



## **COVID-19 Child Care Relief Funds Grant Application**

**February 16, 2021**

Licensed child care centers and registered family child care providers in Maryland are eligible to apply for Child Care Pandemic Relief Fund grants to help meet the increased costs of reopening and remaining open during the ongoing COVID-19 public health emergency.

All open and operating child care programs in Maryland are eligible to apply.

Complete this application to apply for a grant. If you have multiple sites, please complete an application for each site. You must respond to every question.

Applications must be submitted by Wednesday, March 3, 2021 at 3:00pm and must be submitted electronically.

Allow 4-6 weeks for processing.

If you have questions or need more information, visit <https://earlychildhood.marylandpublicschools.org>

OK

\* 1. Name of Family Child Care Provider or Center

\* 2. License Number

3. Provider I.D. Number

\* 4. Type of Program

Family Child Care Home

Large Family Child Care Home

Child Care Center

Letter of Compliance

\* 5. Family Child Care Provider or Center Physical Address

Street Address

City

State

Zip code

\* 6. Jurisdiction/County Where the Child Care Program is Located

\* 7. Family Child Care Provider or Center Business Address for payments

Street Address

City

State

Zip code

\* 8. Number of Licensed Slots (Enter the number of slots, by age group, for which you are licensed. If zero, enter 0.)

Birth to 24  
months

2 years  
through 4  
years

5 years and  
older

\* 9. Number of Children Enrolled (Enter the number of children, by age group, who are enrolled in your program as of February 1, 2021. If zero, enter 0.)

Birth to 24  
months

2 years  
through 4  
years

5 years and  
older

\* 10. Children no Longer Attending (Enter the

are no longer attending your program as of February 1, 2021. If zero, enter 0.)

Birth to 24  
months

2 years  
through 4  
years

5 years and  
older

\* 11. Number of days closed due to COVID-19 from  
from March 28, 2020 to January 31, 2021. If zero,  
enter 0.

\* 12. Are you providing full-time care to school-age  
students attending your facility and participating in  
virtual learning?

Yes

No

If yes, how many school-age students?

\* 13. How many kindergarten-age students are you serving to fulfill their compulsory education requirement? (If zero, enter 0.)

TUITION RATES: Please complete the following information for each age group served. Do not include any discounts applied based on family size or income. If you charge monthly rates, divide the monthly tuition by 4.333 to determine the weekly rate. Type "X" in "Not Applicable" if you do not serve that age or do not collect tuition for that defined age group.

\* 14. Infant (Birth -18 months) Type "X" in "Not Applicable" if you do not serve that age or do not collect tuition for that defined age group.

Regular  
Full Time  
Weekly  
Rate (per  
week)

Daily (per  
day)

Non-  
Traditional  
(7pm -  
6am) (per  
week)

Non-  
Traditional  
(Weekend)  
(per  
weekend)

Not  
applicable

\* 15. Toddler (18 months - 24 months) Type "X" in  
"Not Applicable" if you do not serve that age or do  
not collect tuition for that defined age group.

Regular  
Full Time  
Weekly  
Rate (per  
week)

Daily (per  
day)

Non-  
Traditional  
(7pm -  
6am) (per  
week)

Non-  
Traditional  
(Weekend)  
(per  
weekend)

Not  
applicable

\* 16. 2 year-olds - Type "X" in "Not Applicable" if you do not serve that age or do not collect tuition for that defined age group.

Regular  
Full Time  
Weekly  
Rate (per  
week)

Daily (per  
day)

Non-  
Traditional  
(7pm -  
6am) (per  
week)

Non-  
Traditional  
(Weekend)  
(per  
weekend)

Not  
applicable



\* 17. 3 year-olds - Type "X" in "Not Applicable" if you do not serve that age or do not collect tuition for that defined age group.

Regular  
Full Time  
Weekly  
Rate (per  
week)

Daily (per  
week)

Non-  
Traditional  
(7pm -  
6am) (per  
weekend)

Non-  
Traditional  
(Weekend)  
(per  
weekend)

Not  
applicable

\* 18. 4 year-olds - Type "X" in "Not Applicable" if you do not serve that age or do not collect tuition for that defined age group.

Regular  
Full Time  
Weekly  
Rate (per  
week)

Daily (per  
day)

Non-  
Traditional  
(7pm –  
6am) (per  
week)

Non-  
Traditional  
(Weekend)  
(per  
weekend)

Before/Afte  
r School  
Weekly  
Rate

Not  
applicable

\* 19.5 year-olds - Type "X" in "Not Applicable" if you do not serve that age or do not collect tuition for that defined age group.

Regular  
Full Time  
Weekly  
Rate (per  
week)

Daily (per  
day)

Non-  
Traditional  
(7pm -  
6am) (per  
week)

Non-  
Traditional  
(Weekend)  
(per  
weekend)

Before/Afte  
r School  
Weekly  
Rate

Not  
applicable

\* 20. School-Age (5+) - Type "X" in "Not Applicable" if you do not serve that age or do not collect tuition for that defined age group.

Regular  
Full Time  
Weekly  
Rate (per  
week)

Daily (per  
day)

Non-  
Traditional  
(7pm -  
6am) (per  
weekend)

Non-  
Traditional  
(Weekend)  
(per  
weekend)

Before/Afte  
r School  
Weekly  
Rate

Not  
applicable

\* 21. Registration Fee (if you do not charge a  
registration fee, enter "0")

\* 22. Registration is Assessed

per child

per family

none

\* 23. Registration Fee is collected

Annually

One time

Not applicable

\* 24. Please specify the purpose for which COVID-19 Pandemic Relief Grant funds will be used by selecting one or more of the allowable uses of funds:

Costs of decreased enrollment

Costs of reduced capacity limits due to state or local restrictions

Costs of temporary closures related to coronavirus

Fixed costs

Increased operating expenses

Personal Protective Equipment or PPE

Increased salaries or wages for staff

\* 25. Administrative Costs (Please enter the monthly administrative costs of running your facility. If Not Applicable or zero, please enter the number "0". Respond to each option, including all of the "other" boxes. Do not use \$, decimals or cents. Round to the nearest dollar and use numbers only.)

Rent

Mortgage  
and  
Property  
Taxes

Salaries

Utilities

Food Costs

Supplies  
and  
Materials

Other  
(please  
specify  
costs)

Other  
(please  
specify costs)

Other  
(please  
specify  
costs)

Total (sum  
of all listed  
costs)

\* 26. By checking this box, I agree to use grant funds as indicated, including a portion of funds to continue to pay the salaries and wages of staff.

Yes, I agree

\* 27. By checking this box, I agree to report on grant expenditures and other data requested by MSDE by May 1, 2021.

Yes, I agree

\* 28. By checking this box, I agree to provide receipts

Yes, I agree

\* 29. By checking this box, I agree to remain open at least until June 30, 2021.

Yes, I agree

\* 30. Type your full name. By typing my name, I attest that everything I have submitted is true and correct to the best of my knowledge.

SUBMIT

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