

***Provider Financial Assistance Program Application  
Submit to HRDC 7, PO Box 2016, Billings, MT 59103  
7 North 31<sup>st</sup> Billings MT***

## Program Description

The Provider Financial Assistance Program (PFAP) is administered by the [Child Care Resource & Referral agency](#). PFAP is offered based on available funding.

The Provider Financial Assistance Program funds can be used for the purposes of:

- Start Up Funds
  - For New programs in the process of becoming registered/licensed through the State of Montana; or for programs that have become registered/licensed within 6 months of the grant application.
  - Licensing compliance such as balance of funds needed for fencing, egress windows, indoor/outdoor equipment, materials, etc.
  - Business equipment such as a computer, printer, and/or software to manage CACFP claims and customer billing, or Sign In/Sign out/Immunization tracking software
- Emergency/Health and Safety Standards
  - Licensed/Registered programs that have experienced an emergency that could affect their ability to provide care and is not covered by insurance or not fully covered by insurance.
  - Licensed /registered programs that have health and safety concerns that could impact their ability to maintain their registration/license or their ability to provide care.

**Programs that have received ARPA Stabilization Grants, ARPA Child Care Innovation Grants, or ARPA Child Care Desert Grants are not eligible for Provider Financial Assistance Grants.**

Funds cannot be used for the following:

- Liability or home/renter's insurance
- Non-childcare specific items for the program
- Training costs

It is a reasonable expectation that purchases including shipping and handling are covered as part of the awarded funds. If awarded these funds, grantees will purchase the approved items and then submit the receipts for reimbursement to the CCR&R. CCR&R and CCL may contact you to discuss your needs, your identified needs on your budget and get an understanding of your plan for the funding. It is also an expectation that you will meet with 360 Support staff to learn about the supports and opportunities this service provides for new child care businesses.

The Provider Financial Assistance Program funds are available in a single grant award of a minimum \$500, maximum \$3,000 for any program type.

The Provider Financial Assistance Program awards are determined by an award committee and may be less than the application amount. The award committee includes at a minimum CCR&R representation and the Child Care Licensors. The CCR&R may also contact local authorities if there are questions regarding the grant application. Program will purchase items and receive reimbursement, once the items are purchased receipts will be submitted to the CCR&R for payment. Reimbursement can be expected within 30 days of receipts being received by the CCR&R. The CCR&R may contact you for any clarifications.

Director Name \_\_\_\_\_ PV# (if applicable) \_\_\_\_\_

Facility Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Child Care Licensor (if known) \_\_\_\_\_

**Facility Type:** (please check)

**Family** (up to 8 children)  **Group** (up to 15 children)  **Center** (16 or more children)  **FFN Caregiver**

1a. Have you ever been licensed before? <input type="checkbox"/> Yes <input type="checkbox"/> No
1b. If so, when? Why did you discontinue providing care?
2a. If you are a new provider, or in the application process, when did you submit your application to Child Care Licensing?
2b. What is the status of your application? <input type="checkbox"/> Pending <input type="checkbox"/> Provisional <input type="checkbox"/> License Awarded, if so date issued: _____
3a. Are you currently caring for children? <input type="checkbox"/> Yes <input type="checkbox"/> No
3b. If yes, please describe your program and ages being served.

4. If you are a new provider, what has prompted you to open a childcare?

5a. If you are applying for Emergency funding, please describe the emergency and how it impacts your programs.

5b. Has the emergency resulted in an interruption of care?  Yes  No

5c. Did you submit this to your insurance?  Yes  No  
If yes, please submit verification of claim and deductible.

6a. If you are applying for health and safety concerns related to licensing, please describe the problem.

6b. If it is not fixed, will it result in an interruption of care?  Yes  No

6c. Have you been instructed by Child Care Licensing to fix this health and safety concern?  Yes  No

7. Will purchase and submit receipts to HRDC?  Yes  No

8. Will participate in the 360 Support offered by HRDC 7 that supports new child care businesses?  Yes  No

Please initial the following statements for the funds being requested.

\_\_\_\_\_ My initials certify that this program did not receive an ARPA Child Care Stabilization Grant, ARPA Child Care Innovation Grant, or ARPA Child Care Desert Grant. Programs that received these funds are not eligible for Provider Financial Assistance Grant funds.

INITIAL IF APPYING FOR START UP FUNDING

\_\_\_\_\_ I agree to work with the Child Care Resource & Referral (CCR&R) agency throughout this process. This includes, but is not limited to:

- Together, create a timeline for the licensing application approval if appropriate.
- Together, create a training plan for the first year of operation.
- Engage in conversations about the 360 Support Plan process, to see if it would be helpful.

\_\_\_\_\_ I agree and understand that this is a one-time grant with one-time funding.

\_\_\_\_\_ I agree I must become licensed within 6 months of receiving this grant.

