Rhode Island Department of Human Services
ReInvigorate Child Care Stabilization Grants

Step-by-Step Application Guide: Child Care Centers

This guide is designed to support you as you complete your online **Re**Invigorate Child Care Stabilization Grants application. If you have additional questions, please reach out to childcaregrants@pcgus.com or **833-930-3540**, for assistance in English or Spanish.

To begin your application, navigate to the following link: **https://bit.ly/ReInvigorateCenters**

Logging in

Sign into your account. If you have not yet created an account, please review the resource: "How to create an applicant profile" at http://kids.ri.gov/funding-opportunities.php

You may be asked to verify your account. If so, enter the security code sent to the email address associated with this account.

The Welcome screen will give you an overview of this grant program. If you have previously started or submitted a draft, you may select 'View all my applications" to view these applications. To begin a new application, select "Start New Application".
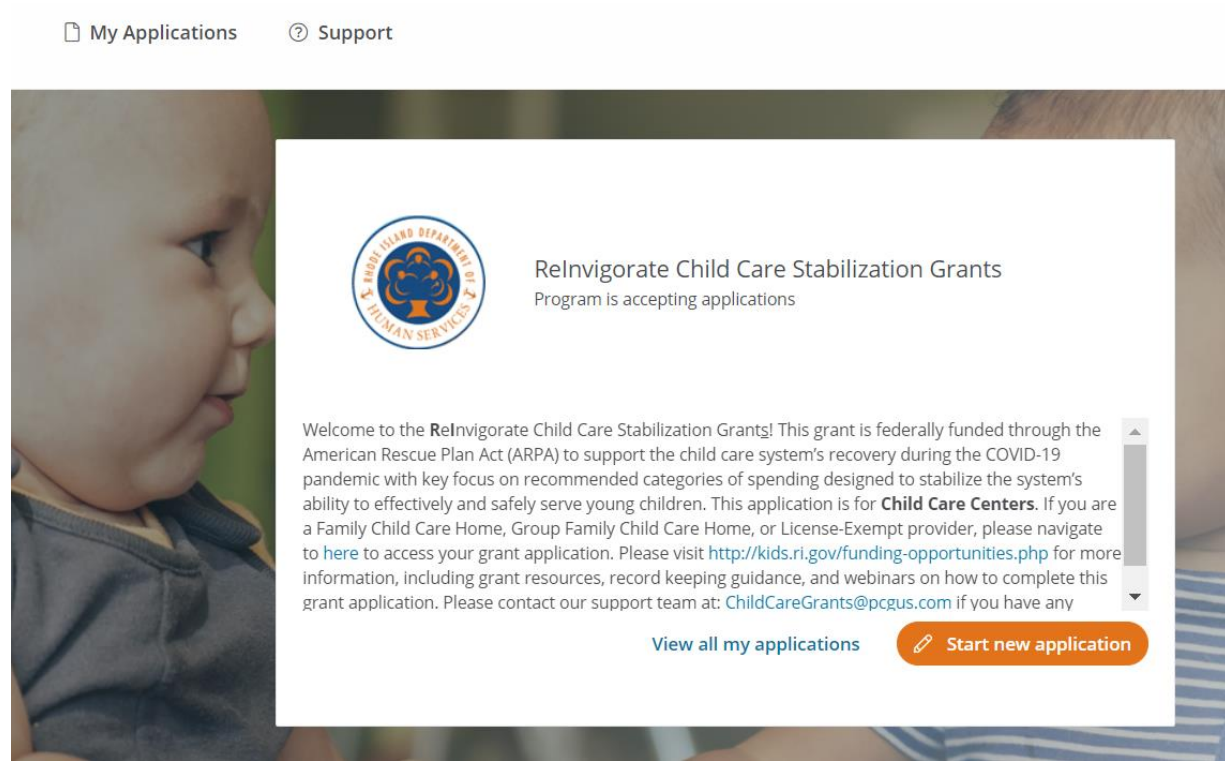
After selecting "Start new application", you will be brought to a new application. You will see your applicant information on the top left of the screen. There is also a "Saved" icon on the left side of the screen. The "Saved" icon will update as you enter information into the form.
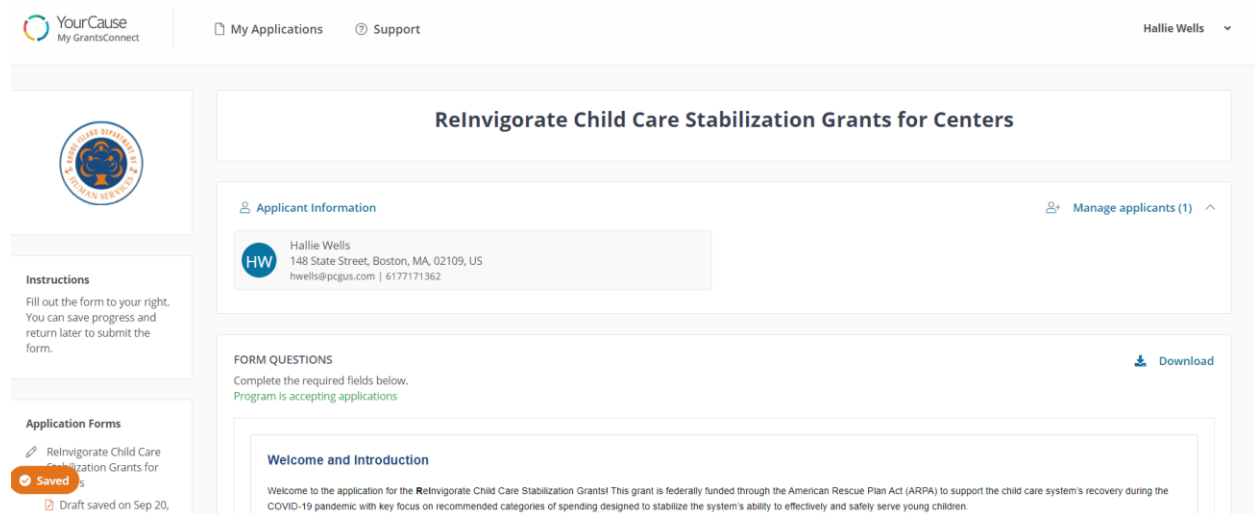
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There are 6 sections to this application. All questions with an asterisk * are required.

