



Kay Ivey  
Governor

## State of Alabama Department of Human Resources

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Nancy T. Buckner  
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### **Child Care Workforce Stabilization (CCWS) Grant Application and Guidance**

The Alabama Partnership for Children in collaboration with The Alabama Department of Human Resources (hereinafter referred to as the Department) is accepting applications for Child Care Workforce Stabilization (CCWS) Grants. The purpose of the CCWS Grants are to assist child care providers in attracting and retaining a qualified and skilled workforce in the aftermath of the pandemic. The CCWS Grants are funded with Child Care Stabilization Funds provided by the American Rescue Plan Act.

It is recommended child care providers read all guidance prior to submitting a CCWS Grant Application. Please note, an application that is submitted incomplete or with errors may result in a significant delay in receiving any eligible funding. For questions regarding the application, please call 334-271-0304 or 1-866-711-4025 and ask for Child Care Workforce Grant Assistance or email [CCWS@apcteam.org](mailto:CCWS@apcteam.org)

#### **Who is eligible to apply?**

Grants will be awarded to eligible child care providers contingent upon availability of funding. In order to be eligible to apply for the CCWS Grant, a child care provider must meet the following criteria:

- Have a license to operate a child care facility from the Department as of March 11, 2021, the date the American Rescue Plan Act was signed into law (per the Alabama Child Care Safety Act of 2018, only licensed providers are eligible to receive state and/or federal funding);
- Have no current adverse action imposed by the Department, including probation, revocation, or suspension;
- Serve private-pay children, children participating in the Child Care Subsidy Program, and/or children enrolled in the DHR Early Head Start-Child Care Partnership Program (programs that exclusively serve children funded by First Class Pre-K, Head Start, or Early Head Start are not eligible);
- Be currently open and operating as of the date the Child Care Workforce Stabilization Grant Application is submitted;
- Continue to remain open and operating for a period of one (1) year from the date of receiving the grant award. This requirement does not include temporary closures consistent with the ordinary course of business (i.e. – weather, illness, holidays). Child care providers must seek the Department’s approval for any permanent closures for which they are seeking to be exempt from repayments due to mitigating circumstances.

**How much money will be received?**

The total quarterly grant amounts will enable a child care provider to pay each eligible staff person on the child care facility’s payroll a quarterly bonus for a period up to 2 years.

The quarterly bonus shall be \$1, 500 for each full-time staff person employed by the child care facility and \$750 for each part-time staff person employed by the child care facility. For the purposes of the CCWS Grant. Full-time is considered work performed an average of more than 25 hours per week and part-time work is an average of 16 to 25 hours per week at the same child care facility during a month. Substitutes are eligible for the bonus however eligibility is exclusive to one employer. The substitute must work a minimum of 16 hours per week for one employer to be consider for the bonus.

**The following calculation will be used to determine the grant award.**

$$\begin{aligned}
 &\underline{\text{Number of Full-Time Employees} \times \$1,500 \text{ quarterly bonus} = A} \\
 &\underline{\text{Number of Part-Time Employees} \times \$750 \text{ quarterly bonus} = B} \\
 &\underline{A + B = \text{Total Grant Amount}}
 \end{aligned}$$

**EXAMPLE:** DHR Child Care Center has 12 full-time employees and 3 part-time employees.

$$\underline{12 \text{ Full-Time Employees} \times \$1,500 = \$18,000}$$

$$\underline{3 \text{ Part-Time Employees} \times \$750 = \$2,250}$$

$$\underline{\$18,000 + \$2,250 = \$20, 250}$$

**Therefore, DHR Child Care Center is eligible to receive a grant award of \$20, 250.**

**How can CCWS Grant Funding be used?**

CCWS grant funds must be used to pay quarterly bonuses to each eligible staff person employed at the child care facility on the facility’s payroll. This includes, but is not limited to, directors, teachers, caregivers, assistant teachers, assistant caregivers, floaters, cooks, custodians, receptionists, substitutes, and van drivers. A staff person who is considered a volunteer and is not on the child care facility’s payroll is not eligible for the bonus.

