

Family Child Care Provider

ECE COVID-19 Rapid Response Application

Directions

Provider Information

Please type or print the following information in the areas as indicated: Your full name, business name (if applicable), EIN or social security number, date business established, address, city, state, zip code, email address, primary phone number and mailing address (if different).

Document the ages groups of children in your care and funding sources.

Are the parents of the children in your care considered essential workers during COVID-19: Yes or No
Give a brief description of the child care needs of the families during this time.

Are you currently engaged in quality improvement activities or technical assistance? Check Yes or No

Do you currently participate in the Child and Adult Care Food Program? Check Yes or No

Are you currently opened or closed? Check the applicable box

Staffing & Economic Impact

1 and 2. Check the applicable boxes. 3. Provide information regarding if you and your staff work full-time or part-time. If applicant has no staff, skip to funding needs. 4. Check the level of education for the applicant and staff. Document the annual income for the Family Child Care Operation last year. Add the amount spent on salaries, including the applicant.

Funding Needs/Request: Check all that apply and prioritize based on importance. 1 is most important; 13, least important. If other is selected, indicate what the need is by documenting it on the line.

How will you use emergency funds? Check all items that apply. **Description of funds (Optional):** Document the description of funding needed or general amount of the expenses that will be addressed for each need.

Narrative: Type or print a paragraph to tell us how much you are requesting, and more about you, the families you serve and your community. 250 words or less.

Attestation: Check each box to show that you agree with each part of the statement.

Optional Questions: Complete for data collection purposes only.

Required Document Submissions: Items listed must be included with completed application in order to process.

Signature /Date: Affix signature of applicant and Date the application is completed.

Submission: Submit completed application and W9 to email address or fax number shown.