Early Learning/Child Care Provider – ARPA Child Care Stabilization Subgrant:  
Installment 2 Certification

Instructions: Providers must complete and submit the following subgrant certification for review and approval to receive the second installment of its awarded ARPA Child Care Stabilization Subgrant.

Section 1. General Applicant Information

| Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable): |
| License or Exemption # | EFSM Provider ID |

Section 2. Operational Status

Is your program operating under the same license number as listed above?
☐ Yes  ☐ No  If no, explain change ___________________________

What is the current status of your program?
☐ Open
☐ Temporarily closed due to public health, financial hardship, or other reasons relating to the Coronavirus Disease 2019 (COVID-19) public health emergency. Please provide details about the temporary closure and planned reopening date: ___________________________

☐ Permanently closed

Have you had a contract terminated for cause with the local early learning coalition since initial approval?
☐ Yes  ☐ No

Have you implemented policies in line with guidance and orders from federal, state and local authorities to the greatest extent possible?
☐ Yes  ☐ No

Have you reduced staff or reduced staff salaries/benefits since initial application?
☐ Yes  ☐ No  If yes, explain ___________________________

Have you provided relief from copayments and tuition payments for struggling families, to the greatest extent possible?
☐ Yes  ☐ No

Commented [CMO1]: Instructions in pop-up for this certification

As a recipient of the ARPA Child Care Stabilization Subgrant, a certification is required to receive the second installment of the award amount.

Proceed to Grant Follow Up – Installment 2

Commented [CMO2]: Information in this section will auto-populate from original application.

Commented [CMO3]: Tool Tip: Please indicate if your program is operating under the same license or exemption number as listed above from original application. If the number has changed, an explanation must be provided. Changes in license or exemption number may disqualify a provider from receiving additional payments under the original award. Please contact your local early learning coalition with any questions.

Commented [CMO4]: Tool Tip: Permanently closed programs are not eligible for ARPA for additional installments. Please contact your local early learning coalition with any questions.

Commented [CMO5]: Tool Tip: Providers are required to implement policies in line with guidance and orders from federal, state and local authorities to the greatest extent possible. Answering "No" will not disqualify a provider from receiving the ARPA Child Care Stabilization Subgrant – Installment 2 payment.

Answering no will not disqualify a provider from receiving additional installments. Providers should contact their local early learning coalition for technical assistance with implementing policies.

Commented [CMO6]: Tool Tip: Providers should not reduce staff or staff salaries/benefits during the grant period. If answered yes, an explanation is required and a provider may be disqualified from receiving additional installments.

Providers should contact their local early learning coalition for technical assistance on this question.

Commented [CMO7]: Tool Tip: Please indicate if families have received relief from copayments and/or tuition from the ARPA Child Care Stabilization subgrant funds to the extent possible. Answering "No" will not disqualify a provider from receiving the ARPA Child Care Stabilization Subgrant – Installment 2 payment.

Providers should contact their local early learning coalition for technical assistance on this question.

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# Section 3. Funds Utilization

Subgrant funds may only be used for the following categories. Please enter an amount spent for each category. Expenditures are not required for every category. If no funds were spent in a category, enter zero ($0).

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel/Benefits, Other Personnel Costs (Do NOT Workforce Investment costs, see category below)</td>
<td></td>
</tr>
<tr>
<td>Rent or Mortgage, Business Operating Costs and Facility Expenses</td>
<td></td>
</tr>
<tr>
<td>PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices</td>
<td></td>
</tr>
<tr>
<td>Purchases of or updates to equipment and supplies to respond to COVID-19</td>
<td></td>
</tr>
<tr>
<td>Goods and services necessary to maintain or to resume child care services</td>
<td></td>
</tr>
<tr>
<td>Mental health supports for children and employees</td>
<td></td>
</tr>
<tr>
<td>Workforce Investment</td>
<td></td>
</tr>
<tr>
<td>Copayment or Tuition Waivers</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Have funds been used or do you plan to use funds for business expenditures prior to March 11, 2021?

- [ ] Yes  - [ ] No

- Subgrant Awarded: ______________  Amount Paid to Date: ______________
- Amount Spent: ______________  Balance Remaining: ______________

### Provider Affirmation

The following signature affirms that I will continue to adhere to the initial subgrant application. I attest to the fact that the information I provide in this certification is true and accurate and understand if my certification is incomplete or incorrect it will be returned to me.

Signature of Authorized Provider Representative

- Signature________________________  Date __________________________
- Printed Name_______________________  Title _________________________

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.
Coalition Subgrant Certification

Does the provider continue to meet the initial eligibility criteria?

☐ Yes  ☐ No  Same license number  Comments______________________________

☐ Yes  ☐ No  Open and providing child care services (temporary closures okay)

☐ Yes  ☐ No  Have you verified the provider is not under investigation or been convicted of child care fraud?

☐ Yes  ☐ No  Have you verified the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

☐ Yes  ☐ No  Have you verified the provider has not had a contract terminated for cause since initial approval?

*If all above responses are “yes,” this certification form can be accepted.*

ARPA Stabilization Subgrant Awarded:

☐ Subgrant Amount:_________  Amount Spent:_________  Amount Remaining:_________

☐ Subgrant Payment 2 Denied - Reason:______________________________

ELC / RCMA Subgrant Affirmation

The following signature affirms that the subgrant certification has been completed and the provider has been determined compliant/noncompliant with subgrant requirements in accordance with the DEL Program Guidance 240.21 – COVID-19, Appendix C, American Rescue Plan (ARP) Act Stabilization Subgrants for Early Learning/Child Care Providers.

ELC / RCMA Signature:  Date:

Printed Name:  Title:

Phone:  Email:

Comments: