

STABILIZATION GRANT

The White Earth Child Care Program would like to offer Stabilization grants to qualified and eligible child care providers. Eligible providers must submit application and documentation regarding services for their child care business:

Who is eligible:

- Child Care Providers-Licensed in good standing as of March 11, 2021
- **Center-based Child Care Providers**-licensed or licensed exempt
- **Tribally Operated Child Care Centers**-State licensed tribally operated centers
- **Relative Child Care Providers/FFN-***Receiving CCDF subsidies as of March 11, 2021*
- School-Age Child Care Providers- CC Providers caring for school-age children ages 5-13.
- **Head Start and Prekindergarten Programs**-Wraparound care before/after program hours.

**Applicants must be licensed, registered or regulated as of March 11, 2021, and on the date they submit an application, meet all applicable state and local health and safety requirements.

Uses of subgrant funds:

- **Personnel Costs:** wages and benefits for child care program personnel, including increases in compensation for any staff in a child care center or family child care providers and their employees, health, dental, and vision insurance; scholarships; paid sick or family leave; and retirement contributions.
- Rent, Utilities, Facility Maintenance and Insurance: Rent or payment on any mortgage obligation, utilities, facility
 maintenance or improvements, or insurance. Allowable facility maintenance and improvements may include building or upgrading playgrounds, renovating bathrooms, installing railing, ramps or automatic doors to make the facility more accessible and removing non-load bearing walls to create additional space for social distancing.
- Personal Protective Equipment, Cleaning, and other Health and Safety Practices: PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices. Funds may be used toward equipment, supplies, services and training that support meeting state and local health and safety guidelines, including those related to the prevention and control of infectious diseases.
- Equipment and Supplies: Includes purchases of or updates to equipment and supplies to respond to the COVID-19 public health emergency. So long as the equipment and supplies are in response to the COVID-19 public health emergency, they may include indoor/outdoor equipment and supplies that facilitate business practices consistent with safety protocols and developmentally appropriate practice, as well as items needed to respond to new challenges, such as business software and updates. This also includes technological upgrades that programs can use to collect data for reporting to lead agencies.
- **Goods and Services**: This includes any material good or service necessary for the operation of a child care program. Examples include goods that might be necessary to maintain or resume child care services including food and equipment and materials to facilitate play, learning, eating, diapering and toileting, or safe sleep.
- Mental Health Services: Providers may use funds to support the mental health of children and employees.

	White Earth Child Care / Early Childhood Program PO Box 418, White Earth, MN 56591			Phone: 218 983-3285 Fax: 218-983-4106 www.whiteearth.com
	ed ProviderChild Care CenterPre			
Program Na	ime:			
Applicant/Director Full Name:G				ler:
SS or EIN #:	Telephor	ne:	Ethnicity:	
Physical Address:		City:		, MN Zip:
Mailing Address:		City:		, MN Zip:

I am requesting (documentation required):				
One time payment request for:				
Six months stabilization grant to be used for: Provider must confirm these operating expenses as part of their subgrant application. *Please explain what funds will be utilized for:				
Continu	gree: to follow certain health and safety guidelines. Ie to pay full compensation to staff, and, to the extent possit that I will, when open and providing services, implement pol nt possible, implement policies in line with guidance from th	ices in line with guidance a	and orders from corresponding state, territo	
Signature	of Applicant		Dat	e
	****DO NO	r write below - fo	R OFFICE USE ONLY ****	
	sma/1x Request	Amount requested	TOTAL Amount Appro	oved:
			Authorization	

Date _