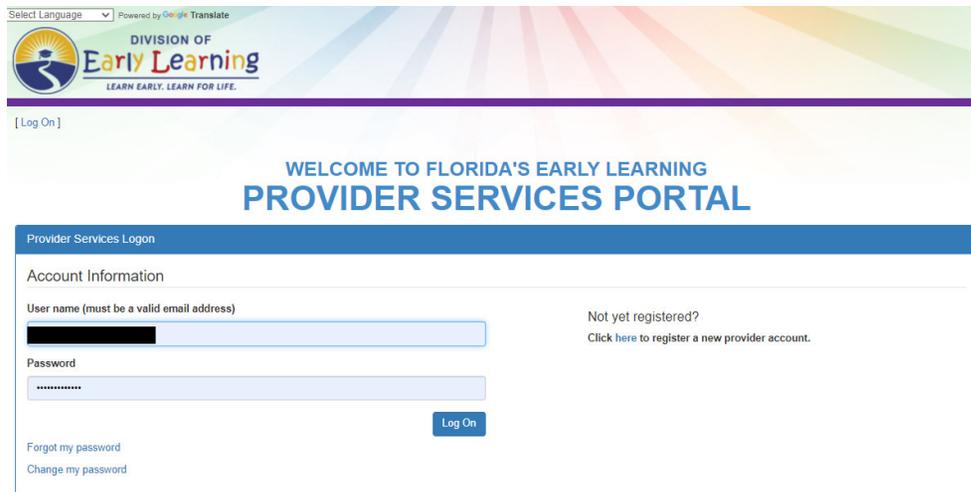


**Step 1:** Log into the Statewide Provider Portal



The screenshot shows the top of the Florida's Early Learning Provider Services Portal. At the top left, there is a language selection dropdown and a 'Powered by Google Translate' logo. The main header features the 'DIVISION OF Early Learning' logo with the tagline 'LEARN EARLY. LEARN FOR LIFE.' Below the header, there is a '[ Log On ]' link. The main content area has a large blue heading: 'WELCOME TO FLORIDA'S EARLY LEARNING PROVIDER SERVICES PORTAL'. Below this is a 'Provider Services Logon' section with a blue header. Underneath, there is an 'Account Information' section. It contains a 'User name (must be a valid email address)' field with a blacked-out input, a 'Password' field with masked characters, and a 'Log On' button. To the right of the user name field, there is a link for 'Not yet registered?' with the text 'Click here to register a new provider account.' At the bottom left of the logon section, there are links for 'Forgot my password' and 'Change my password'.

**Step 2:** If you are prepared to complete the Child Care Stabilization Grant, click the Proceed to Grant Application. Note: The deadline to submit the grant application is June 30, 2022.



The screenshot shows a notification pop-up window titled 'ARPA Grant Opportunity'. The text inside the pop-up reads: 'The American Rescue Plan Act (ARPA) stabilization grant application is available for you to complete at this time. If you would like to explore your potential award amount, please use the [ARPA Grant Calculator](#). Applications must be submitted no later than **June 30, 2022**.' At the bottom of the pop-up, there are two buttons: a blue 'Proceed to Grant Application' button and a white 'Close' button.

**Step 3.** Read the Instructions:

Early Learning/Child Care Provider – ARPA Stabilization Subgrant Application

Status:

Instructions

- [ARPA Grant Spending Documentation Guide](#)
- Please contact your local [early learning coalition](#) for assistance.
- The application may be saved at any time by pressing the Save for Later button at the bottom of the application.
- The Save for Later button will return you to the Provider Dashboard where you can access the application at a future time by clicking the ARPA Stabilization Subgrant Application link located under Surveys/Grant Applications on the left of the Provider Dashboard.
- All fields are required to be completed in order for the Submit button to appear.
- All applications must be submitted no later than June 30, 2022.

- CLICK on the LINK to learn more about the spending requirements of the ARPA Grant.  
<http://www.floridaearlylearning.com/parents/family-resources/find-quality-child-care/locate-your-early-learning-coalition>
- Please contact your local early learning coalition for assistance. Click on the link to get the contact information for your local ELC: <http://www.floridaearlylearning.com/parents/family-resources/find-quality-child-care/locate-your-early-learning-coalition>
- The application may be saved at any time by pressing the Save for Later button at the bottom of the application.
- The Save for Later button will return you to the Provider Dashboard where you can access the application at a future time by clicking the ARPA Stabilization Subgrant Application link located under Surveys/Grant Applications on the left of the Provider Dashboard.
- All fields are required to be completed in order for the Submit button to appear.
- All applications must be submitted no later than June 30, 2022.
  - **IMPORTANT NOTE:** Once the application is submitted, reviewed and approved it cannot be edited. Providers are encouraged to review the Subgrant award allocations to determine the point in which the application submission date will maximize the funding opportunity.