The bonus shall be paid in addition to regular wages and fringe benefits. For each eligible staff person on the facility’s payroll, the child care provider must continue to pay at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the CCWS grant. The child care provider shall not furlough paid employees from the date of the submission of the CCWS Grant Application through the duration of the subgrant period.

Each staff person that is on the facility’s payroll that is paid a bonus shall have a complete record on file at the child care facility. Child care providers should refer to the Child Care Licensing and Performance Standards for Day Care Centers and Nighttime Centers and the Child Care Licensing and Performance Standards for Family Day Care Homes, Family Nighttime Homes, and Group Daycare Homes, Group Nighttime Homes for requirements regarding staff records. Staff must be employed for 30 days prior to the grant application.

The bonuses shall be paid to employees on a quarterly basis. Each approved facility will receive payment on or before the paid by date listed in the grant payout schedule. The employer will have 30 days to pay

the funds to qualifying employees listed on the grant application. The grantee must provide payroll documentation within 2 weeks of the payment being made to staff

The quarterly bonus shall be \$1500 for each full-time staff person employed at the child care facility. A person is considered full-time if they work more than 25 hours per week at the facility. The quarterly bonus shall be \$750 for each part-time staff person employed at the child care facility. A person is considered part-time if they work average of 25 hours or less per week at the facility. The applicant may use a monthly average for staff to determine full-time or part-time should hours fluctuate each week.

If an employee works at multiple sites operated by the same child care provider, an employee is only eligible to receive one (1) bonus per quarter. For example, Jane Doe works at DHR Child Care Center Site I for 10 hours per week and also works at DHR Child Care Center Site II for 10 hours per week. Jane Doe is not eligible for a \$750 bonus from Site I and a \$750 bonus from Site II. Because Jane Doe works a total of 20 hours per week at both child care facilities operated by the same child care provider, Jane Doe is considered part-time (she works 25 hours or less per week at both facilities combined) and is eligible to receive a total of \$750 in bonus pay from the child care provider operating both facilities.

**When is the deadline to apply?**

For when to submit an application, please see the payout schedule form.

**How do I submit an application?**

Applications may be submitted via electronic submission, email, fax, mail or in-person. Information on where to submit an application can be found below.

**Point of Contact:** The Alabama Partnership for Children

**Email:** [CCWS@apcteam.org](mailto:CCWS@apcteam.org)

**Fax:** (334) 271-0315

**Mail:** 2595 Bell Road Montgomery, AL 36117

**In-person delivery:** 2595 Bell Road Montgomery, AL 36117

**Questions?** - 334-271-0304 or 1-866-711-4025 and ask for Child Care Workforce Grant Assistance

**How will I receive the payment?**

Payments will be disbursed quarterly via the chosen method indicated on the grant application. If your chosen payment method is paper check, it will be mailed to the address indicated on the grant application.

**How will I submit proof of my disbursements?**

Providers must submit the Child Care Workforce Stabilization Initial grant application (Form CCWS-A) and the Child Care Workforce Stabilization Grant Employee Roster (Form CCWS-E) for the first disbursement. Providers must submit the Child Care Workforce Stabilization Grant Supplemental Application (Form CCWS-B) and the Child Care Workforce Stabilization Grant Employee Roster (Form CCWS-E) to request funds for current employees each quarter after the initial grant application. Providers must submit payroll documentation as proof that disbursements were made within 30 days after the grant is awarded.

Documentation should be provided within 2 weeks of paying bonus to employees and may be accepted by email, fax or mail using the information provided above.

**What if the number of staff on the facility's payroll changes during the CCWS Grant period?**

If the number of staff changes during the period of the CCWS Grant, the applicant will need to submit Form CCWS-B and Form CCWS-E to reflect changes in the number of staff. This form should be submitted during the application window when requesting additional funds for each quarter.

**Are the payments taxable?**

Yes, payments are taxable. The employer should deduct applicable taxes as with normal payroll. The employer cannot reduce the bonus to cover the employer's payroll cost.