Welcome and Introduction
The welcome and introduction section will include key information about the grant program along with links to resources to support you as you complete the application.

Welcome and Introduction

Welcome to the application for the **Re**Invigorate Child Care Stabilization Grants! This grant is federally funded through the American Rescue Plan Act (ARPA) to support the child care system's recovery during the COVID-19 pandemic with key focus on allowable categories of spending designed to stabilize the system's ability to effectively and safely serve young children.

This **Child Care Center** grant application will be open from October 20, 2021 through February 4, 2022. Child Care Centers will receive 3 months of funding in 1 lump sum payment. The recertification form for Child Care Center providers will be sent directly to providers once they are eligible to apply (approximately 3 months after initial award). The recertification form will allow Child Care Centers to apply for their additional 3 months of funding and the Staff Bonus Add-on bonus. This payment will be disbursed in a lump sum payment.

Grant awards for Child Care Centers vary based on number of classrooms and licensed capacity. Grants start at $4,500 per classroom and are capped at $50,000 per month. Below is a summary of the grant awards for Child Care Centers:

Application Type	Application Window	Anticipated Total Funding Amount
Initial Application	October 2021- February 4, 2022	3 months of funding in 1 lump sum payment
Recertification	January 2022- April 2022	3 months of funding + 10% Staff Bonus Add-on (if eligible) in 1 lump sum payment

Instructions and Resources

In order to complete this application, it will be helpful for you to have your provider ID and program information such as the number of classrooms you currently have open by age group.

Please visit **http://kids.ri.gov/funding-opportunities.php** for more information, including grant resources, record keeping guidance, and webinars on how to complete this grant application.

Reminder: Providers are responsible for keeping supporting documentation including receipts, bank statements, invoices, or similar documents. Provider applicants should have supporting documentation for all eligible expenses and must be able to make those available upon request.

Please contact our support team at **ChildCareGrants@pcgus.com** or toll free at 833-930-3540 for assistance in English or Spanish.