**Step 4: Complete Section 1: General Applicant Information.**

**IMPORTANT NOTE:** The pre-filled information for Section 1 is pre-populated from the most recently submitted/approved Provider Profile. If any of the information is incorrect in the Child Care Stabilization Grant the provider will be required to update the Provider Profile before the grant can be approved for funding.

Section 1: General Applicant Information

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable): \*

Provider Type: \*

Licensed Family Home ⓘ  Licensed-Exempt Family Home ⓘ  
 Licensed Center ⓘ  Licensed-Exempt Center ⓘ

Licence or Exemption #: \* ⓘ EF9M Provider ID: \* ⓘ DUN 8 or FEIN Number: \* ⓘ  Check if SSN

Physical Address: \* (Street Address) ⓘ  
City: \* County: \* Zip Code: \*  
LADY LAKE Lake 32159

Mailing Address: (if different from Physical Address) ⓘ  
City: \* County: \* Zip Code: \*  
LADY LAKE 32159-4653

Operator/Director Name: \* ⓘ Operator/Director Phone Number: \* ⓘ Operator/Director Contact Email: \* ⓘ

Operator/Director Race: \* ⓘ Operator/Director Ethnicity: \* ⓘ Operator/Director Gender: \* ⓘ

American Indian/Alaska Native  
 Asian  
 Black/African American  
 Native Hawaiian/Pacific Islander  
 White  
 Multiracial  
 Prefer not to answer

Hispanic/Latino  
 Non-Hispanic/Non-Latino  
 Prefer not to answer

Male  
 Female  
 Non-binary  
 Prefer not to answer

Gold Seal Accreditation Status: \* ⓘ CLASS Composite Score: \* ⓘ Days/Hours of Operation: \* ⓘ

Non-Gold Seal  
 Gold Seal

Exempt  
 3.99 or below  
 4.00 to 4.99  
 5.00 or higher  
 None

|   |          |          |
|---|----------|----------|
| <input type="checkbox"/> Sunday               | -        |          |
| <input checked="" type="checkbox"/> Monday    | 07:30 AM | 05:30 PM |
| <input checked="" type="checkbox"/> Tuesday   | 07:30 AM | 05:30 PM |
| <input checked="" type="checkbox"/> Wednesday | 07:30 AM | 05:30 PM |
| <input checked="" type="checkbox"/> Thursday  | 07:30 AM | 05:30 PM |
| <input checked="" type="checkbox"/> Friday    | 07:30 AM | 05:30 PM |
| <input type="checkbox"/> Saturday             | -        |          |

Check your School Readiness Contract for your most recent CLASS Composite Score. If you are unsure or cannot find it, contact the Coalition.

Licensed Family Child Care Homes (FCCH) and Large Family Child Care Homes. Does not include Registered Family Child Care Homes.

Registered Family Day Care Homes meeting the CCDF health and safety requirements.

Section 1: General Applicant Information

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable): \*

Provider Type: \*

Licensed Family Home ?

Licensed Center ?

License-Exempt Family Home ?

License-Exempt Center ?

Licensed Child Care Centers

Exempt Child Care Centers, including Religious and School District sites.

License or Exemption #: \* ?

EFSM Provider ID: \* ?

DUNS or FEIN Number: \* ?  Check if SSN

The license or exemption number listed on the physical address license or exemption letter.

Provider ID for current School Readiness, VPK contract or from Child Care Resource and Referral profile.

Provider DUNS or FEIN Number that corresponds with the EFSM Provider ID, if applicable. If number is a Social Security Number, check the box.

Physical Address: \* (Street Address) ⓘ

Location where child care services are actually delivered, not a location that is solely for administrative purposes.

[Redacted Physical Address]

City: \*

LADY LAKE

County: \*

Lake

Zip Code: \*

32159

Mailing Address: (If different from Physical Address) ⓘ

[Redacted Mailing Address]

City:

LADY LAKE

County:

Zip Code:

32159-4853

Location where administrative services occur, e.g., where bills are sent, if different from physical location.

If owner is a corporation or partnership, use the name of the on-site director.

If owner is a corporation or partnership, use the phone number of the on-site director.

If owner is a corporation or partnership, use the current email of the on-site director.

Operator/Director Name: \* ⓘ

[Redacted Name]

Operator/Director Phone Number: \* ⓘ

[Redacted Phone Number]

Operator/Director Contact Email: \* ⓘ

[Redacted Email]

Operator/Director Race: \* ⓘ

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Multiracial
- Prefer not to answer

If owner is a corporation or partnership, use the race of the on-site director.