## Child Care Workforce Stabilization Grant Payout Schedule

**Qualifying Employment Period** – Employees must be employed at least 30 days prior to the beginning date of the qualifying period through the end of this time period to be eligible for the quarterly bonus.

**Applications Accepted**- Applications will be accepted during the dates listed in this window of time.

**Anticipated Payment Date**- Each approved facility should receive payment on or before this date. The employer will have 30 days to pay the funds to eligible employees. The grantee must provide payroll documentation within 2 weeks of the payment being made to staff.

<p>1</p> <p><b><u>Qualifying Employment Period</u></b> October 1, 2021 – December 31, 2021</p> <p><b><u>Applications Accepted</u></b> November 29, 2021 – December 31, 2021 Applications received before Dec. 10, 2021</p> <p><b><u>Anticipated Payment Date:</u></b> December 17, 2021 Applications received Dec. 10-31, 2021</p> <p><b><u>Anticipated Payment Date:</u></b> January 14, 2022</p>	<p>5</p> <p><b><u>Qualifying Employment Period</u></b> October 1, 2022 – December 31, 2022</p> <p><b><u>Applications Accepted</u></b> November 1, 2022 – December 2, 2022</p> <p><b><u>Anticipated Payment Date</u></b> December 14, 2022</p>
<p>2</p> <p><b><u>Qualifying Employment Period</u></b> January 1, 2022 – March 31, 2022</p> <p><b><u>Applications Accepted</u></b> February 28, 2022 – March 18, 2022</p> <p><b><u>Anticipated Payment Date</u></b> Paid by April 1, 2022</p>	<p>6</p> <p><b><u>Qualifying Employment Period</u></b> January 1, 2023 – March 31, 2023</p> <p><b><u>Applications Accepted</u></b> February 21, 2023 – March 17, 2023</p> <p><b><u>Anticipated Payment Date</u></b> April 3, 2023</p>
<p>3</p> <p><b><u>Qualifying Employment Period</u></b> April 1, 2022 – June 30, 2022</p> <p><b><u>Applications Accepted</u></b> May 23, 2022 – June 17, 2022</p> <p><b><u>Anticipated Payment Date</u></b> July 6, 2022</p>	<p>7</p> <p><b><u>Qualifying Employment Period</u></b> April 1, 2023 – June 30, 2023</p> <p><b><u>Applications Accepted</u></b> May 22, 2023 – June 16, 2023</p> <p><b><u>Anticipated Payment Date</u></b> July 7, 2023</p>
<p>4</p> <p><b><u>Qualifying Employment Period</u></b> July 1, 2022 – September 30, 2022</p> <p><b><u>Applications Accepted</u></b> August 22, 2022 – September 16, 2022</p> <p><b><u>Anticipated Payment Date</u></b> October 3, 2022</p>	<p>8</p> <p><b><u>Qualifying Employment Period</u></b> July 1, 2023 – September 30, 2023</p> <p><b><u>Applications Accepted</u></b> August 14, 2023 – August 28, 2023</p> <p><b><u>Anticipated Payment Date</u></b> September 8, 2023</p>

## CCWS Application Instructions

### Section 1: Grant Information

Write or type the requested general information.

<u>Name of Applicant:</u>	Person who is completing the application and is the owner, licensee, or the authorized designee
<u>Provider ID:</u>	DHR generated unique identifier that begins with 50000 or 50001
<u>Telephone Number:</u>	Telephone number, including area code, where the applicant may be reached
<u>Email Address:</u>	Email address where the applicant may be reached
<u>Facility Name:</u>	Name of the child care facility as listed on the license issued by the Department
<u>Licensee Name:</u>	Name of the licensee as listed on the license issued by the Department
<u>License Number:</u>	License number listed on the license issued by the Department
<u>Facility Physical Address:</u>	Street address, including city, county, and zip code where the child care facility is physically located in the state of Alabama
<u>Facility Mailing Address:</u>	Street address, including city, state, and zip code where the child care facility receives mail if different from the physical address
<u>Race of Applicant:</u>	Check the race of the applicant (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)
<u>Is the Applicant Hispanic or Latino?:</u>	Check yes if the applicant is a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race or no if the applicant is not (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)
<u>Gender of Applicant:</u>	Check the gender of the applicant (the Department is required to collect this information by the Administration for Children and Families Office of Child Care for data purposes)
<u>Number of Full-Time Staff Positions on the Facility's Payroll to Receive Bonus:</u>	List the number of full-time (works more than 25 hours per week) positions on the facility's payroll who will receive the bonus.

Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus:

List the number of part-time (works 25 hours or less per week) positions on the facility's payroll who will receive bonus

Was the child care facility licensed on or before March 11, 2021?:

Check YES or NO based on the initial date the facility was licensed by the Department (applicants who check no are not eligible for the CCWS Grant)

The provider is licensed, regulated or registered and meets Child Care and Development Fund health and safety requirements on the date of the application.

Check YES or NO based on the date the facility was licensed by the Department. If the facility is licensed, the answer is YES.

Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension?:

Check YES if the facility is in good standing or check NO if the facility is on adverse action, including probation, revocation or suspension (applicants who check NO are not eligible for the CCWS Grant)

Does the child care facility serve children who are private-pay?:

Check YES if the facility serves any of the types of children listed in the question or NO if the facility does not serve these types of children.

Does the child care facility serve children participating on the Child Care Subsidy Program?:

Check YES if the facility serves any of the types of children listed in the question or NO if the facility does not serve these types of children.

Does the child care facility serve children enrolled in the DHR Early Head Start-Child Care Partnership Program?:

Check YES if the facility serves these types of children listed in the question or NO if the facility does not serve these types of children.

Does the child care facility exclusively serve First Class Pre-K, Head Start or Early Head Start (not DHR funded) or a combination of programs?:

Check YES if the facility serves any of the types of children listed in the question or NO if the facility does not exclusively serve children funded by First Class Pre-K, Head Start, or Early Head Start. (applicants who check YES are not eligible for the CCWS Grant)

Is your child care facility currently open and operating for in-person services at the time you are submitting this application (not including temporary closures consistent with the ordinary course of business)?

Check YES or NO based on the status of the facility (applicants who check NO are not eligible for the CCWS Grant)

Do you commit to remain open and operating for a period of one (1) year from the date of receiving the grant award (not including temporary closures consistent with the ordinary course of business)?:

Check YES or NO (applicants who check NO are not eligible for the CCWS grant)

Choose method of payment:

Check **CK** if you would like a check mailed or **DD** if you would like the award to be direct deposit.

**Section 2: Acknowledgement of Terms, Submissions, and Payment:** Read and acknowledge the terms of receiving the CCWS Grant. Sign and date the application prior to submission.



## Child Care Workforce Stabilization Grant Application (Form CCWS-A)

<b>Section 1: Grant Information- Attach a copy of facility's W-9 and Form CCWS-E</b>	
Name of Applicant: _____ Provider ID: <u>5000</u>	
Telephone Number: (    ) _____ Email Address: _____	
Facility Name: _____	
Licensee Name: _____ License Number: _____	
Facility Physical Address: _____	
City: _____ County: _____ Zip Code: _____	
<i>Complete only if mailing address is different from physical address:</i>	
Facility Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Race of Applicant: <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian/Alaska Native</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Black/African American</li> <li><input type="checkbox"/> Native Hawaiian/Pacific islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Multiracial</li> </ul>	Is the Applicant Hispanic or Latino?: <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul> Gender of Applicant: <ul style="list-style-type: none"> <li><input type="checkbox"/> Male    <input type="checkbox"/> Female</li> </ul>
Number of Full-Time Staff Positions on the Facility's Payroll to Receive Bonus (Full-Time is defined as working more than 25 hours per week)	
Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus (Part-Time Staff is defined as working 25 hours or less per week)	
Was the child care facility licensed on or before March 11, 2021?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The provider is licensed, regulated or registered and meets Child Care and Development Fund health and safety requirements on the date of the application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children who are private-pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children who are participating on the Child Care Subsidy Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility serve children enrolled in the DHR Early Head Start-Child Care Partnership Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child care facility exclusive serve First Class Pre-K, Head Start or Early Head Start (not DHR funded) or a combination of programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child care facility currently open and operating for in-person services at the time you are submitting this application (not including temporary closures consistent with the ordinary course of business)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you commit to remain open and operating for a period of one (1) year from the date of receiving the grant award (not including temporary closures consistent with the ordinary course of business)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choose payment method: Check =CK or Direct Deposit= DD	<input type="checkbox"/> CK <input type="checkbox"/> DD

