

# The Nevada Child Care and Development Program NV CARES Act Grant – Application

**GRANTS MUST BE SUBMITTED ONLINE. THIS FORM MAY ONLY BE USED TO HELP YOU PREPARE YOUR APPLICATION.**

Name of Business:					
Contact Name:					
Address:		City:		Zip Code:	
Phone:		Email:			

Child Data	Under 1 yrs	Ages 1-2 yrs	Ages 2-3 yrs	Ages 4-5 yrs	Ages 6+ yrs
Capacity:					
Current Enrollment:					
# of Children of Essential Workers:					
# of Subsidy Children Enrolled:					
Staff Data	Currently Working	Laid Off	Receiving Unemployment		
# of Staff					

**Please select your Child Care business type and questions below:**

- Licensed Family Child Care
- Licensed Group Child Care
- Licensed Child Care Center
- Registered as an Emergency Child Care set up during COVID-19
- Currently Open
- Currently Closed
- We have Reduced Hours of Operation
- We have Increased Hours of Operation
- We are Open During Non-Traditional Hours (non-traditional: weekends or outside of 7am-6pm M-F)

**Did your Child Care business apply for a COVID-19 related small business loan or grant?**

- No
- Yes, and: (Check all that apply): \_\_\_\_\_ PPP \_\_\_\_\_ EIDL \_\_\_\_\_ NV Emergency Stipend
- We were denied for \_\_\_\_\_ PPP \_\_\_\_\_ EIDL \_\_\_\_\_ NV Emergency Stipend
- We have not been notified for \_\_\_\_\_ PPP \_\_\_\_\_ EIDL \_\_\_\_\_ NV Emergency Stipend
- We were approved for \$\_\_\_\_\_ to cover \_\_\_\_\_ through the \_\_\_\_\_ PPP \_\_\_\_\_ EIDL \_\_\_\_\_ NV Emergency Stipend

**Please attach the following to your application:**

- Completed Budget & Financial Appendix of the Application
- Annual Budget and Steps to Sustainability Plan including how you will spend the grant, if awarded (2 pages maximum)
- Marketing Plan including any marketing platforms you may use (2 pages maximum)
- Documentation of typical three months' operating expenses for licensed child care or one month of actual operating expenses for emergency child care

# The Nevada Child Care and Development Program

## NV CARES Act Grant – Application

---

**Based on operating expenses documented**, please enter the maximum dollar amount you may request (should match Part A total in Budget & Financial Appendix): \$\_\_\_\_\_

**Of the maximum amount listed above**, please list the amount are requesting (should match Part B total in Budget & Financial Appendix): \$\_\_\_\_\_

### Assurances

By signing this grant application, I affirm that:

- I am a licensed child care provider or a registered emergency child care provider in Nevada
- I have a Nevada business license
- I can meet the state and federal requirements of this grant
  - State Requirements:
    - Track and administer the grant funds
    - Submit reports of activities and documents for all spending
    - Notify The Children’s Cabinet or The Urban League of any changes to your budget or program
    - Maintain all financial records, supporting documents, and records related to the grant for three years
    - Complete a final report to CCDP by January 31, 2021
  - Federal Requirements:
    - Subject to the requirements of the CARES Act and CCDBG

---

Signature of Owner/Director

Printed Name

Date

# The Nevada Child Care and Development Program

## NV CARES Act Grant – Application

---

### Budget & Financial Appendix

#### Part A

Please check the box for any expenses you have provided documentation for that reflect the typical three months' operating expenses for licensed child care or one month of actual operating expenses for emergency child care that you would like to be considered for this grant. Provided documentation should match the expenses listed below:

- |                                                                          |         |
|--------------------------------------------------------------------------|---------|
| <input type="checkbox"/> Payroll                                         | \$_____ |
| <input type="checkbox"/> Rent / Mortgage                                 | \$_____ |
| <input type="checkbox"/> Utilities (Electricity, gas, water, etc.)       | \$_____ |
| <input type="checkbox"/> Insurance                                       | \$_____ |
| <input type="checkbox"/> Phone, cable, internet                          | \$_____ |
| <input type="checkbox"/> Transportation (van, gas, etc.)                 | \$_____ |
| <input type="checkbox"/> Supplies (cleaning, paper, office, wipes, etc.) | \$_____ |
| <input type="checkbox"/> Food & milk (meals, snacks, etc.)               | \$_____ |
| <input type="checkbox"/> Equipment & furniture                           | \$_____ |
| <input type="checkbox"/> Other: _____                                    | \$_____ |
| Total Expenditures:                                                      | \$_____ |

Note: this total should match the total of expenses provided with the application.

# The Nevada Child Care and Development Program

## NV CARES Act Grant – Application

---

### **Part B**

Please check the box for the budget proposal you would like the grant to cover:

- |                                                                          |          |
|--------------------------------------------------------------------------|----------|
| <input type="checkbox"/> Payroll                                         | \$ _____ |
| <input type="checkbox"/> Rent / Mortgage                                 | \$ _____ |
| <input type="checkbox"/> Utilities (Electricity, gas, water, etc.)       | \$ _____ |
| <input type="checkbox"/> Insurance                                       | \$ _____ |
| <input type="checkbox"/> Phone, cable, internet                          | \$ _____ |
| <input type="checkbox"/> Transportation (van, gas, etc.)                 | \$ _____ |
| <input type="checkbox"/> Supplies (cleaning, paper, office, wipes, etc.) | \$ _____ |
| <input type="checkbox"/> Food & milk (meals, snacks, etc.)               | \$ _____ |
| <input type="checkbox"/> Equipment & furniture                           | \$ _____ |
| <input type="checkbox"/> Other: _____                                    | \$ _____ |
| Total Amount Requested:                                                  | \$ _____ |

Grant funds may be used to cover operating or unusual expenses that you incurred starting on March 13, 2020 when Governor Sisolak declared a state of emergency in Nevada in response to COVID-19. Grant funds may be used to cover operating or unusual expenses between now and December 31, 2020 if they are needed to keep the applicant's child care in business. Grant funds may be used to cover expenses even if the business was closed for some of the time between March 13 and December 31, 2020.

**Allotments must be expended by December 31<sup>st</sup>, 2020, unless you receive written approval for an extension from CCDP.**