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Nancy T. Buckner
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Temporary Assistance for Stabilizing Child Care – Round 4 (TASCC-4) Grant Application Guidance

The Talladega Clay Randolph Child Care Corporation (TCR), in collaboration with The Alabama Department of Human Resources (hereinafter referred to as the Department) is accepting applications for Temporary Assistance for Stabilizing Child Care - Round 4 (TASCC-4) Grants. The Department recommends child care providers read all guidance prior to submitting a TASCC-4 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 contact TCR at (256) 362-3852/256-368-2325 or email TAS4@tcrchildcare.org.

Who is eligible to apply?

Grants will be awarded on a first come, first served basis contingent upon availability of funding.

In order to be eligible to apply for the TASCC-4 Grant, a child care provider, including centers and family child care homes, must meet the following criteria:

- Have a license to operate a child care facility from the Department as of May 1, 2022 (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;
- Be currently open and operating as of the date the TASCC-4 application is submitted;
- Continue to remain open and operating for a period of one year from the date of receiving the grant award. This requirement does not include closures consistent with the ordinary course of business (i.e.-weather, illness, holidays). Providers must seek the Department's approval for any permanent closures for which they are seeking to be exempt from repayment due to mitigating circumstances.

How much money will be received?

The grant amount will be based on each provider's daytime licensed capacity. The base rate is \$1,000 per child. For example, DHR Child Care has a licensing capacity of 50 children. 50 multiplied by \$1,000 is \$50,000. Therefore, DHR Child Care provider may be eligible for a grant of \$50,000.

How can TASCC-4 Grant Funding be used?

TASCC-4 grant funds may be used in any manner that is a benefit to the child care facility. Examples of expenditures includes: retaining or hiring employees including substitute teacher pay, classroom materials and supplies, unreimbursed food, facilities costs, supplies to adhere to CDC and ADPH guidelines, tuition relief for families, and other. A description of each category is provided below. TASCC-4 grant funds shall not be expended for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility used to increase the square footage of a facility in any way.

Substitute Teacher Pay: This category is intended for spending related to employing teaching staff and non-teaching staff. Eligible costs include, but are not limited to, salary and wages, bonus pay, hazard pay, health insurance benefits, life insurance benefits, flexible benefits such as dental or vision, the provider's portion of federal and state taxes and withholdings, costs associated with hiring a new teacher or employee, and costs associated with employing substitute teachers.

Classroom Materials and Supplies: This category is intended for spending related to ensure that all classrooms are safe, healthy, and nurturing educational spaces. Eligible costs include, but are not limited to, typical materials and supplies for classroom environments for all ages, furniture, books, art supplies, blocks and accessories, curriculum, and well as instructional technology.

Unreimbursed Food: This category is intended for spending related to food services that are not reimbursed through another public funding stream such as the USDA Child and Adult Care Food Program or the USDA Summer Nutrition Program.

Facilities Costs: This category is intended for spending related to the costs necessary to maintain the program's facility. Eligible costs include, but are not limited to, lease payments, mortgage payments, building insurance, utilities, and facility maintenance. TASC-4 grant funds shall not be expended for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility to increase the square footage in any way.

Supplies to Adhere to CDC and ADPH Guidelines: This category is intended for spending related to the additional costs that may be incurred due to adhering to CDC guidance related to group size and space to prevent the spread of COVID-19. Eligible costs include, but are not limited to, cleaning services, cleaning supplies, obtaining personal protective equipment, or the costs of measures to limit contact between individuals.

Tuition Relief for Families: This category is intended for spending that would be as a result of providing tuition relief for families that are paying to maintain their child care slot at a program.

Other: This category is intended for valid Covid-19 expenditures that do not fit in another category. For specific questions regarding acceptable expenditures, contact TCR. Prior DHR approval is required for expenditures in this category.

When is the deadline to apply?

The deadline to apply is June 15, 2022. No late applications will be accepted. Applications may be submitted in person, via electronic submission, email or mail.

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: TCR	Email: TAS4@tcrchildcare.org .
Phone: (256) 362-3852/ /256-368-2325 Fax: 256-761-0252	Mail: 925 North Street E, Talladega, AL 35160
In-person delivery:	
Talladega Location: 925 North Street E, Talladega, AL 35160	Birmingham Location 85 Bagby Drive, Suite 100, Birmingham, AL 35209
Huntsville Location: 2006 Franklin Street, Suite 103, Huntsville, AL 35801	Mobile Location: 1501 Government Street, Mobile, AL 36604

How will I receive the payment?

Payments will be disbursed 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. If your chosen method is direct deposit, you will obtain and complete a direct deposit form from TCR (Contact information listed above). Grant payments will not be made from the STAARS payments Vendor System.