Please be aware:

- If you received an award during a previous Child Care Stabilization Grant program window in Spring or Summer 2021, previously submitted information, including the DUNS, W-9, and payment submission information will be used to issue this award unless you actively inform DHS, through its fiscal intermediary PCG, that new information should be used. If you have questions or need to update any of your banking information, please contact **ChildCareGrants@pcgus.com**.
- If you have never applied for a Child Care Stabilization Grant, you will need the following information to complete an application:
  - Doing Business As "DBA" name
  - DUNS number
  - Completed W9 form
  - Banking account information (routing and account numbers)

Program Information

Here you will select your Provider ID to identify the program for which you are applying. Your Provider ID is the ID located on the bottom left of your DHS Child Care License. The field is a drop-down menu. If you prefer, you can also type into the field, and it will auto-populate similar responses.

Program Information

Please select your **Provider ID** from the list below. This ID is located on the bottom left of your DHS Child Care License. Upon selecting your Provider ID, the program information associated with the Provider ID will populate. Please review and verify the accuracy of the pre-populated program information.

- If you need to update your program's information, please select the check box below next to "**Update Program Information**" and update the program information manually, as needed.
- If your **Provider ID** does not populate in the list below, please select the check box next to "**Provider ID Not Found**", at which point you will be require to enter your program information in manually.

Provider ID and Program Name *

☐ Provider ID Not Found

Information about your program will auto-populate.

If you see that information needs to be updated, or you do not see your Provider ID in the drop-down menu, you may select either of these checkboxes to provide updated or new information.

☐ Update Program Information   ☐ Provider ID Not Found

If you select, "Update Program Information", you will be prompted to select the type of information you would like to update. Then you will be asked to enter this information.

☑ Update Program Information   ☐ Provider ID Not Found

Update Program Information

Please input your updated program information into the fields below. All fields marked with an asterisk (*) are required. Please keep in mind, all updated information will be verified by DHS.

What program information should be updated? *

☐ Provider ID

☐ Program Name

☐ Program Address

If your Provider ID is not found in the system, you may select "Provider ID Not Found" and you will be prompted to enter your program information, including whether you received a Child Care Stabilization Grant in Spring or Summer of 2021.

☑ Provider ID Not Found

Program Information Manual Entry

Please input your program information into the fields below. All fields marked with an asterisk (*) are required.

Provider ID *   Program Name *

Program Address *   Program Address 2

Program City *   Program Zip *

Please note: For programs who were awarded a Child Care Stabilization Grant in Spring or Summer 2021, and previously submitted W-9, DUNS, and payment information through this system, we will be utilizing previously submitted data in executing this award, unless you advise PCG that new information should be utilized within this application. If you have questions or need to update this information, please contact Childcaregrants@pcgus.com .

For programs who were not awarded in Spring or Summer 2021, you will be asked to submit:

• Your program DBA name (if applicable)
• Your program's DUNS number

- A signed W-9
- Payment information, either bank account information for direct deposits or address information for check payments.

Program Name or Doing Business As ("DBA") name: *

Please submit your completed and signed W-9 to the dropbox below. If you need to complete a new W-9, you can access a blank one here.

DUNS Number *

Click or drop files here to upload

Will the grant funds be disbursed to a Checking or Savings account? *

Support materials for finding or creating a DUNS number may be found on the Provider Checklist posted on http://kids.ri.gov/funding-opportunities.php.

Demographics

Per federal guidance, programs must submit demographic information for their Center Director (for Child Care Centers) or the Licensee/Owner (for Family Child Care Homes, Group Family Child Care Homes, and License-exempt). This data is informational only and will not be used to determine awards, in any way.

Demographics

Please select the appropriate responses from the drop downs.

What is the gender of the Center Director? *

What is the race of Center Director? *

What is the ethnicity of Center Director? *

Program Enrollment and Status

Next, you will be asked a few questions about your program's operating status, including if the program is currently open, your program's licensing/approval status as of March 11, 2021, and if your program participates in the Child Care Assistance Program (CCAP).

Program and Enrollment Status

Please indicate your program status in the drop down.

- **Open and available** means your program is currently open and operating normal business hours.
- **Closed due to COVID-19** means your program is closed temporarily due to the COVID-19 public health emergency.

What is the current status of your program? *

What was your licensing status as of March 11, 2021? *

Do you accept DHS subsidy (Child Care Assistance Program- CCAP)? *

Next, you will be asked to enter the number of classrooms, by age group, for which your program is currently licensed.