Operator/Director Ethnicity: \* ⓘ

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Prefer not to answer

If owner is a corporation or partnership, use the ethnicity of the on-site director.

Operator/Director Gender: \* ⓘ

- Male
- Female
- Non-binary
- Prefer not to answer

If owner is a corporation or partnership, use the gender of the on-site director.

Gold Seal Accreditation Status: \* 

Non-Gold Seal  
 Gold Seal

CLASS Composite Score: \* 

Exempt  
 3.99 or below  
 4.00 to 4.99  
 5.00 or higher  
 None

Days/Hours of Operation: \* 

|   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> Sunday               |          | - |          |
| <input checked="" type="checkbox"/> Monday    | 07:30 AM | - | 05:30 PM |
| <input checked="" type="checkbox"/> Tuesday   | 07:30 AM | - | 05:30 PM |
| <input checked="" type="checkbox"/> Wednesday | 07:30 AM | - | 05:30 PM |
| <input checked="" type="checkbox"/> Thursday  | 07:30 AM | - | 05:30 PM |
| <input checked="" type="checkbox"/> Friday    | 07:30 AM | - | 05:30 PM |
| <input type="checkbox"/> Saturday             |          | - |          |

Check the days of the week the physical location provides child care services. Enter the hours of operation for all days checked.

Check if physical location has Gold Seal accreditation at time of application.

For School Readiness (SR) Providers ONLY - enter most recent CLASS composite score. Provider not contracted for SR should select NONE.

## Step 5: Complete Section 2: Operational Status.

Section 2: Operational Status

What type of program(s) do you operate? \* Select all that apply

Child Care Center

School Readiness

Early Head Start

Title I

CCAMPIS-Child Care Access Means Parents in School

Summer Camp ONLY

Family Child Care Home (includes Large FCCH)

Other

Voluntary Prekindergarten (VPK)

Head Start

Migrant Head Start

IDEA-Individuals with Disabilities Education Act

School-Age Site (before or after school, summer camp)

Faith-Based

Family Child Care Group Home

Please select ALL that APPLY

Was your program licensed/registered/identified/regulating with your current license number/exemption approval on or before March 11, 2021? \*

Yes  No

OR

Does your program meet Child Care and Development Fund (CCDF) health and safety requirements including the completion of comprehensive background checks? \*

Yes  No

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 completed a current fiscal year Child Care Resource and Referral (CCR&R) profile in the Florida Early Learning Provider Services Portal? \*

Yes  No

Have you had a contract with an early learning coalition terminated for cause within the past five years? \*

Yes  No

Are you under investigation or been convicted of child care fraud? \*

Yes  No

Have you submitted W-9 and direct deposit forms for payment to the ELC? \*

Yes; Date previously submitted:

No

Check Yes if program meets the CCDF health and safety requirements [Health & Safety Checklists, Handbooks, and Forms | OEL \(floridaearlylearning.com\)](#)

Was your program licensed/registered/certified/regulated with your current license number/exemption approval on or before March 11, 2021?

Yes  No

OR

Does your program meet Child Care and Development Fund (CCDF) health and safety requirements including the completion of comprehensive background checks? \*

Yes  No

What is the current status of your program? \*

Permanently closed programs are not eligible for the ARPA grant.

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 completed a current fiscal year Child Care Resource and Referral (CCR&R) profile in the Florida Early Learning Provider Services Portal? \*

Yes  No

Profiles can be created/completed here - [Florida Early Learning Provider Services Portal](#)

Have you had a contract with an early learning coalition terminated for cause within the past five years? \*

Yes  No

Are you under investigation or been convicted of child care fraud? \*

Yes  No

Have you submitted W-9 and direct deposit forms for payment to the ELC? \*

Yes; Date previously submitted:

No

Current version of Form W-9 can be found on the IRS website - <https://www.irs.gov/pub/irs-pdf/fw9.pdf>. Please upload completed form to the W-9 folder in the Document Library on the Early Learning Provider Services Portal. **Please NOTE:** The application will default to the **current date**. Please update the date to reflect the ACTUAL date you submitted the W-9.

Document Library Management

Change Folder: W9

Total Files: 4

Folder Detail - W9

| File Name    | Download | Archive | Date Uploaded |
|--------------|----------|---------|---------------|
| W-9 2019.pdf | Download | Archive | 05/08/2019    |
| W-9 2020.pdf | Download | Archive | 01/21/2020    |
| W-9.pdf      | Download | Archive | 01/09/2018    |
| W-9.pdf      | Download | Archive | 03/03/2021    |

Navigate to the Document Library, W-9 Folder to get the date of the most recently uploaded W-9

## Step: 6: Complete Section 3: Child Count Information

All values must be entered. If none, enter 0.