## Section 2: Acknowledgement of Terms, Certifications, and Signature

By submitting this Application and/or accepting funds distributed pursuant to this Application, the undersigned certifies and agrees:

1. To be bound by any and all terms set forth in this Application and to use any and all funds distributed pursuant to this Application in the manner set forth below;
2. To submit payroll documentation i.e. bank statements, check stubs, payroll expenditures etc. 30 days after the disbursement of the bonuses;
3. When open and providing services, to implement policies in line with guidance and orders from corresponding state and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC);
4. To continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant for each employee (including lead teachers, aides, and any other staff who are employed to work in transportation, food preparation, or other type of service) and to not involuntarily furlough employees from the date of submission of this Application through the duration of the subgrant period;
5. To provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment if able to do so;
6. This Application does not create a contractual relationship with the State of Alabama or any of its Agencies and any failure to distribute funds pursuant to this Application does not create a cause of action nor does it carry any appeal rights;
7. To only expend the funds in a manner as defined in this Application Guidance and to expend the total payment approved within 30 days of receipt of each disbursement;
8. To keep detailed, accurate, and truthful accounting records of the receipt, use, and disbursement of all funds received pursuant to this Application;
9. To allow the Department or its representatives unlimited access to audit and examine any and all records related to the funds disbursed pursuant to this Application, including, but not limited to, all records, reports, distributions, account ledgers, balance sheets, bank records, credit card statements, electronic payment records, receipts, or other documents related to the receipt and distribution of funds pursuant to this Application; failure to provide accurate documentation will be construed as filing a false statement;
10. To allow the Department or its representatives to interview any employee or agency in relation to funds disbursed pursuant to this Application;
11. That any funds received pursuant to this Application are subject to repayment, reclaim and recapture if (a) the funds are not used in the manner provided for and set forth in this Application, or (b) if access to records or information as set forth in the preceding paragraphs is refused or denied by the person(s) or entity receiving funds pursuant to this Application or, (c) if any information provided in the Application is found to be false or misleading; any agency action in requesting or demanding repayment, reclaim, and/or recapture is a final determination and is not subject to appeal;
12. That if funding is reduced or restricted prior to distribution by legislative action, federal or state allocations, or executive action, the amount distributed under this Agreement will be reduced or eliminated accordingly;
13. That this Agreement does not and will not violate any conflict of interest provisions in any respect and agrees not to employ an individual that would result in a violation of this law;
14. Will not use any funds disbursed under this application for lobbying or any other prohibited use;
15. To comply with Executive Order No. 11246, as amended and as supplemented by U.S. Department of Labor regulations (41 CFR, Part 60-1, et. seq.), which prohibits discrimination based on race, creed, color, religion, national origin, sex, or age;
16. The information included in this Application is true and correct; and the person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application.

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

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

**Child Care Workforce Stabilization Employee Roster  
(Form CCWS-E)**

**Section 1: General Information**

Name of Applicant: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Complete only if mailing address is different from physical address:*

Facility Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Section 2: Employee Roster**      Month: \_\_\_\_\_      Year: \_\_\_\_\_

First and Last Name of Staff	Role	FT or PT	Hire Date

**Total # of Employees:** \_\_\_\_\_

**Section 3: Certification**

By submitting the Employee Roster Reporting Form for the Child Care Workforce Stabilization Grant, the undersigned assigs, certifies, and agrees the information in this report is true and correct.

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

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

**Attach Form CCWS E-1 for additional employees.**

## CCWS Grant Employee Roster Reporting Form Instructions

### **Section 1: General Information**

Write or type the requested general information.

