

# ***COVID -19 Emergency Grant Application***

The COVID-19 pandemic has brought drastic changes to Montana's child care landscape. In an effort to support child care businesses and the families they serve, the Early Childhood Services Bureau (ECSB), will offer emergency grants to providers impacted by COVID-19.

This Emergency Grant is for the purpose of providing financial support to Licensed/Registered programs that have been affected by the COVID-19 pandemic.

Provider grants are available in a single grant award. Grant awards are determined and tracked by local CCR&R Agencies.

## **Award amounts are as follows:**

- Family Programs: \$3,000 maximum
- Group Programs: \$5,000 maximum
- Child Care Center: \$8,000 maximum

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## ***Provider Information***

Director Name:

PV#:

Facility Name:

Business Phone Number:

Cell Phone Number:

Email Address:

Physical Address:

City:

Zip:

Mailing Address (if different than physical address):

City:

Zip:

CCR&R Agency: Choose an item.

Facility Type:

- Family (up to 6 children)
- Group (up to 12 children)
- Center (13 or more children)

Total number of staff at program:

What is the current status of your program?

- Open and serving families
- Service suspended with plans to reopen

What age groups do you serve? Choose all that apply:

- Age 0-5

School-Age

How many children are currently attending your program?

Does your current enrollment include children of essential workers?

Yes

No

Have you received a grant or loan to assist with COVID-19 related losses from any local, state, or federal government or a private fund? (Check all that apply)

SBA Payroll Protection Program (PPP)

SBA Economic Injury Disaster Loan Program (EIDL)

Private Loan

Private Grant

Public Grant

No other assistance received

## ***Funding Request Information***

Total Amount Requested: \$

How will you use the grant funds? Please select all that apply:

Personnel costs

Please explain how the grant funds will support personnel costs for your program (if applicable):

Cleaning and sanitation supplies

Please explain how the grant funds will support health and safety costs for your program (if applicable):

Operating expenses

Please explain how the grant funds will support child care supply costs for your program (if applicable):

Loss of revenue

Please explain how the grant funds will support the loss of child care slots for your program (if applicable):

### **Please initial the following statements:**

I agree to comply with the CDC's Covid-19 guidelines and the Governor's Child Care Directive.

Please type your name in the signature line and enter today's date:

Name of person completing the application and requesting funds:

Date:

***Please return the completed application, and a [completed W9 form](#) to: HRDC 7 childcare@hrdc7.org***

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The Early Childhood Services Bureau is partnering with Montana's [Child Care Resource & Referral Agencies \(CCR&R\)](#) to offer the grant. Please contact your CCR&R with questions concerning the grant.

CCR&R information can be found on the [Child Care Resource & Referral Agencies \(CCR&R\) website](#).

**FOR CHILD CARE RESOURCE & REFERRAL OFFICE USE ONLY:**

Total amount awarded: \$

CCR&R Representative:

Date:

**FOR ECSB OFFICE USE ONLY:**

Total amount paid: \$

ECSB Representative:

Date: