

Child Care Relief Fund Application

Who is applying for a grant?

*Provider name

Provider name

*Provider type

Select a Provider type

*Are you a Head Start and/or GSRP provider?

○ Yes

ONo



Step 2/5



How can we reach you?

Providers are required to register in SIGMA to receive a grant payment (payment can be made via EFT or paper check). If you do not have a **SIGMA vendor code or SIGMA mail code**, you must request one by contacting the SIGMA Help Desk at **SIGMA-Vendor@michigan.gov** or **1-888-734-9749**. If you enter an invalid code, it will significantly delay processing time.

Note: License exempt providers are not required to submit a SIGMA vendor code or mail code.

*SIGMA Vendor code

SIGMA Vendor Code start with a cv,vc or vs (Total 9 characters)

SIGMA Address ID

EX: AD012 or 012

If we have questions about your application, we may contact you to clarify.

*Contact Name

Your Name

*Contact Phone

XXXX-XXXX-XXXX

*Contact Email

SIGMA Tips

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 - SIGMA-Vendor@michigan.gov
 - 1-888-734-9749.
- If you enter an invalid code, it will significantly delay processing time.



Tell us more about your program

This information will be used to calculate the total amount of your grant.

For license exempt providers: License exempt providers are eligible for a one-time payment of \$550. Complete the application once to receive funding.

This field is intended to understand the size of your program. Count the number of staff on your payroll as of **March 10** (declaration of COVID-19 emergency), regardless of whether you are open or closed. Direct care staff includes teachers, assistant teachers, and support staff. You may include full and part time staff. **If you are a family or group home provider, count yourself.**

+

*Enter the number of direct care staff on your payroll as of March 10, 2020.

10

*Were you open and serving children in June?

Yes

O <mark>№</mark>

Counting Staff Tips

- Direct care staff includes teachers, assistant teachers, and support staff.
- Include full and part time staff.
- Include yourself, if you are a family or group home provider.

*How many children 0 through age 2 did you serve in the month of June? Include all children who you received payment to care for from June 1-June 30.

15

*How many children age 3 or older did you serve in the month of June? Include all children who you received payment to care for from June 1-June 30.

15

*What is the total amount of tuition you charged families in care from June 1-June 30?

\$1974.00

Rate Reduction Tips

- This section is new.
- You are only eligible for this funding if you were open in June.
- Count all children who you received payment to care for from June 1-30.
- Do not count your own children, unless you pay tuition for their care.
- Report all tuition you charged families in the month.

What is your Great Start to Quality star rating?

Select an option		~
If necessary, enter comments a	bout your grant application	
Comments must be less than 3	00 characters.	
Previous step	Step 4/ 5	Next step

GSQ & Comment Box Tips

- You can look up your Great Start to Quality star rating at <u>www.greatstarttoquality.org</u>.
- Only enter comments if necessary. These are not required to submit your application.

Agree to the grant requirements

Grants from the Child Care Relief Fund can be used to help you cover a variety of expenses during the COVID-19 crisis including (but not limited to) rent, mortgage, utilities, payroll, insurance, and supplies.

To receive a grant, you must certify that:

When I am open, I will care for children of essential workers, regardless of where their parents or caregivers work. (For example, providers may not deny children access to care because their parents or caregivers work in the health care field.)

🗌 Yes

The information I have reported in this transaction is true and accurate to the best of my knowledge based on available information.

🗌 Yes

I will keep permanent and accurate records for four years documenting the information provided in this application, when I received grant funds, and how those funds were used.

🗌 Yes

I will not use Child Care Relief Fund grant dollars for costs that are reimbursed or compensated by other federal or state programs that provide for such benefits, including but not limited to the Small Business Administration Paycheck Protection Program (PPP), the Public Health and Social Services Emergency Fund, or unemployment compensation. I will keep records indicating the use of each of these funds for 4 years for audit purposes.

🗌 Yes

I understand if the grant is overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party (including any adult in the program group, the group's authorized representative, or the provider of goods and services) may be prosecuted for fraud.

Assurances Tips

If you **do not** apply for the rate reduction stipend, these are the grant requirements. There are no changes from June. *When I receive grant funds, I will use the funding to reimburse families for 30% of the tuition charged in the month of June. If the Department of Education determines that a provider did not provide the required tuition reduction, the MDE shall recoup the funds.

*I assure that the weekly rate charged to families is not higher than the rate charged prior to the state of emergency in March 2020.

🗌 Yes

2 Yes

Assurances Tips

If you **do apply** for the rate reduction stipend, there are new assurances. Your Child Care Relief fund grant application has been submitted! Please print or take a picture of this confirmation page for your records.

Grant amounts vary and are calculated based on your provider type, whether you currently have children attending, the number of staff, and your Great Start to Quality star rating.

The Michigan Department of Education (MDE) will be processing applications as quickly as possible. If the department has any questions regarding your application, we will be reaching out using the email provided in your application. <u>MDE will be taking reasonable steps to distribute</u> <u>grants within 15 business days of receiving a complete application.</u>

If you have questions about your application, please contact the Child Development and Care office (MDE) at 866-990-3227.

Confirmation Tips

- Providers should print their confirmation screen after they submit their application.
- Be sure to confirm your email address is accurate before submitting the application.
- Providers will also receive a confirmation email after applying.

Visit <u>www.Michigan.gov/childcare</u> to apply!

Stuck? We're here to help!

- Child Development and Care Office: 866-990-3227
- Regional Resource Centers: 877-614-7328
- SIGMA Help Desk:
 - SIGMA-Vendor@michigan.gov or
 - o 1-888-734-9749

