

The information in this application is to be used as an example only. Each child care program will have unique information. Please use your unique information.



**Montana One Time Child Care Stabilization  
Grant Opportunity  
for  
Licensed/Registered Family/Group/Center  
Child Care Providers**



**If you have questions or need help completing this application,  
visit [childcare.mt.gov](http://childcare.mt.gov)  
or call the ARPA Contact Center at 844-406-ARPA (2772).**

**The American Rescue Plan Act Child Care Stabilization Grants are one-time only and limited.  
These funds will be monitored.**

**SECTION 1. GENERAL APPLICANT INFORMATION**

<b>Child Care Program Name</b>	Sample Family Child Care		
<b>Street Address</b>	456 Mountain Drive	Billings	59101
<b>Mailing Address</b>	PO Box 1023	Billings	59101
<b>PV#</b>	PV59101	<b>County</b>	Yellowstone
<b>Legal Business Name or DBA</b>	Sample Family Child Care		
<b>Is your business registered with the Montana Secretary of State?</b>	Yes		
<b>Owner/Director Name</b>	Jean Gray	<b>Email</b>	123@gmail.com
		<b>Phone Number</b>	406-123-4567

**SECTION 2. OPERATIONAL STATUS**

<b>What type of provider are you?</b>	<input type="checkbox"/> Center <input type="checkbox"/> Group Child Care <input checked="" type="checkbox"/> Family Child Care		
<b>Is your Montana Child Care License/Registration current and in good standing?</b>	Yes		
<b>Was your program licensed/registered by the State of Montana on or before March 11, 2021?</b>	Yes		
<b>What is the current status of your program?</b>	Open		
<b>Describe the temporary closure and planned date to reopen.</b>	N/A		

**SECTION 3. CHILD COUNT INFORMATION**

<b>How many children is your program licensed/registered for?</b>	6			
<b>What was your average enrollment by age in January 2020 (before COVID-19)?</b>				
<b>Infant</b>	<b>Toddler</b>	<b>Preschool</b>	<b>School Age</b>	<b>Total</b>
1	2	3	0	6
<b>What is your current average enrollment by age?</b>				
<b>Infant</b>	<b>Toddler</b>	<b>Preschool</b>	<b>School Age</b>	<b>Total</b>
2	2	2	0	6

## SECTION 4. CURRENT AVERAGE MONTHLY OPERATING EXPENSES

<b>How many full-time employees are currently on payroll?</b>	1	<b>How many part-time employees are currently on payroll?</b>	0
<b>What is the salary scale for the direct childcare staff?</b>			
<b>Enter the lowest amount paid per hour</b>	10.00	<b>Enter the highest amount paid per hour</b>	10.00
<b>What benefits do you currently provide?</b> Select all that apply.	<input checked="" type="checkbox"/> Health Insurance <input type="checkbox"/> Vacation or Personal Time <input type="checkbox"/> Sick Time <input type="checkbox"/> Free or Discounted Child Care for Staff <input checked="" type="checkbox"/> Other: Retirement		
<b>Grant funds may only be used for the following operating expenses.</b> Enter your current average monthly operating expense for each expense category. If you do not have an expense in a category, enter 0.			

Current Operating Expense	Current Monthly Amount
<b>Personnel Costs.</b> May include payroll, benefits, premium pay, and recruitment and retention costs.	3030.00
<b>Other Personnel Costs.</b> workers comp, retirement	270.00
<b>Total Personnel Costs</b>	3300.00
<b>Rent or Mortgage and Facility Expenses.</b> May include utilities, insurance, and maintenance.	1050.00
<b>Personal Protective Equipment (PPE).</b> May include cleaning and sanitation supplies and services.	220.00
<b>Training and Professional Development for Staff on Health and Safety Practices.</b>	0.00
<b>Equipment and Supplies to respond to COVID-19.</b>	50.00
<b>Goods and Services to Maintain or Resume Business.</b>	100.00
<b>Other Expenses.</b> Communications, Bookkeeping/legal, Food, Vehicle, professional memberships	1163.00
<b>Current Average Monthly Total</b>	5883.00
<b>Current Average Annual Total</b> Average Annual Total will be used to calculate your base grant amount.	70,596.00

## SECTION 5. ANTICIPATED ADDITIONAL EXPENSES

**Grant funds may only be used for the following operating expenses.** You will have opportunity to adjust your grant amount mid-year. Reasons to have anticipated additional expenses might include costs to increase enrollment or hours of operation, recruit or retain staff, purchase COVID-19 related cleaning supplies and services, etc.

Enter the anticipated additional monthly amounts for each category. If you do not anticipate additional costs in a category, enter 0.

