification Number/SS#: _____

Provider/Center Director Name: _____

Provider /Center Director Email: _____ Phone Number: _____

Alternative Phone Number: _____

Section 2: Operational Status

What type of program do you operate? Select all that apply:

- ☐ Licensed Child Care Center ☐ Licensed Family Child Care ☐ Licensed Group Home
☐ Tribally Approved Child Care ☐ Licensed School-Age Program (before or after-school care)
☐ Other: _____

Does your program serve tribally enrolled children?

- ☐ Yes ☐ No

Was your program licensed/certified/or tribally approved on or before March 11, 2021?

- ☐ Yes ☐ No

OR

Does your program meet State Licensed or Tribally Approved Health and Safety requirements including the completion of comprehensive background checks? ☐ Yes ☐ No

What is the current status of your program?

- ☐ Open

- ☐ Temporarily closed due to public health, financial hardship, or other reasons relating to the COVID-19 public health emergency. Please give details about the temporary closure and planned date to reopen:

Section 3. Child Count Information

What is the maximum licensed or approved capacity of your program? _____

Days of Operation: _____ Hours of Operation: _____

What is your current average enrollment by age?

Infant: _____ Toddler: _____ Preschool: _____ School Age: _____

Of the children enrolled, how many are funded by the following programs?

Tribal Child Care Assistance: _____ State Child Care Assistance: _____

State Prekindergarten: _____ Self-Pay: _____ Other (please list): _____

In January 2020, prior to COVID-19, what was your average enrollment by age?

Infant: _____ Toddler: _____ Preschool: _____ School Age: _____

Section 4. Options for Use of Funds

Grant funds may only be used for one or more of the purposes below. Operating costs and budget details related to the request must be provided. Please mark which categories you will support with the funding received from the grant:

- ☐ Personnel costs, benefits, premium pay, and recruitment and retention

Amount Requested: _____

Describe how you will use the funds: _____

- ☐ Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance

Amount Requested: _____

Describe how you will use the funds: _____

- ☐ PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices

Amount Requested: _____

Describe how you will use the funds: _____

☐ Purchase of, or updates to, equipment, supplies, or technology needed to respond to COVID-19

Amount Requested: _____

Describe how you will use the funds: _____

☐ Goods and services necessary to maintain or resume child care services

Amount Requested: _____

Describe how you will use the funds: _____

☐ Mental health supports for children and employees

Amount Requested: _____

Describe how you will use the funds: _____

☐ Minor renovation of facility (must seek prior approval from Kawerak and include vendor quotes)

Amount Requested: _____

Describe how you will use the funds: _____

Total Grant Amount Requested: _____

*Licensed Center Based Program requests cannot exceed \$250,000 per year. Licensed Family and Tribally Approved Provider requests cannot exceed \$20,000 per year. A maximum of two applications per provider may be submitted in 2023 up to the annual allowable amount.

Have you applied for other American Rescue Plan Act Child Care Stabilization funds from the State or other tribal agencies? ☐ Yes ☐ No

Certification

To receive a Kawerak Child Care Stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. I agree to obtain prior approval from Kawerak for any changes to the funding category.

I understand that approved funds may only be applied to expenditures beginning January 1, 2022.

I understand that Kawerak Child Care Stabilization funds may not be used to supplant costs or expenses being covered by other current funding.

I give Kawerak permission to share information included in this award with other agencies and agree to disclose all ARP Stabilization funding received from agencies upon request.

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.

By signing this application, I am certifying that I will meet requirements throughout the period of the grant, 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 any 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 grant. I understand that I may not furlough employees from the date of application submission through the duration of the grant period.
- C. I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

Provider Affirmation

The following signature affirms that I will adhere to the items noted in A, B, and C. It also affirms I will only use the funds in the areas noted in section 4 of this application.

Provider/Center Director Signature: _____ Date: _____

Kawerak Child Care Services Authorization for Approval

Kawerak Child Care Specialist Signature: _____ Date: _____

Kawerak Child Care Director Signature: _____ Date: _____

Grant Amount Awarded: _____