Enter the licensed or identified capacity for the physical location for each age group.  
 \*This information is pulled from the Provider Profile. If this information is incorrect, STOP and go correct the Provider Profile.

Enter the number of children, up to 24 months old, included in the total enrolled who **ONLY** participate in Early Head Start, Early Head Start Child Care Partnerships, or Head Start programs.

### Section 3: Child Count Information

All values must be entered. If none, enter 0.

Enter the number of children up to 24 months old, included in the total enrolled who participate in the School Readiness program. Children may also participate Early Head Start, Head Start, Head Start Partnership or other programs.

Enter the number of children, between 2 years old and Kindergarten Entry, included in the total enrolled who participate in the School Readiness program. Children may also participate Early Head Start, Head Start, Head Start Partnership or other programs.

What is the licensed or identified capacity of your program by age group? \*

|  |           |
|--|-----------|
| Infant (up to 12 months):                | 0         |
| Toddler (12 months to 2 years old):      | 6         |
| Two-Year-Old:                            | 6         |
| Preschool (3 years old to Kindergarten): | 42        |
| School Age (Kindergarten and above):     | 15        |
| <b>Total:</b>                            | <b>69</b> |

What is your enrollment by age group? \*

|  | Total Current Children | Of the total, how many children are in:                                    |                      |
|--|------------------------|--|----------------------|
|  |                        | Early Head Start/Early Head Start - Child Care Partnership/Head Start ONLY | School Readiness     |
| Infants and Toddlers (up to 24 months) * | <input type="text"/>   | <input type="text"/>   | <input type="text"/> |
| Children 2 – Kindergarten Entry *        | <input type="text"/>   | <input type="text"/>   | <input type="text"/> |
| School-Age (Kindergarten and older) *    | <input type="text"/>   | <input type="text"/>   | <input type="text"/> |

Do you offer child care services during hours outside of a typical full-time workday (during non-traditional hours, i.e. evenings, nights, weekends, etc.)? \*

Yes  No

Enter the total number of children enrolled per age group on date of application for all programs. School-Age includes only those children receiving child care services. Count each child **once** even if enrolled in more than one program.

Enter the number of children, Kindergarten and older, included in the total enrolled who participate in the School Readiness program. Children may also participate Early Head Start, Head Start, Head Start Partnership or other programs.

Evening or night care means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m. to accommodate parents who work evenings and late-night shifts. Weekend care means child care provided anytime on Saturday or Sunday.

Enter the number of children, between 2 years old and Kindergarten Entry, included in the total enrolled who **ONLY** participate in Early Head Start, Early Head Start Child Care Partnerships, or Head Start programs.

Enter the number of children, Kindergarten and older, included in the total enrolled who participate in the School Readiness program. Children may also participate Early Head Start, Head Start, Head Start Partnership or other programs.

**Step: 7: Complete Section 4: Current Average Monthly Operating Expenses**

Enter the average monthly cost of each category of allowable operating expenses. May use Annual Cost divided by 12 to determine average monthly cost. For examples of each category, please refer to the ARPA Grant Spending and Documentation Guide.

| Section 4. Current Average Monthly Operating Expenses  |                             |
|--|-----------------------------|
| <b>Allowable Operating Expenses</b>  | <b>Average Monthly Cost</b> |
| Payroll  | \$ 0.00                     |
| Benefits   | \$ 0.00                     |
| Other Personnel Costs  | \$ 0.00                     |
| Rent or Mortgage   | \$ 0.00                     |
| Facility Expenses (Utilities, Insurance, Maintenance)  | \$ 0.00                     |
| Personal Protective Equipment (PPE), Including Cleaning and Sanitation Supplies and Services               | \$ 0.00                     |
| Training Expenses for Staff on Health and Safety Practices   | \$ 0.00                     |
| Equipment and Supplies in Response to COVID-19   | \$ 0.00                     |
| <b>SubTotal</b>  | \$0.00                      |
| <b>Allowable Additional Expenses (Due to COVID-19)</b>   | <b>Average Monthly Cost</b> |
| Goods and Services to Maintain or to Resume Services Child Care Services<br>Describe: <input type="text"/> | \$ 0.00                     |
| Mental Health Supports for Children or Staff<br>Describe: <input type="text"/>                             | \$ 0.00                     |
| <b>Total</b>   | \$0.00                      |

This is NOT the amount you will receive. The purpose is to calculate average monthly expenses.