Anticipated Additional Operating Expenses	Anticipated Additional Monthly Expenses
<b>Personnel Costs.</b> May include payroll, benefits, premium pay, and recruitment and retention costs, etc.	1200.00
<b>Rent or Mortgage and Facility Expenses.</b> May include utilities,	<b>0.00</b>

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insurance, maintenance, and minor COVID-19 related improvements. <b>Describe minor COVID-19 related improvements.</b> Insert	
<b>PPE, Cleaning and Sanitation Supplies and Services.</b>	100.00
<b>Training and Professional Development for Staff on Health and Safety Practices.</b>	0.00
<b>Purchase or Updates to Equipment and Supplies to Respond to COVID-19.</b>	100.00
<b>Goods and Services Necessary to Maintain or Resume Child Care Services.</b>	100.00
<b>Anticipated Additional Monthly Total</b>	1500.00
<b>Anticipated Additional Annual Total</b> Anticipated Additional Annual Total amount will be used to calculate your base grant amount	18,000.00

## SECTION 6. REIMBURSEMENT

**You may be eligible to receive funding to reimburse your business for operating expenses incurred between March 1, 2020 and February 28, 2021 that were not paid with other COVID-19 relief funds.** You may be required to provide receipts and other documentation to verify the amounts entered below to ensure this relief achieves its desired impact and federal funds are not being used to make multiple payments for the same purpose.

<b>Were you in business and licensed/registered by the State of Montana on or before March 1, 2020?</b>	Yes
<b>If no, when did you start your business and become licensed/registered?</b>	Insert
<b>Are you planning to use funds to reimburse your business for operating expenses incurred between March 1, 2020 or the date you became licensed/registered by the State of Montana, and February 28, 2021?</b>	Yes

If yes, complete the table below. If no, skip the table below.

**Enter the total spent on each expense category between March 1, 2020, or the month you started your business and became licensed/registered by the state of Montana and February 28, 2021.** If you are not requesting reimbursement for a category, enter 0.

Reimbursement Operating Expense	Total Reimbursement Amount
<b>Personnel Costs.</b> May include payroll, benefits, premium pay, and recruitment and retention costs, etc.	39600.00
<b>Rent or Mortgage and Facility Expenses.</b> May include utilities, insurance, maintenance, and minor COVID-19 related improvements. <b>Describe minor COVID-19 related improvements.</b> Insert	12600.00
<b>PPE, Cleaning and Sanitation Supplies and Services.</b>	2640.00
<b>Training and Professional Development for Staff on Health and Safety Practices.</b>	200.00
<b>Purchase of or Updates to Equipment and Supplies to Respond to COVID-19.</b>	750.00

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<b>Goods and Services Necessary to Maintain or Resume Child Care Services.</b>	1515 6.00
<b>Total Reimbursement Funds Requested</b>	7094 6.00
<b>If your business received other COVID-19 relief funds, enter the source of funding and total amount.</b> If you did not receive any other COVID-19 relief funds, enter 0.	<b>Source</b> CARES
	<b>Total Amount</b> 11500.00
<b>If you are a Head Start/Early Head Start, what is your annual Head Start/Early Head Start grant amount?</b> If you are not a Head Start/Early Head Start, enter 0.	0

### SECTION 7. ENHANCED FUNDING

You may be eligible for enhanced funding if you serve any of the vulnerable populations listed below or are providing routine care during non-traditional hours, such as evening, nights, and weekends.

Check all appropriate boxes to indicate you have at least one child enrolled in the following vulnerable population categories:

- Infants and toddlers (0-35 months)     Children with diagnosed developmental disability or delay
- Families that are low-income or located in a child care desert (check all that apply):
  - Receive Best Beginnings Scholarship
  - Receive Public Assistance (TANF, SNAP, Medicaid, Healthy Montana Kids)
  - Receive Free or Reduced Lunch
  - Children in Foster Care
  - Homeless
  - Your child care program is in a county that qualifies as a child care desert: Select

**Describe your hours of operation.** Monday-Friday 7:30-5:30pm

### SECTION 8. MENTAL HEALTH SUPPORTS FOR CHILDREN AND EMPLOYEES

You may opt in to participate in infant and early childhood mental health consultation to support the children and staff in your facility. Mental health consultation may include guiding staff and children through pandemic related concerns or strategies to address challenging behaviors. You can opt in now and request a tailored consultation at a later date or as needed. There is no cost or commitment to the provider by opting in.

**Do you opt in to mental health consultation?** Yes

### SECTION 9. CERTIFICATION

**By signing this application, I am certifying that I will meet requirements throughout the performance 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 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 co-payments and tuition payments for the families enrolled in the childcare program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

D. I agree the American Rescue Plan Child Care Stabilization Funding is one time only, time limited, with no guarantee for additional funding for the purposes of business stabilization beyond the period of performance of this grant award.

**Provider Affirmation**

**The following signature affirms the information in this application is true to the best of my knowledge and I will adhere to the items noted in the certification statements above.**

**Provider Signature and Date**

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