Child Care Licensing Compliance Grant Round 2 Application

Purpose: The purpose of the CCL Compliance Grant is to support Utah's child care providers in achieving and maintaining compliance with COVID-19 CCL Temporary Conditions and CCL Rule. These funds will provide support to all regulated provider types to make necessary changes to comply with required health and safety protocols, including those required to reduce the spread of COVID-19, and provide safe, healthy child care for Utah families. Funding is provided through the Coronavirus Aid, Relief, and Economic Security Act or the "CARES Act" (Public Law 116-136).

* Required

1. Email address *

_____

2. I acknowledge that I have read and understand the purpose of the grant. *

Check all that apply.

- [ ] Yes

3. PLEASE NOTE - This application must be completed in one sitting and cannot be submitted without the following: (Check box to confirm) *

Check all that apply.

- [ ] DUNS Number that has been registered through sam.gov (Please see our website childcarelicensing.utah.gov for more information)
- [ ] W-9 Submitted through CCL portal for facility
- [ ] CCL Facility ID Number (License or Certificate Number)
- [ ] Contact information
- [ ] Name and title of authorized signer (This is the person who can legally sign a contract for your organization and may be someone other than the provider)
- [ ] If needed - Bids or quotes uploaded in CCL portal (application is not complete without needed documentation)
- [ ] The specific dollar amount for the service or item being requested

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Watch the information video here:

http://youtube.com/watch?v=PRokGRnzI50

4. I acknowledge have watched the entire grant information video. *

Check all that apply.

- [ ] Yes

Application Deadline: October 23, 2020 5:00 PM MDT: Proposals and supporting documentation must be received no later than 5:00 PM. Proposals and documentation received after 5:00 PM will not be accepted.

5. I acknowledge that I have read and understand the grant deadline. *

Check all that apply.

- [ ] Yes

Availability of Funds: Each grant will be capped at $7,000 or until funds are exhausted.

6. I acknowledge that I have read and understand the availability of funds. *

Check all that apply.

- [ ] Yes

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Use of Funds - Funds may be used for:

- Cleaning and sanitization services and supplies.
- Activities necessary to maintain or resume the operation of programs.
- Supplies and materials necessary for CCL rule compliance.
- Testing water for lead.
- Additional funding for an item that was partially funded in round 1, if the remaining amount was not funded on any other grant.
- Physical changes to the facility and the outdoor areas that would reduce the spread of COVID-19.
    - Change may include long-term upgrades to facilities to maintain sustainability.
    - Changes shall not include major renovations including:
        - Structural changes to the foundation, roof, floor, exterior or load-bearing walls of a facility, or the extension of a facility to increase its floor area; or
        - Extensive alteration of a facility such as to significantly change its function and purpose, even if such renovation does not include any structural change.

Use of Funds - Funds cannot be used:

- To support payroll
- For rent
- On anything paid for by another grant. Documentation used to support any other grant cannot be used to also support this grant.
- To make changes or purchases that would cause a violation to any CCL rules or emergency protocols.
- For carpet of any type
- For fogging or electrostatic sprayers

7. I acknowledge that I have read and understand the use of funds. Please contact CCL for any questions about use of funds. *

Check all that apply.

☐ Yes

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Evaluations and Award of Grants: Completed grant applications will be scored and awarded on a first come, first serve basis and until funds are exhausted.

8. I acknowledge that I have read and understand the evaluations and award of grants. *

Check all that apply.

- [ ] Yes

Verification of Use of Funds: If funds are awarded, submission of documentation of purchase of request will be required within 60 days of the grant contract being executed. Completion of request will also be verified by licensor at the next required CCL inspection.

9. I acknowledge that I have read and understand the verification of use of funds. *

Check all that apply.

- [ ] Yes

10. Eligibility - In order to be eligible to receive the Child Care Compliance Grant, applicants must: (Check boxes to acknowledge that you have read and understand the eligibility requirements) *

Check all that apply.

- [ ] Hold a current child care license or residential certificate issued by the Department of Health, CCL Program and
- [ ] Be in compliance with the current Emergency Conditions for Child Care issued by CCL.

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11. Certification Statement: I certify that all information in this application is true and accurate. If I knowingly provide false or misleading statements in this agreement, CCL will issue a charge in the amount of the grant award. CCL may also revoke my license for providing false or misleading information to the department and may assess fees up to $5000 per day. If you agree, type name below. (Signature of Authorized Signer - This is the person who can legally sign a contract for your organization) *

Provider Information

12. Business Name as it Appears on CCL License or Certificate *

13. CCL Facility ID # *

14. DUNS number (DUNS numbers must be registered at sam.gov, this is free process) *

15. Authorized Signer Name (This is the person who can legally sign a contract for your organization) *

16. Authorized Signer Title *

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Vendor Contact Information

This will be the provider's information for home based providers. For center based providers, the vendor contact is the person associated with the facility or organization to whom the grant contract will be emailed. This may be a person different from the authorized signer. The address may be a corporate address.