\_\_\_\_\_ I agree that if I do not complete the licensing process or do not receive an approved license or registration, any amount awarded must be repaid in full to the CCR&R within 3 months.

\_\_\_\_\_ I agree that upon receiving these grant funds I will remain open for one year from the initial approval date. If the program closes before that date, any amount awarded must be repaid in full within 3 months.

\_\_\_\_\_ I agree that I have read and completed the full grant application, including the list of purchases. Incomplete applications will not be considered.

\_\_\_\_\_ I understand and agree that I am indemnifying the CCR&R in any liability/responsibility in the operation of items received through this grant. The CCR&R is not responsible for any incident that may occur in the course of delivery, construction, or day to day operations of the Facility/Program which received the grant.

\_\_\_\_\_ I understand once signed, this application is the grant contract and the CCR&R will indicate the total amount awarded and provide me a copy.

INITIAL IF APPYING FOR EMERGENCY/DISASTER/HEALTH AND SAFETY STANDARDS FUNDING

\_\_\_\_\_ I verify that an emergency or natural disaster has affected my program, and funding is needed to get back in operation.

\_\_\_\_\_ I understand this funding is at the discretion of the CCR&R agency.

\_\_\_\_\_ I verify that I have a current license that is in good standing with Child Care Licensing.

\_\_\_\_\_ I agree that upon receiving these grant funds I will remain open for one year from the initial approval date. If the program closes before that date, any amount awarded must be repaid in full within 3 months.

\_\_\_\_\_ I agree that I have read and completed the full grant application, including the list of purchases. Incomplete applications will not be considered.

I understand and agree that I am indemnifying the CCR&R in any liability/responsibility in the operation of items received through this grant. The CCR&R is not responsible for any incident that may occur in the course of delivery, construction, or day to day operations of the Facility/Program which received the grant.

I understand once signed, this application is the grant contract and the CCR&R will indicate the total amount awarded and provide me a copy.

Fill out the table provided.

See example below. Please attach any additional documentation to verify cost. (e.g. construction estimates, pictures, etc.). To add rows, click tab when you are in the "Total" box. When choosing items to purchase, consider the quality of the materials "will this product hold up over time?"

ITEM (INCLUDE HYPERLINK)	HOW WILL THIS ITEM BENEFIT YOUR PROGRAM	# OF ITEMS	COST/ITEM	TOTAL
<a href="https://www.kaplanco.com/product/55525-DB/rest-mat-primary-blue-set-of-4?c=1%7CFC1030&amp;utm_term=&amp;utm_campaign=(ROI)+Smart+Shopping+-+Furniture&amp;utm_source=google&amp;utm_medium=cpc&amp;hsa_acc=4352476128&amp;hsa_cam=17953586069&amp;hsa_grp=&amp;hsa_ad=&amp;hsa_src=x&amp;hsa_tgt=&amp;hsa_kw=&amp;hsa_mt=&amp;hsa_net=adwords&amp;hsa_ver=3&amp;gclid=Cj0KCQiA4uCcBhDdARIsAH5jUnK39yUhbajwmgOWFXKO9m2VfWJUsYhR7dMozoe5NIsJ4kuUadqmfwaAiA3EALw_wcB">https://www.kaplanco.com/product/55525-DB/rest-mat-primary-blue-set-of-4?c=1%7CFC1030&amp;utm_term=&amp;utm_campaign=(ROI)+Smart+Shopping+-+Furniture&amp;utm_source=google&amp;utm_medium=cpc&amp;hsa_acc=4352476128&amp;hsa_cam=17953586069&amp;hsa_grp=&amp;hsa_ad=&amp;hsa_src=x&amp;hsa_tgt=&amp;hsa_kw=&amp;hsa_mt=&amp;hsa_net=adwords&amp;hsa_ver=3&amp;gclid=Cj0KCQiA4uCcBhDdARIsAH5jUnK39yUhbajwmgOWFXKO9m2VfWJUsYhR7dMozoe5NIsJ4kuUadqmfwaAiA3EALw_wcB</a>	Provide a comfortable safe place for the children to rest.	4	\$ 54.98	\$ 219.95

ITEM (INCLUDE HYPERLINK)	HOW WILL THIS ITEM BENEFIT YOUR PROGRAM	# OF ITEMS	COST/ITEM	TOTAL

(You may insert more lines if needed.)

**TOTAL AMOUNT REQUESTED \$** \_\_\_\_\_

I approve of using an e-signature to verify the details of my application (please initial): \_\_\_\_\_

If not initialed and signed, your grant will be returned and/or denied, and funds may not be awarded.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date:

Initial grant meeting notes:

Actively working with 360 Support: Y    N

Changes to budget:

Other concerns:

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

Congratulations! Your application has been received and approved by the award committee.

Total amount awarded \$ \_\_\_\_\_

CCR&R Representative: \_\_\_\_\_ Date: \_\_\_\_\_