



APPLICANT

APPLICATION NO.

III APPLICATION SECTION 3: PROVIDER AFFIRMATION

INITIAL NEXT TO EACH STATEMENT TO CONFIRM YOU READ, UNDERSTOOD AND AGREE TO EACH:

_____ To receive a grant under the Child Care Assistance Program Support 2022, I agree to use the funds only for the categories for purposes indicated in Form 1121 of this application, which I plan to fund. Furthermore, I understand and agree to provide notice to and seek approval of the Guam Department of Public Health & Social Services should any movement or transfer of funds between categories become necessary.

_____ I understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive, as well as to document my compliance with all terms, conditions, rules, regulations and guidelines for the Child Care Assistance Program Support 2022.

_____ 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 undersigned being duly noticed, that willful false statements and the like are punishable by fine or imprisonment, or both under 18 USC 1001, and that such willful false statements and the like may jeopardize the validity of the application of document or any registration resulting therefrom declares that all statements made of his/her knowledge on this application are true and all statements made on information and belief are believed to be true.

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

_____ 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).

_____ 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.

_____ 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 either type of 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 ADAHI I FAMAGU'ON CHILD CARE PROVIDER ASSISTANCE PROGRAM SUPPORT 2022.

AUTHORIZED REPRESENTATIVE (PRINT NAME)

AUTHORIZED SIGNATURE

DATE



APPLICANT

APPLICATION NO.

IV APPLICATION SECTION 4: EXPENDITURES WORKSHEET

2022 PROJECTED AVERAGE MONTHLY OPERATING EXPENSES		
EXPENSES		AVERAGE MONTHLY COST
Payroll	DIRECTOR	STAFF
<i>Current number</i> of full time employees on payroll:		
<i>Projected number</i> of full time employees on payroll within 6 months:		
Benefits		\$
Other Personnel Costs		\$
Facility Expenses (Utilities, Insurance, Maintenance)		\$
Personal Protective Equipment (PPE) (Including cleaning and sanitation supplies and services)		\$
Training expenses for staff on health and safety practice		\$
Equipment and supplies in response to COVID-19		\$
Goods and services to maintain or resume services Describe: _____		\$
All other expenses		\$
TOTAL AVERAGE MONTHLY EXPENSES		\$

*Continue 2022 Projected Average Monthly Operating Expenses list on a separate page and attach as **ATTACHMENT A**, if needed.

ONE-TIME EXPENSES	
EXPENSES RELATED TO THE OPENING OF A CCDF FACILITY	COST
	\$
	\$
	\$
	\$
TOTAL ONE-TIME EXPENSES	\$

*Continue One-Time Expenses list on a separate page and attach as **ATTACHMENT B**, if needed.