

Do you meet the eligibility criteria as described above? *

Yes

Application

Program Name *

List your program name as listed in Bright Futures Information System (BFIS); if you are registered, list your own name.

Licensee Organization Name

Enter the name of the organization or person who receives the funds/owns the program, if different from the Program Name.

License Number *

The license number is on the license certificate.

SAMPLE

Town Program is Located *

Please list the town that the program is located in as listed in Bright Futures Information System (BFIS)

What is the program's federal tax classification? (If you choose Individual/Sole Proprietor on your program's W-9, select Individual, otherwise select Entity.) *

Individual

Entity

Social Security Number (SSN) *

FEIN *

The programs Federal Employer Identification Number.

DUNS Number

For information, please visit <https://dcf.vermont.gov/cdd/grantees>.

Mailing Address *

Street Address

Street Address Line 2

City State

Zip Code

Contact Person *

SAMPLE

First Name Last Name

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Is the contact person the director or owner? *

Yes

No

Director or Owner Name *

First Name

Last Name

Director or Owner Phone Number *

Please enter a valid phone number.

Director or Owner Email Address *

example@example.com

SAMPLE

Director or Owner Ethnicity *

Hispanic/Latinx

Non Hispanic/Latinx

Prefer not to answer

Director or Owner Race *

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White
- Prefer not to answer

Director or Owner Gender *

- Female
- Male
- Non-Binary
- Prefer not to answer

Program Information

Type of License *

- Registered Family Child Care Home (FCCH)
- Licensed Family Child Care Home (FCCH)
- Center Based Child Care and Preschool Program (CBCCPP)
- Afterschool Child Care Program (ASP)
- Approved Relative Child Care Provider (ARCC)

Where do you provide most of the care? *

- Your Home
- Child's Home

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Is your program any of the following? *

- Publicly Operated Prekindergarten Program
- Head Start and/or Early Head Start
- Head Start or Early Head Start Partner
- None of the Above

What is the current status of your program? *

- Open and serving children
- Temporarily closed due to public health financial hardship, or other reasons related to the COVID-19 public health emergency.

Please give details about the temporary closure: *

What date do you plan on reopening? (The date must be within 30 days of submission of this application.) *



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Month Day Year

Operation Details

What is the program's estimated current monthly expenses? *

What is the program's operation schedule? *

Opening Date *



Month Day Year

Closing Date *



Month Day Year

Second Opening Date (if applicable)



Month Day Year

Second Closing Date (if applicable)



Month Day Year

SAMPLE

What are your current days of operation? (Cannot exceed licensed days, if applicable.) *

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

What are your current hours of operation? (Cannot exceed licensed hours, if applicable.)

Current Typical Start Time *

Hour: Minutes

Current Typical End Time *

Hour: Minutes

Do you currently offer the same accessibility (hours, days, and capacity) to families you did pre-COVID? *

- Yes
- No

Do you intend to use a portion of these funds to reoffer pre-COVID accessibility (hours, days, and capacity) to families? *

- Yes
- No

Do you currently offer any of the following alternative schedule options to families using your care? (Must be listed on your license, if applicable.) *

- 2nd Shift Care (Child care until 11:00 PM at minimum)
- 3rd Shift Care (Child care from 11:00 PM - 7:00 AM)
- Saturday Care
- Sunday Care
- No. Do not currently offer any of the above.

SAMPLE

Do you intend to use a portion of these funds to offer any of the following alternative schedule options to families using your care? (If you intend to offer any of these schedules, please check-in with your licensor before doing so.) *

- 2nd Shift Care (Child care until 11:00 PM at minimum)
- 3rd Shift Care (Child care from 11:00 PM - 7:00 AM)
- Saturday Care
- Sunday Care
- No. Do not intend to offer any of the above.

Enrollment

What was your enrollment in February 2020 (prior to COVID-19)?

Number of Infants *

Infants are children from birth to 24 months of age.

Number of Toddlers *

Toddlers are children from 2 to 3 years of age.

Number of Preschoolers *

Preschool are children 3 years to kindergarten age.

Number of School Age Children *

School age children are children enrolled in school, 5 years of age and older.

SAMPLE

Total Number Children Enrolled in February 2020

This information is automatically calculated.

What is the number of children currently enrolled?

Number of Infants *

Infants are children from birth to 24 months of age.

Number of Toddlers *

Toddlers are children from 2 to 3 years of age.

Number of Preschoolers *

Preschool are children 3 years to kindergarten age.

Number of School Age Children *

School age children are children enrolled in school, 5 years of age and older.

Total Number Children Currently Enrolled

This information is automatically calculated.

Do you currently offer infant and/or toddler care? (Must be listed on your license, if applicable.) *

- Yes
- No

SAMPLE

Do you intend to use a portion of these funds to offer infant and/or toddler care? (If you intend to offer this care, please check-in with your licensor before doing so.) *

- Yes
- No

Of the children currently enrolled, how many are funded completely or partially by the following programs?

Early Head Start *

Head Start *

Act 166/Public Education PreK Funds *

Child Care Financial Assistance *

What percentage of current enrollment are children that identify as a race other than (or in addition to) white or whose language spoken at home is not English? *

Award Details

Will you commit to using a portion of this award for staff compensation (i.e., wages, insurance, time off)? *

Yes

No

Do you intend to use a portion of these funds for reoccurring staff retention bonuses throughout the duration of the award? *

Yes

No

Do you plan to use these funds for any expenditures between January 31, 2020 and March 11, 2021? (This can only include expenditures that were related to the public health emergency and were not covered by other funding programs.) *

Yes

No

These funds may only be used for one or more of the purposes below. Please mark which categories you will support with the funding you receive from this award. (You are not obligated to spend the funds in the categories you choose.) *

Personnel costs, benefits, premium pay, and recruitment and retention

Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance

Personal protective equipment, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices

Purchases of or updates to equipment and supplies to respond to COVID-19

Goods and services necessary to maintain or resume child care services

Mental health supports for children and employees

Certification

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By signing this application, I am certifying that I will meet the following requirements throughout the award period:

- A. When open and providing services, I will implement policies in line with guidance and orders from the state and to the greatest extent possible, I will 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 types 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 award. I understand that I may not involuntarily furlough employees from the date of this application submission through the subgrant period.
- C. I will not charge families late fees when they pick up their child(ren) later than expected but within program operating hours.
- D. 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.
- E. I will notify the Child Development Division if there are changes to any information or certifications in this application.
- F. I understand that the information provided on this application may be verified by other programs, such as Child Care Licensing, prior to a grant amount being determined.

The following signature affirms that I will adhere to the items noted in this application.

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