

Request for Application (RFA) 2019 Natural Disaster Recovery Child Care Grant

Send applications to:

DHHS
Child Care Grants
PO Box 95026
Lincoln, NE 68509-5026

Submit an original copy of the completed application. Please use 8.5" x 11" paper, stapled in the upper left corner. Do not enclose in binders.

Application Checklist

- | | |
|--------------------------|-------------------------------------------------------|
| <input type="checkbox"/> | An original copy of the grant proposal |
| <input type="checkbox"/> | Signed and dated application form |
| <input type="checkbox"/> | One page justification narrative |
| <input type="checkbox"/> | Budget page |
| <input type="checkbox"/> | Two estimates attached for any single item over \$100 |
| <input type="checkbox"/> | Requested items are allowable expenditures |
| <input type="checkbox"/> | DUNS form |
| <input type="checkbox"/> | US Citizen Attestation Form |
| <input type="checkbox"/> | W-9 Form and a copy of a voided check |

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Child Care 2019 Natural Disaster Recovery Grant Application Form

Agency/Program Name:		County:		Telephone:	
Address:		City:		Zip Code:	
Mailing Address (if different, from above)		City:		Zip Code:	
Federal I.D. or Social Security Number:			Is this property owned or rented:		
Email:					
Contact Person/Title:			Congressional District:		Child Care Subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current License: <input type="checkbox"/> License Exempt Provider <input type="checkbox"/> Family Child Care Home I <input type="checkbox"/> Family Child Care Home II <input type="checkbox"/> Child Care Center			Current license effective dates:		How long have you been licensed?
Number of children enrolled:	Infants:	Toddlers:	Preschoolers:	School-agers:	
Total amount of funds requested:					
List the in-services, training workshops, or conferences you and/or staff have attended in the past 12 months:					
<p>To the best of my knowledge, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances in the proposal if selected for funding. By signing and submitting this application, the applicant is giving permission for a preliminary background check to be completed.</p>					
Signature:				Date:	

Purpose

The purpose of the 2019 Natural Disaster Recovery Grant is intended to help child care providers to fund items to assist in the recovery of the blizzard and/or flooding that occurred in March of 2019. These funds may only be used by licensed child care providers or child care providers who have a Child Care Subsidy agreement with the Department of Health and Human Services.

Funding Opportunities

The 2019 Natural Disaster Recovery Grant will be awarded based on child care providers that were affected by the blizzard and flooding that occurred in March 2019. Grant funds will be for eligible items that will assist the child care provider in replacing items necessary to care for children and improve the quality of the child care program.

Funding Source

The 2019 Natural Disaster Recovery Grants are funded from the Child Care and Development Block Grant (CCDBG). These funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and to increase the availability of early childhood development programs and before and after school programs.

Allocation of Funds

Awards are a maximum of \$500.00 for licensed-exempt providers, up to \$5000.00 for Family Child Care Home I/II and up to \$10,000.00 for Child Care Centers.

Application Requirements

Applications are accepted on an ongoing basis. The application must contain all of the required information and supporting documentation. Supporting documents will not be accepted after the application is submitted. Faxed applications are not accepted.

Application Sections

Each application must contain all of the five sections described below:

- 1. Application Form:** Completed, signed, and dated. Applications submitted by non-profit centers or community agencies must be accompanied by a copy of the approval of exemption from federal income tax under section 501©3 of the Internal Revenue Code.
- 2. Background Check Release:** Primarily background checks on the applicant are completed and considered when selecting applications. Applicants will be cleared against the Nebraska Child Abuse, Neglect Central Registry, the Nebraska Adult Protective Services Central Registry, and any criminal records in Nebraska. Applicants whose names appear on the Central Registries or whose file contains serious non-compliance may

not be processed. A preliminary background check will be completed on all applicants prior to a Child Care Grant being awarded. By signing and submitting the application, all applicants are giving permission for a background check to be completed.

3. Justification Narrative: Provide a one-page justification narrative explaining how the child care program was affected by the blizzard and/or flooding in March 2019. The narrative should also explain how the requested items will help address the recovery of the child care program.

4. Budget: Applicants are required to complete the budget form. The budget form must include every item to be funded by this grant request. Every item must show a comparison between two vendors, and any item costing more than \$100 should include two written estimates. When listing prices, list the actual price, do not round up. Grant funds cannot be used to reimburse for any item purchased before the grant has been awarded. Grant funds cannot be used to cover any items that are also being covered by an insurance claim. Grant funds do not cover tax or shipping and handling costs.

