



# 2020 Community CARES Healthy Places Grant for Child Care Providers & Centers of Worship Application

*This is a copy of the application content and is intended for reference purposes only.  
The final display may vary.*

## Information

Si necesita esta página en español, abra esta página en Google Chrome y siga estas instrucciones:  
<https://support.google.com/chrome/answer/173424?co=GENIE.Platform%3DDesktop&hl=es-419>

Nebraska's child care providers and centers of worship must provide clean, safe facilities for the children and families they serve. In accordance with public health guidance, this includes ensuring access to personal protective equipment (PPE) and disinfecting supplies to limit the spread of COVID-19. These resources will help facilities continue operating safely, or enable others to reopen under public health guidelines. Award amounts: \$250 for child care homes, \$500 for child care centers, \$500 for places of worship.

## ELIGIBILITY

Who is eligible:

- a. Nebraska licensed child care home or center
- b. Nebraska license-exempt subsidy child care provider\*
- c. Place of worship in Nebraska, tax-exempt under section 501(c)(3) of the Internal Revenue Code

\*See FAQs for eligibility of specific types and definitions of license-exempt subsidy child care provider

## USE OF FUNDS

Funds will be used for PPE, such as masks and gloves, and cleaning supplies recommended for mitigating the spread of COVID-19. Funds will be distributed as one-time payments.

## Applicant Information

Name (as shown on your income tax return)\*

Yes

Is your business name the same as the name above?\*

No

Legal Name of Business, if applicable

Address Line 1\*

Address Line 2\*

City\*

County\*

Select from Application drop-down menu

State\*

Select from Application drop-down menu

Postal Code\*

Phone Number (000-000-0000)\*

Email Address \*

Authorized Contact Person First Name\*

Authorized Contact Person Last Name\*

Authorized Contact Person Title\*

Authorized Contact Person Phone Number  
(000-000-0000)\*

Authorized Contact Person Email Address\*

**Organization/Provider Details**

Type of Organization

Nebraska licensed child care home  
 Nebraska licensed child care center  
 Nebraska license-exempt subsidy  
 Nebraska center of worship

If an individual provider: Driver's license or state ID issued date \_\_\_\_\_

If a center or organization: withholding FEIN (00-0000000) \_\_\_\_\_

If a child care provider: enter license or subsidy ORG number \_\_\_\_\_

State of Incorporation\* *Select from Application drop-down menu*

How long have you been in business?\*

Less than 3 years  
 More than 3 years

Business NAICS Code *Select from Application drop-down menu*

Please describe the type of work your organization performs.\*

*If a place of worship, upload for 501(c)(3)* Choose File

*If incorporated, upload NE Secretary of State registration certificate* Choose File

*Upload most recently filed federal tax return\** Choose File

**COVID-19 Effect on Business**

How has COVID-19 impacted your ability to operate?\*

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How are you ensuring health and safety of the children and families you serve?\*

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You will use funds distributed under the Community CARES Healthy Places Grant for Child Care Providers & Centers of Worship to purchase PPE and cleaning supplies \*

Yes, funds will only be used to purchase PPE and cleaning supplies

**Bank Information**

Name of Bank\*

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Account Type\*

- Checking
- Savings

Name on Account\*

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Account Number\*

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Routing Number\*

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## **Terms and Conditions**

Grantee will comply with all applicable federal law, regulations, executive orders, policies, procedures, and directives. Grantee will use funds awarded to it consistent with, and only for purposes authorized by: the CARES Act (Public Law No. 116-136); 31 U.S.C. §§ 7501-7507; 2 C.F.R. § 200.303; 2 C.F.R. § 200.330-332; 2 C.F.R. 200 Subpart F; the Hyde Amendment, which specifically prohibits the use or expenditure of any federal funds authorized or appropriated by federal law or grant for abortions or abortion services; or any other applicable federal or state law, regulation or guidance.

**Please download and read the [Grant Agreement Requirements and Conditions](#)**

**Please download and read the [Grant Agreement Requirements and Conditions in Spanish](#)**

Please read the Grant Agreement Requirements and Conditions and accept the certification terms\*

I acknowledge that I have read, and do hereby accept, the Grant Agreement Requirements and Conditions contained in this online application.

Please type First and Last Name\*

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Date Signed\*

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## **For Further Questions**

Information about Community CARES Healthy Places Grant for Child Care Providers & Centers of Worship and information about how to apply can be found here: <http://dhhs.ne.gov/Pages/COVID-19-Community-CARES.aspx> or call (833) 220-0018.