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.
* 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

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* 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 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?

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* 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.
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<th>Rate (per day)</th>
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* 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/After 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/After 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

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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)

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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 or other documentation if randomly selected for an audit.

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

* 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.