*Maximum Caps: Toys including playground equipment \$200 (License Exempt), \$500 (Homes I/II), \$1000 (Centers);

5. Required Forms: Each application must include the following forms, which will be utilized upon approval of your grant application. In the event that the application is not selected by the review panel, all forms will be returned to the applicant.

- A. W-9 and ACH Enrollment Form, must include a voided check, or a photocopy of a voided check.
- B. DUN and Bradstreet Number
- C. US Citizen Attestation Form

Selection Process

1. Responsibility/Participants:

- A. The selection process will be a joint responsibility of the DHHS, Division of Children and Family Services and the Division of Public Health. A panel of DHHS staff reviews applications monthly.
- B. Upon receipt of an application, the application will be inventoried for:
 - a. Number of copies (an original plus three copies - each applicant must submit four complete sets of the application);
 - b. Forms inclusion and completion, including the 501 (c) (3) documentation, if applicable;
 - c. Signatures on all application forms.
- C. Proposals requesting funds beyond the specified budget range will be considered non-responsive to the RFA and will not be considered. Please be very specific about the items requested, list only items that can be considered for funding.
- D. The licensing history and files of each applicant will be reviewed. The names of all applicants will be cleared against the Nebraska Child Abuse and Neglect Central Registry and the Nebraska Adult Protective Services Central Registry. Applicants whose names appear on either registry or whose file contains serious non-compliance may not be processed. These applications will be reviewed on a case-by-case basis. DHHS reserves the right to decide if and when such applicants may reapply for funding.

2. Priorities: The selection process will give priority to the following:

A. Programs who were directly affected by the blizzard and flooding that occurred in March 2019.

Time Frames

Notification

All applicants will receive a written notice of approval. Applicants whose proposal is not chosen for funding will receive their original proposal, along with written notice, including a summary of reviewers' comments.

Acceptance

Successful applicants will have 60 days to execute a subaward agreement that contains a number of stipulations, which indicates to DHHS that they are accepting the grant and the terms of the grant. An extension may be granted with prior written approval from DHHS. Successful applicants will have one year to complete all expenditures.

Reapplying

Successful applicants are eligible to apply for any additional Child Care Grants after one year. Applicants not funded may reapply during future funding cycles.

Receiving Funds

There are several steps in this application and grant process. Once notified of the grant award, it may take at least 10-12 weeks before the grant payment is received.

Expenditures

Allowable Expenditures

Safety Items and Equipment: including, but not limited to first aid kits, car seats, safety gates, locks/locked storage, etc.

Developmentally Appropriate Equipment: Including but not limited to cots, cribs and play pens, child sized tables and chairs, children's books, software/CD-ROM's, science equipment, infant discovery quilts, music items, art equipment and supplies, etc.

Developmentally Appropriate Toys: Including but not limited to blocks, small cars and trucks, shape shorting toys, stringing beads, dramatic play equipment, multi-cultural dolls, riding toys, games, peg boards, stuffed animals. A maximum spending cap on toys is \$200 for License Exempt, \$500.00 for Homes I/Homes II and \$1000.00 for Child Care Centers.

Miscellaneous Items: Including, but not limited to cribs, sheets, pads or blankets, shelving/storage, rugs, baby monitors, plates, cups, utensils, fans, etc.

Non-Allowable Expenditures

Property and Facilities: Purchasing of buildings, land, or vehicles, air conditioners, humidifiers, furnaces, showers, bathroom fixtures, light fixtures, water heaters, appliances, decks, porches, storage sheds, garage doors, security systems, ceilings, roofs, windows, wood flooring, wallpaper, carpeting, tornado shelters, etc.

Administrative Costs: Licensing or inspections fees, advertising, travel feeds (including mileage, ground, air, or rail travel), payroll/bonuses, insurance, taxes, utilities, rent/deposits, telephone, cell phones, pagers, etc.

Equipment: Computers, printers, scanners, cameras, video cameras, stereos, televisions, video recorders, DVD players, answering machines, office equipment (such as desks, chairs, tables, etc.), or items having safety concerns such as infant walkers.

Consumable or disposable items: Food beverages, paper products, cleaning supplies, soap, paper towel dispensers, laundry items, etc.

Expenditure Report

If your grant is selected for funding, you will be required to submit an audit report or Expenditure Report. This report will be mailed to you six months after you have been awarded the grant. If all of the funds have not yet been spent after six months, an additional report form will be sent to you on which to report how the remaining funds have been spent. All funds awarded must be spent within one year, unless a written request for an extension of time has been submitted and approved by DHHS. Receipts for purchases made with the entire grant amount must be submitted with the Expenditure Report. Grant funds do not cover tax or shipping and handling costs.