<u>Name of Applicant:</u>	Person who is completing the application and is the owner, licensee, or the authorized designee
<u>Provider ID:</u>	DHR generated unique identifier that begins with 50000 or 50001
<u>Telephone Number:</u>	Telephone number, including area code, where the applicant may be reached
<u>Email Address:</u>	Email address where the applicant may be reached
<u>Facility Name:</u>	Name of the child care facility as listed on the license issued by DHR
<u>Licensee Name:</u>	Name of the licensee as listed on the license issued by DHR
<u>License Number:</u>	Number listed on the license issued by DHR
<u>Facility Physical Address:</u>	Street address, including city, county, and zip code where the child care facility is physically located
<u>Facility Mailing Address:</u>	Street address, including city, state, and zip code where the child care facility receives mail if different from the physical address

### **Section 2: Employees**

List the month and year the funds were disbursed. For each staff person paid a bonus, list their first and last name, their role, if they are a full-time or part-time employee based on the number of hours the staff person works per week, and the hire date.

### **Section 3: Certification**

Read and acknowledge the certification statement. Sign and date the report prior to submission.

**Child Care Workforce Stabilization Grant Supplemental Application  
(Form CCWS-B)**

<b>Section 1: Grant Information</b>	
Name of Applicant: _____ Provider ID: _____	
Telephone Number: ( ) _____ Email Address: _____	
Facility Name: _____	
Licensee Name: _____ License Number: _____	
Facility Physical Address: _____	
City: _____ County: _____ Zip Code: _____	
<i>Complete only if mailing address is different from physical address:</i>	
Facility Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Number of Full-Time Staff Positions on the Facility's Payroll to Receive Bonus (Full-Time is defined as working more than 25 hours per week)	
Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus (Part-Time Staff is defined as working 25 hours or less per week)	

<b>Section 2: Acknowledgement of Terms, Certifications, and Signature</b>	
By submitting this Application Amendment and/or accepting funds distributed pursuant to this Application Amendment, the undersigned certifies and agrees:	
<ol style="list-style-type: none"> <li>1. To be bound by any and all terms set forth in the original Application and to use any and all funds distributed pursuant to this Application in the manner set forth below;</li> <li>2. The information included in this Application is true and correct;</li> <li>3. The person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application.</li> </ol>	
Signature: _____	Date: _____
<b>Please include an updated CCWS Form E with this document</b>	

## CCWS Grant Application Amendment Instructions

### **Section 1: General Information**

Write or type the requested general information.

<u>Name of Applicant:</u>	Person who is completing the application and is the owner, licensee, or the authorized designee
<u>Provider ID:</u>	DHR generated unique identifier that begins with 50000 or 50001
<u>Telephone Number:</u>	Telephone number, including area code, where the applicant may be reached
<u>Email Address:</u>	Email address where the applicant may be reached
<u>Facility Name:</u>	Name of the child care facility as listed on the license issued by DHR
<u>Licensee Name:</u>	Name of the licensee as listed on the license issued by DHR
<u>License Number:</u>	Number listed on the license issued by DHR
<u>Facility Physical Address:</u>	Street address, including city, county, and zip code where the child care facility is physically located
<u>Facility Mailing Address:</u>	Street address, including city, state, and zip code where the child care facility receives mail if different from the physical address
<u>Number of Full-Time Staff Positions on the Facility's Payroll to Receive Bonus:</u>	List the number of full-time (works more than 25 hours per week) positions on the facility's payroll who will receive the bonus
<u>Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus:</u>	List the number of part-time (works 25 hours or less per week) positions on the facility's payroll who will receive the bonus

### **Section 2: Acknowledgement of Terms, Submissions, and Payment**

Read and acknowledge the terms of receiving the CCWS Grant. Sign and date the application prior to submission.

**Child Care Workforce Stabilization Employee Roster**  
**(Form CCWS-E-1)**

Provider Name: \_\_\_\_\_

Provider ID: 5000 \_\_\_\_\_

<b>Employee Roster</b>		Month: _____	Year: _____
<b>First and Last Name of Staff</b>	<b>Role</b>	<b>FT or PT</b>	<b>Hire Date</b>