Application Instructions

Section 1: General Information - Write or type the requested general information

- Name of Applicant: Person who is completing the application and is the owner, licensee, or the authorized designee
- Telephone Number: Telephone number, including area code, where the applicant may be reached
- Email Address: Email address where the applicant may be reached
- Facility Name: Name of the child care facility as listed on the license issued by DHR
- Licensee Name: Name of the licensee as listed on the license issued by DHR
- License Number: State of Alabama DHR issued license number
- Facility Physical Address: Street address, including city, state, and zip code where the child care facility is physically located
- Facility Mailing Address: Street address, including city, state, and zip code where the child care facility receives mail
- Licensed Capacity: Total number of children the facility is licensed to serve during the daytime as listed on the current license issued by DHR;
Nighttime capacity should not be included
- Is the child care facility currently in good standing with the Check YES if the facility is in good standing or check NO if the facility is on adverse action, including probation, revocation, or

Department (not on adverse action, including probation, revocation, or suspension)?

suspension (applicants who check NO are not eligible for the TASCC-4 Grant)

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.

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 TASCC-4 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 TASCC-4 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. **If your chosen method is direct deposit, you will obtain and complete a direct deposit form from TCR.** *Grant payments will not be made from the Alabama STAARS Vendor System*

Section 2: Calculation of an Estimate of Total Grant Amount - Calculate the estimate of the total grant amount.

Licensed Capacity: Write the number of the **daytime licensed capacity as stated on the license**

Rate Per Child: The rate per child is \$1,000

Estimated Grant Total: Multiply the daytime licensed capacity by \$1,000 to get the total

Section 3: Acknowledgement of Terms, Submissions, and Payment

Read and acknowledge the terms of receiving this grant benefit. Sign and date the application prior to submission.



For Agency Use Only	
Date Received:	_____
Received By:	_____
Date Approved:	_____

Temporary Assistance for Stabilizing Child Care (TASCC-4) Grant Application

Section 1: General Information

Name of Applicant: _____ SS# or TAX ID _____

Telephone Number: () _____ Email Address: _____

Facility Name: _____

Licensee Name: _____ License Number: _____

Facility Physical Address: _____

City: _____ State: _____ Zip Code: _____

Facility Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Licensed Capacity (as printed on current license):	_____
Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension)?	___ Yes ___ No
Does the child care facility serve children who are participating on the Child Care Subsidy Program?	___ Yes ___ No
Does the child care facility serve children who are participating in the DHR Early Head Start-Child Care Partnership Program?	___ Yes ___ 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)?	___ Yes ___ 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)?	___ Yes ___ No
Choose payment method: Check = CK or Direct Deposit = DD To receive DD you must obtain and complete a DD form from TCR.	___ CK ___ DD

Section 2: Calculation of an Estimate of Total Grant Amount

_____	x	\$1,000	=	_____
Licensed Capacity		Rate Per Child		Estimated Grant Total

Section 3: Acknowledgement of Terms, Submissions, and Payment

Read and acknowledge the terms of receiving this grant benefit. Sign and date the application prior to submission.

By submitting this Application and/or accepting funds distributed pursuant to this Application, the undersigned, its employees, agents, subcontractors, and assigns 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. 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;
3. To only expend the funds in a manner on allowable categories as defined in the instructions.
4. To comply with all Minimum Standards for Daycare Centers and Nighttime Centers Regulations and Procedures or Minimum Standards for Family Day Care Homes, Family Nighttime Homes, and Group Day Care Homes, Group Nighttime Homes Regulations and Procedures.
5. To keep detailed, accurate and truthful accounting records of the receipt, use and disbursement of all funds received pursuant to this application;
6. To allow DHR 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;
7. To allow DHR or its representatives to interview any employee or agency in relation to funds disbursed pursuant to this application;
8. 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;
9. That this is an application for a continuing benefit under its existing child care license and its lawful presence in state of Alabama, to the extent required, has been previously established;
10. 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;
11. 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;
12. Will not use any funds disbursed under this application for lobbying or any other prohibited use;
13. 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;
14. If any provisions or paragraphs of this application are or become illegal, unenforceable, or invalid, in whole or in part for any reason, the remainder of this Application shall remain in full force and effect without being impaired or invalidated in any way;
15. The information included in this application is true and correct to best of my knowledge;
16. To remain open for one year from the date of the grant award.
17. The person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application.

Signature: _____ **Date:** _____

Submit completed application no later than *June 15, 2022* to TCR.

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Applies to accounts maintained outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-				-				
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OR

Employer identification number

			-								
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Part II 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 because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.