



## Prugrãman i Pinilan i Famagu'on Guåhan Community Care & After School Programs

The Department of Public Health and Social Services (DPHSS) and the Guam Economic Development Authority (GEDA) have established the Prugrãman Pinilan Community Care and After School Programs to support child care programs in the local community and are encouraging eligible applicants to apply.

# Community Care and After School Program Application



## Prugrãman i Pinilan i Famagu'on Guåhan Community Care & After School Programs

### *ABOUT PRUGRAMAN I PINILAN I FAMAGU'ON GUAHAN*

To assist child care providers caring for school-age children, ages 5 through 13 , who play a critical role in providing safe, enriching environments for children before and after school and during summer months, the ARP Act appropriates \$6,000,000.00 in direct aid. The establishment of the Prugrãman I Pinilan I Famagu'on Guahån (hereafter referred to as "Prugrãman Pinilan") will be administered by the Guam Economic Development Authority (hereafter referred to as the "GEDA").

APPLICATION NO.

DATE

SELECT WHICH PROGRAM YOU ARE APPLYING FOR:

COMMUNITY CARE

AFTER SCHOOL

WHAT TYPE OF CHILD CARE PROVIDER ARE YOU:

NON-PROFIT ORGANIZATION

RESIDENTIAL COMMUNITY

LOCAL PRIVATE SCHOOL

NON-SCHOOL PROVIDER

*\* Please see Program Fact Sheet for guidance*

**SECTION I: APPLICANT INFORMATION**

Legal Business Name (as shown on business license)

Physical Address Street Number & Name City State Zip

Mailing Address Street/P.O. Box City State Zip

Telephone No. Email Address Website

Funding Request Amount EIN # Government of Guam Vendor # DUNS #

President/Director Name President/Director Email

**For Statistical Purposes:**

President/Director Race & Ethnicity (Select all that apply)

- |  |   |                                       |   |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> ASIAN:<br>Asian Indian | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> PACIFIC ISLANDER:<br>Native Hawaiian |
| <input type="checkbox"/> Black and/or African American     | <input type="checkbox"/> Chinese                | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Chamoru                              |
| <input type="checkbox"/> White/Caucasian                   | <input type="checkbox"/> Filipino               |                                       | <input type="checkbox"/> Samoan                               |
|  | <input type="checkbox"/> Korean                 |                                       | <input type="checkbox"/> Other: _____                         |

President/Director Gender

- Male
- Female
- Other Inclusive
- Prefer not to say

## SECTION II: OPERATIONAL STATUS

- A. Is your Child Care Center a Licensed Child Care Development Fund ("CCDF") Provider?  
If yes, please attach a copy of your CCDF License  
 Yes       No
- B. Is your Child Care Center a Certified Child Care Development Fund ("CCDF") Provider?  
If yes, please attach a copy of your CCDF Certification  
 Yes       No
- C. Was your program Licensed/Regulated by the Department of Revenue and Taxation on or before March 11, 2021?  
If yes, please attach a copy of your 2021 and 2022 Business License  
 Yes       No
- D. Are you a Non-Profit Organization? If yes, please attach a copy of your 501 Certificate  
 Yes       No
- E. What is the current status of your program?  
 Open  
 Temporarily closed due to public health, financial hardship, or other reasons relating to the corona virus disease 2019 (COVID-19) public health emergency.  
 Please give details about the temporary closure and planned date to reopen: \_\_\_\_\_  
 \_\_\_\_\_  
 Permanently Closed
- F. What is your current TOTAL enrollment at the time of application?  
 Total Infant (0 mo - 12 mo): \_\_\_\_\_  
 Total Toddler (13 mo - 3 yrs): \_\_\_\_\_  
 Total Preschool (4-5 yrs): \_\_\_\_\_  
 Total School Age (5 yrs and up): \_\_\_\_\_  
 Total Enrollment: \_\_\_\_\_

## SECTION III: PREVIOUS GRANTS RECEIVED

Did your program receive any of the following?	How much funds were received?	What months were the funds applied to?	What activities did the funds support?
Guam Department of Education Coronavirus Aid, Relief, and Economic Security (CARES) Act			
Guam Economic Development Authority Small Business Pandemic Assistance Grant Program (PAG2020 & PAG2021)			
Adahi FamaGU'on Child Care Assistance Program - Stabilization (CAPS2021)			
Local Employers Assistance Program (LEAP)			
Other grants received under CARES, American Rescue Plan Act (ARPA), or Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA)			

\* Attach supporting documents that show what the funding was used for, for whom, when, and what activities (e.g. payroll, bonus).

## SECTION IV: SELF CERTIFICATION

Initial next to each statement to confirm you read, understood and agree to each.

- To receive a stabilization grant under the Prugraman I Pinilan I Famagu'on Guahan, I agree to use the funds only for the allowable costs associated with this program that have not been funded by any other grant received/awarded. Furthermore, I understand and agree to provide notice to and seek approval of GEDA should any movement or transfer of funds becomes necessary.
- I understand that it is my responsibility to maintain records and other documents to support the use of funds I receive, as well as to document my compliance with all terms & conditions, rules & regulations and guidelines for Prugraman I Pinilan I Famagu'on Guahan.
- By receiving stabilization funding, I agree to submit to an audit by any auditor of CCDF's choosing. I will grant the auditor access to and the right to examine and copy any records, data or papers relevant to this subgrant until seven (7) years have passed since the final payment pursuant to this subgrant.
- The Grantee further certifies that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. Grantee understands that any misleading or false statements or any false written or oral representation with respect to the Prugraman I Pinilan I Famagu'on Guahan, may result in the Grantor rescinding the grant by written notice to Grantee. In such event the Grantee agrees to and shall, within five (5) days following the receipt of such notice, return to the Grantor, an amount equal to Grant payments received plus interest at the prime rate set forth in the Wall Street Journal in effect on the date of such notice. Grantee agrees to pay the Grantor's attorney fees and actual costs incurred in the collection of grants funds.

\_\_\_\_\_  
Authorized Representative (Print Name)

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

## SECTION V: PROVIDER AFFIRMATION

**BY SIGNING THIS APPLICATION, I CERTIFY THAT I WILL MEET THE REQUIREMENTS THROUGHOUT THE PERIOD OF THE SUBGRANT, INCLUDING THE FOLLOWING:**

- A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, 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 type 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 subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period. I will not reduce wages regardless of children's enrollment/attendance.
- C. I will provide relief from tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make payment.

**BY SIGNING BELOW, I HEREBY CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND VOLUNTARILY AGREE TO THE TERMS, CONDITIONS, RULES, AND GUIDELINES SET FORTH FOR THE PRUGRAMAN I PINILAN I FAMAGU'ON GUAHAN.**

\_\_\_\_\_  
Authorized Representative (Print Name)

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

## **SECTION VI: MISSION STATEMENT**

## **SECTION VII: ORGANIZATIONAL CAPACITY**

**SECTION VIII: USE OF FUNDS**

**DETAILED PROGRAM BUDGET**

CATEGORY	DESCRIPTION	COST
<b>Personnel Costs</b>		
	SUBTOTAL	
<b>Rent, Utilities, Facilities Maintenance, Insurance</b>		
	SUBTOTAL	
<b>PPE, Cleaning, and Other Health &amp; Safety Practices</b>		
	SUBTOTAL	
<b>Equipment and Supplies Costs</b>		
	SUBTOTAL	
<b>Goods and Services</b>		
	SUBTOTAL	
<b>Mental Health Services</b>		
	SUBTOTAL	
	<b>TOTAL PROGRAM BUDGET</b>	



**SECTION IX: PROGRAM DESCRIPTION**