



Child Care Services Program  
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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:

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**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: \_\_\_\_\_

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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: \_\_\_\_\_