The Expenditure Report will request the following information:

- Statistical Information: Name of provider/facility, contact name, license capacity, number of children enrolled, number of years licensed, date and amount of grant award;
- Intent of the award: Why did you apply for the grant?;
- Expenditures: Receipts for any spent funds, the status of any remaining funds, and documentation of any trainings funded by the grant with completion date;
- Status of the Project: Brief explanation of the project, whether or not it is complete, and if not, a description of the plan to finish the project;
- Project Effectiveness: Brief narrative statement as to how the funds assisted you in providing quality child care to your community. Include any information regarding how your program has expanded, changed, progressed, etc. This section should also include whether the grant funds have enabled your program to provide additional child care slots for your community;

Hints for Preparing Applications

Tips

- Read all directions carefully before beginning proposal preparation. If you do not understand something, please call for clarification. Not following the directions may result in your proposal being disqualified.
- Please avoid using confidential information. (e.g. do not use either first or last names of children or families).
- Be sure you provide all the information that is requested. Leaving out information may result in your proposal being disqualified.
- Be as specific as possible when preparing your budget. All items should be clearly identified.
- Make sure that your name and/or program name are included on all attachments, including estimates.
- Make sure that you have signed all necessary forms.
- Your original application must be correctly collated and include all supporting documentation. Supporting materials will not be accepted after the proposal is submitted.
- Please use 8.5 x 11 paper. Staple your proposal in the upper left corner. Please do not enclose in binders.
- Keep a copy of the proposal for your reference and records.
- Questions and requests for additional information should be directed to: Child Care Grants, DHHS, P.O. Box 95026-5026, Lincoln, NE 68509-5044, (402) 314-3807.

Justification Narrative

Explain how the child care program was affected and the intent for the requested items. Do not exceed this space.



United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE

STATE OF NEBRASKA SUBSTITUTE FORM W-9 & ACH ENROLLMENT FORM

Return Form to the
Requester.
(Rev. April 2014)

Requester Information: (State of Nebraska Agency requesting this form to be completed)

Agency:	NE DHHS - CHILDREN & FAMILY SERVICES	Phone:	402-314-3807
Name:	MICHAELA HIRSCHMAN - CHILD CARE	Fax:	402-471-9286
Address:	PO BOX 95026 LINCOLN NE 68509-5026	E-mail:	michaela.hirschman@nebraska.gov

Substitute Form W-9: (IRS Rev August 2013)

 Name (as shown on your income tax return):

 Business name/disregarded entity name, if different from above:

Check appropriate box for federal tax classification:

- Individual
 Sole proprietor
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Non-Profit Entity
 Government (Local, State or Federal)
 Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) ____
 Other (see instructions) _____

Exemptions (see instructions): Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

 Address:

 Remit Address (if different):

 City, state, and ZIP code

 City, state, and ZIP code

Taxpayer Identification Number (TIN):

 Social Security Number (SSN):

OR

 Employer Identification Number (EIN):

Certification:

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding due to failure to report interest and dividend income, and
- I am a U.S. citizen or other U.S. person (defined in the instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

 For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____

Date: _____

Printed Name: _____ Contact Phone: _____

 Comments or Business/Entity Notes:

ACH Enrollment: (Rev. March 2014)
 Initial Setup
 Change
 Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach <u>one</u> of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a check
Title:	<input type="checkbox"/> Letter or statement from your financial institution
Date	<input type="checkbox"/> Vendor invoice or letter which contains ACH instructions

Internal Use Only:

DUN & BRADSTREET (“DUNS”) NUMBER

New Federal regulations require that anyone receiving Federal Grant money must obtain a DUNS number. If you don't already have a DUNS number, you will need to follow the instructions below to get one:

D-U-N-S Request On-Line:

Go to <https://fedgov.dnb.com/webform>

OR

D-U-N-S Request by Phone:

For U.S., Puerto Rico, and US Virgin Islands Requests only

Contact the D&B Government Customer Response Center

U.S. and U.S. Virgin Islands: 1-866-705-5711

Monday – Friday 7 AM – 8 PM C.S.T.

For Hearing Impaired Customers Only call 877-807-1679 (TTY Line)

Please complete this process, and return this form with your DUNS number information:

Name: _____

Address: _____

City, State, Zip: _____

DUNS NUMBER: _____

RETURN TO:

Michaela Hirschman, Child Care Grant Specialist
Nebraska Department of Health & Human Services

P.O. Box 95026

Lincoln, NE 68509