17. Name *

18. Email Address *

19. Phone Number *

20. Address (Including City, State and Zip Code) *

Fund Request 1

21. Item Requested: *

SAMPLE
DO NOT USE

22. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

23. If requesting item for compliance with CCL rule, describe rule below. (If not applicable, type "NA") *

_____

24. How will this item help you obtain or maintain compliance? *

_____

25. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

26. Any additional information (optional):

27. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

28. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 2

29. Item Requested: *

SAMPLE
DO NOT USE

30. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

31. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

32. How will this item help you obtain or maintain compliance? *

_____

33. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

34. Any additional information (optional):

35. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

36. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 3

37. Item Requested: *

SAMPLE
DO NOT USE

38. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

39. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

40. How will this item help you obtain or maintain compliance? *

_____

41. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

42. Any additional information (optional):

43. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

44. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 4

45. Item Requested: *

SAMPLE
DO NOT USE

46. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

47. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

48. How will this item help you obtain or maintain compliance? *

_____

49. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

50. Any additional information (optional):

51. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

52. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 5

53. Item Requested: *

SAMPLE
DO NOT USE

54. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

55. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

56. How will this item help you obtain or maintain compliance? *

_____

57. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

58. Any additional information (optional):

59. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

60. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 6

61. Item Requested: *

SAMPLE
DO NOT USE

62. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

63. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

64. How will this item help you obtain or maintain compliance? *

_____

65. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

66. Any additional information (optional):

67. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

68. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 7

69. Item Requested: *

SAMPLE
DO NOT USE

70. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

71. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

72. How will this item help you obtain or maintain compliance? *

_____

73. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

74. Any additional information (optional):

75. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

76. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 8

77. Item Requested: *

SAMPLE
DO NOT USE

78. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

79. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

80. How will this item help you obtain or maintain compliance? *

_____

81. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

82. Any additional information (optional):

83. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

84. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 9

85. Item Requested: *

SAMPLE
DO NOT USE

86. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

87. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

88. How will this item help you obtain or maintain compliance? *

_____

89. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

90. Any additional information (optional):

91. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

92. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 10

93. Item Requested: *

SAMPLE
DO NOT USE

94. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

95. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

96. How will this item help you obtain or maintain compliance? *

_____

97. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

98. Any additional information (optional):

99. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

100. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 11

101. Item Requested: *

SAMPLE
DO NOT USE

102. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

103. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

104. How will this item help you obtain or maintain compliance? *

_____

105. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

106. Any additional information (optional):

107. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

108. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 12

109. Item Requested: *

SAMPLE
DO NOT USE

110. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

111. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

112. How will this item help you obtain or maintain compliance? *

_____

113. Dollar amount requested: *

_____

SAMPLE
DO NOT USE

114. Any additional information (optional):

115. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

116. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 13

117. Item Requested: *

SAMPLE
DO NOT USE

118. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

119. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

120. How will this item help you obtain or maintain compliance? *

_____

121. Dollar amount requested: *

_____

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122. Any additional information (optional):

123. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

124. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 14

125. Item Requested: *

SAMPLE
DO NOT USE

126. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

127. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

128. How will this item help you obtain or maintain compliance? *

_____

129. Dollar amount requested: *

_____

SAMPLE
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130. Any additional information (optional):

131. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

132. Do you have an additional request? *

Mark only one oval.

- Yes
- No

Fund Request 15

133. Item Requested: *

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DO NOT USE

134. Emergency Condition Addressed. These requests may be retroactive back to April 1, 2020. (If not applicable select "Not Applicable") *

Check all that apply.

- [ ] Smaller group sizes
- [ ] Screening for symptoms
- [ ] Increased cleaning & sanitizing
- [ ] Not Applicable

Other: [ ] _____

135. If requesting item for compliance with CCL rule, describe rule below. If not applicable, type "NA" *

_____

136. How will this item help you obtain or maintain compliance? *

_____

137. Dollar amount requested: *

_____

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138. Any additional information (optional):

139. If needed, have you (or will you) uploaded documentation for this request in the CCL provider portal? *

Mark only one oval.

- Yes
- Not Applicable

140. Do you have an additional request? *

Mark only one oval.

- Yes
- No

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