Classroom Details

In the spaces below, please indicate how many classrooms your program is licensed for.

Please note: This should include all classroom space currently licensed, regardless of if it is open or currently in use.

Infant *

Toddler *

Preschool *

School Age *

Total Classrooms

0

Next, you will be asked to enter the total number of children enrolled and the percentage of seats available in your program. Meaning, if a family called you today, would you be able to serve their child? For example, if your program is licensed for 100 children, and there are 20 open seats, you would enter 20% (20 open seats divided by 100 capacity equals 20 percent). This number may be an estimate or average over the course of the past month.

You will enter the percentage for your program as a whole, then by age groups served.

TOTAL number of children currently enrolled: *

In the space below, please indicate the following:

Total: What is the total percentage of seats currently available in your program?

Example: If your program capacity is 100 seats across all classrooms and you have 25 full time seats available across all classrooms, your percentage of available seats is 25%. If you have no available seats in your program, please enter "0".

Total Percentage of Seats Available in the Program *

In the spaces below, please indicate the following:

By age category: What percentage of seats are currently available in your program by age category?

Example: If your classroom capacity is 10 seats and you have 3 full time seats available, your percentage of available seats is 30%. If you have no available seats in a classroom, please enter "0".

Percentage of Infant Seats Available *

Percentage of Toddler Seats Available *

Percentage of Preschool Seats Available *

Percentage of School Age Seats Available *

Next, you will be asked to enter how many more seats you could enroll if your program was fully staffed.

If your program was fully staffed, how many more seats would you be able to enroll? If you are fully enrolled, please enter "0". *

Finally, you will be asked to enter the number of staff working directly with children in your program Pre-Covid (prior to March 2020) and currently.

Staff Details

In the space provided, please please enter your program's pre-COVID and current count of staff working directly with children.

Please note: Pre-COVID refers to pre-March 2020

Pre-COVID: Full Time Staff Working Directly with Children *

Current: Full Time Staff Working Directly with Children *

Pre-COVID: Part Time Staff Working Directly with Children *

Current: Part Time Staff Working Directly with Children *

Program Expenses and Plan for Spending

To help DHS understand if the grant awards are meeting your program needs, you will be asked to submit an estimated monthly program budget using budget categories provided by federal guidance. As you enter estimated monthly amounts into each category field, they will total to show an estimated monthly total expense amount. You may compare this amount to the anticipated award amount, then select "Yes or No" for the question "Does your estimated monthly grant amount reflect your total average monthly expenses?"

Program Expenses

In the following table, please indicate your average monthly expenses for each of the categories listed below. Budget categories include:

- **Equipment or supplies to respond to COVID-19:** Purchases of or updates to equipment and supplies to respond to the COVID–19 public health emergency.
- **Goods or services necessary to maintain child care services:** Goods and services necessary to maintain or resume child care services.
- **Mental health supports:** Mental health supports for children and employees.
- **Personnel costs:** Personnel costs, including payroll and salaries or similar compensation for an employee (including any sole proprietor or independent contractor), employee benefits, premium pay, or costs for employee recruitment and retention.
- **Personal Protective Equipment:** Personal protective equipment, cleaning and sanitization supplies and services, or training and professional development related to health and safety practices.
- **Rent or mortgage:** Rent (including rent under a lease agreement) or payment on any mortgage obligation, utilities, facility maintenance or improvements, or insurance.

Equipment or supplies to respond to COVID-19		Mental Health Supports		Personal Protective Equipment	
$ 0.00	USD	$ 0.00	USD	$ 0.00	USD

Goods or services necessary to maintain child care services		Personnel Costs		Rent or Mortgage	
$ 0.00	USD	$ 0.00	USD	$ 0.00	USD

Total Monthly Expenses		Anticipated Monthly Award		Does your estimated monthly stipend amount reflect your total average monthly expenses? *
$ 0.00	USD	$ 0.00	USD	

Next, you will be asked to select the spending categories in which you plan to spend your grant funds. These categories are provided by federal guidance. You must select at least one category and complete the attestation that grant funds will be spent within at least one of the allowable spending categories.

Plan for Spending

Please select the spending categories that your program plans to use this grant money for. (Select all that apply). **Please note:** Providers must use their grant awards in at least one of the allowable spending categories. Allowable spending categories, defined by the American Rescue Plan Act, include:

- **Equipment or supplies to respond to COVID-19:** Purchases of or updates to equipment and supplies to respond to the COVID–19 public health emergency.
- **Goods or services necessary to maintain child care services:** Goods and services necessary to maintain or resume child care services.
- **Mental health supports:** Mental health supports for children and employees.
- **Personnel costs:** Personnel costs, including payroll and salaries or similar compensation for an employee (including any sole proprietor or independent contractor), employee benefits, premium pay, or costs for employee recruitment and retention.
- **Personal Protective Equipment:** Personal protective equipment, cleaning and sanitization supplies and services, or training and professional development related to health and safety practices.
- **Rent or mortgage:** Rent (including rent under a lease agreement) or payment on any mortgage obligation, utilities, facility maintenance or improvements, or insurance.

Please select the spending categories that your program plans to use this grant money for. (Select all that apply) *

☐ Equipment or supplies to respond to COVID-19

☐ Goods or services necessary to maintain child care services

☐ Mental Health Supports

☐ Personnel Costs

☐ Personal Protective Equipment

☐ Rent or Mortgage

I agree that the grant award funds shall be spent within the following expense categories listed. *

We recognize spending plans may change. The intention of this question is to affirm funds will only be spent within the allowable spending categories.

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Attestations and Certifications

Finally, you will be asked to review a series of attestations related to the use of funds and program operations as a grant participant. You will select "Agree" or "Disagree".

Attestations and Certifications

Please carefully review the following attestations and select the responses that apply.

Your program is currently open/operating or has a plan to reopen/resume operations in the next 15 days: *

Your program by accepting these funds, your program commits to remaining open and operational for at least 90 days after receipt of each award. *

You will notify DHS immediately of any changes in operating status or necessary edits to application. *

Your program will follow all health and safety guidelines as required by the Rhode Island Department of Human Services. *

Your program will continue to pay at least the same amount in weekly wages and maintain the same benefits (if applicable) to staff for the duration of this grant. *

Your program will provide relief from copayments and tuition for parents struggling to afford child care, to the extent possible, and prioritize such relief for families struggling to make either type of payment. Recognizing that RI DHS is currently covering CCAP copays for families, all other efforts should be made to support families struggling to cover the cost of tuition, to the extent possible. *

You agree that these funds will not be used to replace other federal funding sources, but will be used to support and build upon other federal funding sources. *

You understand any grant funds that remain unspent at the end of the calendar year may be considered taxable income, and it is your responsibility to consult with a tax expert to understand the tax implications of receiving this grant award for your specific program. You also understand it is your responsibility to choose in which calendar year (2021-2022) to apply based on the needs of your program. *

Finally, the attestation paragraph should be reviewed carefully. This section includes additional agreements and acknowledgements related to receipt of funds and grant program participation. After carefully reviewing this language, you will be asked to digitally sign this application.

If you have any questions regarding these attestations, please contact ChildCareGrants@pcgus.com or review the webinar for more information.

Electronic Signature and Certification

I hereby attest to all of the statements above. *

Applicant First and Last Name *

Date *

Date is required

Submit
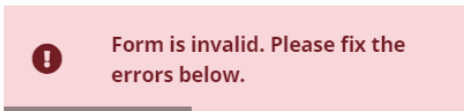
Once signed, you may select submit.

If edits need to be completed in the application, a red indicator will appear on the screen.

The required fields to edit will be listed at the beginning of the application.

If the submission is successful, a green box will appear on the screen indicating the form has been submitted.
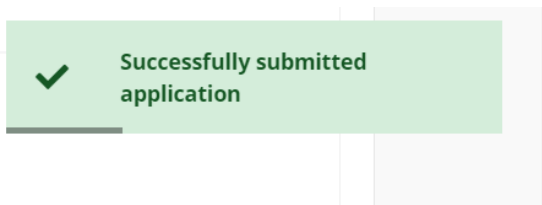
You will then be returned to your application home screen where you can review all submitted and draft applications. Your submitted application will appear with the status "Awaiting Review".

For additional tips on how to edit or withdraw an application, please refer to the "Application Tips" resource posted at: http://kids.ri.gov/funding-opportunities.php.

If you have any additional questions or required additional support in completing an application, please contact: childcaregrants@pcgus.com or **833-930-3540.**