



**MAWAR-RIOR CHILD CARE RECOVERY PROGRAM APPLICATION**

APPLICATION NO. \_\_\_\_\_

DATE RECEIVED BY GEDA \_\_\_\_\_

**SELECT CHILD CARE PROVIDER TYPE:**

- RELATIVE CARE PROVIDER    CENTER-BASED PROVIDER
- SCHOOL-AGED PROVIDER    FAMILY DAYCARE PROVIDER
- IN-HOME PROVIDER

**SECTION I: APPLICANT INFORMATION**

<b>Child Care Provider/Owner Name</b>			
<b>Physical Address</b>	<b>City</b>	<b>State</b> GU	<b>Zip</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b> GU	<b>Zip</b>
<b>Legal Business Name as shown on Business License</b>	<b>DBA</b>	<b>Telephone No.</b>	
<b>Email Address</b>	<b>EIN #</b>	<b>Prugraman i Pinilan Vendor No.</b>	

**For Statistical Purposes:**

**Provider/Owner Race & Ethnicity (Select all that apply)**

<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black and/ or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic	<b>ASIAN:</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	<b>PACIFIC ISLANDER:</b> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other: _____
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**Provider/Owner Gender**

Male  
 Female  
 Other Inclusive  
 Prefer not to say

## SECTION II: OPERATIONAL STATUS

**A.** Are you a Registered Child Care Development Fund (CCDF) Provider? *If yes, please attach a copy of your CCDF Certification Letter.*

- YES  
 NO (Not eligible)

**B.** What is the current status of your program?

- Open  
 Temporarily closed due to public health, financial hardship, or other reasons relating to Typhoon Marwar emergency.

*Please give details about the temporary closure and planned date to reopen:*

- \_\_\_\_\_
- Permanently Closed (Not eligible)

**C.** What was your TOTAL enrollment prior to June 01, 2023?

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:** \_\_\_\_\_

**D.** What was your TOTAL enrollment of Child Care and Development Block Grant subsidized children prior to June 01, 2023?

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

	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)			
FEMA/SBA Disaster assistance for Typhoon Marwar			

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



**SECTION V: 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)****DATE****Authorized Representative (Signature)****\*\*OFFICIAL USE ONLY\*\*****GEDA STAFF (PRINT NAME)****GEDA STAFF SIGNATURE****DATE****DPSS STAFF (PRINT NAME)****DPHSS STAFF SIGNATURE****DATE**