



Child Care Stabilization Grant

The American Rescue Plan (ARP) ACT Child Care Stabilization funds help child care providers cover costs during the COVID-19 state of emergency. The goal of the program is to help qualified child care providers with operational costs to safely remain open or reopen to increase child care.

Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Program Information

Name of Program: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program Capacity: \_\_\_\_\_

Eligibility Criteria

Providers Service Area: \_\_ BLAINE 98230

\_\_ BELLINGHAM 98225, 98226, 98229 \_\_ Ferndale 98248

\_\_ Marietta 98226 \_\_ Lummi Reservation 98226

Providing services to at least one tribal child?  Yes  No

*(A child enrolled and listed on the tribal membership roll of any Federally recognized Indian tribe and/or is a descendant of an enrolled tribal member)*

Program currently open?  Yes  No

Is your program temporarily closed due to covid-19?  Yes  No

**Existing providers at the time they apply must meet one of the two following conditions:**

Eligible CCDF child care provider, regardless of whether they actually participate in the CCDF subsidy system, at the time they apply for a grant.

Licensed provider, registered, or regulated as of March 11, 2021, and on the date, they apply for a grant.

**Indicate License type?**

- State Licensed Family Child Care Providers
- Relative Child Care Providers serving CCDF-eligible children
- License-exempt Family Child Care providers meeting the CCDF requirements

*Read and agree to Terms and Conditions*

**I certify that the information I have provided on this application is correct.**  Yes

**I agree to implement health and safety policies in line with local and state guidelines.**  Yes

**I agree to pay employees at least the same wages and benefits at the time of application for the duration of the grant.**  Yes

**I agree not to reduce employees pay or benefits by wage reduction or involuntary furlough for the duration of the grant.**  Yes

**I agree to provide enrolled families relief from copayments and tuition payments to the extent possible and prioritize by need.**  Yes

**agree to stay open for the duration of the grant.**  Yes

**Gender of center director or family child care owner:** \_\_\_\_\_

**Race and ethnicity of center director or family child care owner:** \_\_\_\_\_

**How provider plans to use funds?**

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*I, certify that I have read and agree to the Child Care Stabilization Grant terms set forth and I understand all of its provisions. I further agree that all information submitted is true and accurate. (Please review your answers and ensure they are correct before you sign and submit)*

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

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

*(Completing the application does not guarantee approval and LIBC may request additional information as necessary to determine eligibility.)*