Enter the average monthly cost of each category of allowable operating expenses. May use Annual Cost divided by 12 to determine average monthly cost. These costs should be additional expenses because of the COVID-19 pandemic. For examples of each category, please refer to the ARPA Grant Spending and Documentation Guide.

## Step 8: Complete Section 5: Options for Fund Use

Section 5. Options For Fund Use

Subgrant funds may only be used for the following categories. Please check the box to select categories where funds are estimated to be spent. Funds may be transferred between categories without prior approval. You may choose to use funds for one or more of the following. At least one category must be selected.

| Category   |
|--|
| <input type="checkbox"/> Personnel costs, benefits, premium pay, and recruitment and retention   |
| <input type="checkbox"/> Rent or mortgage payments, utilities, facilities maintenance and minor improvements, or insurance                                   |
| <input type="checkbox"/> PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices |
| <input type="checkbox"/> Purchases of or updates to equipment and supplies to respond to COVID-19  |
| <input type="checkbox"/> Goods and services necessary to maintain or to resume child care services<br>Describe: <input type="text"/>                         |
| <input type="checkbox"/> Mental health supports for children and employees<br>Describe: <input type="text"/>   |

Please indicate if you plan to use funds to reimburse the business for expenditures prior to **March 11, 2021**. \*

Yes  No

Select YES if you intend to use a portion of the funds to reimburse the business for expenditures prior to **MARCH 11, 2021**.

Select NO if you do not intend to use a portion of the funds to reimburse the business for expenditures prior to **MARCH 11, 2021**.

## Step 9: Complete Section 6: Subgrant Amounts

### Section 6. Subgrant Amounts

**Base Subgrant:** The base subgrant will be calculated using current enrollment reported in Section 3 of this application, with a minimum of \$12,000 per provider.

- Infants and Toddlers (up to 24 months): \$867 per child
- Children 2 - Kindergarten Entry: \$702 per child
- School-Age: \$540 per child
- School Readiness Enrollment: Additional \$70.20 per SR enrolled child

**Supplemental Bonuses:** The supplemental bonuses are calculated as percentages of a provider's base grant and are provided in addition to the base grant. Providers can be eligible for multiple bonuses which are intended to reward child care programs that support children's development and working families.

| Bonus Category        | Criteria  | Bonus Percentage |
|-----------------------|---|------------------|
| Quality Services      | Gold Seal or CLASS Score of 5.00 and higher in an area with a child care infrastructure deficit (desert)  | 10%              |
|                       | CLASS Score of 4.00 – 4.99 – SR Contracted ONLY   | 5%               |
|                       | CLASS Score of 5.00 and higher – SR Contracted ONLY   | 15%              |
|                       | Gold Seal   | 20%              |
| Non-Traditional Hours | Includes Nights and/or Weekend Care   | 5%               |
| Workforce Investment  | Provider agrees to use at least 25% of total grant amount on staff (bonuses, wage increases, health care, retirement, educational advancements, or tuition reimbursement) | 10%              |

#### Quality Services and Non-Traditional Hours

Provider eligibility for bonus categories will be determined based upon verification of the information provided within Section 1 - General Applicant Information. Non-traditional hours encompass evening, night or weekend care. Evening or night care means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m. to accommodate parents who work evenings and late-night shifts. Weekend care means child care provided anytime on Saturday or Sunday.

#### Workforce Investment \*

Do you agree to use at least 25% of total grant amount on staff above and beyond regular payroll and benefits provided (bonuses, wage increases, health care, retirement, educational advancements, or tuition reimbursement) from the receipt of funds through September 30, 2023? By selecting Yes, you are eligible to receive the 10% Workforce Investment supplemental bonus.

Yes  No

Select YES if provider agrees to spend 25% of TOTAL GRANT amount on staff.

USE the ARPA calculator to determine the estimated dollar amount of your grant.

<https://providerservices.floridaearylearning.com/ARPAGrantCalculator.html>

|  |     |             |     |
|--|-----|-------------|-----|
| (c). Do you agree to use at least 25% of total grant amount on staff?  | Yes | \$3,603.00  | 10% |
| (d). Are you Gold Seal Accredited?   | Yes | \$7,206.00  | 20% |
| Supplemental Stabilization Subgrant Subtotal   |     | \$14,412.00 |     |
| Stabilization Subgrant Total   |     | \$50,442.00 |     |
| <sup>1</sup> SR Enrollment will automatically calculate<br><sup>2</sup> Children enrolled in Early Head Start/Head Start ONLY are not eligible and will not be included in the Base Stabilization Subgrant calculations<br><sup>3</sup> If (c) answered yes, total to be spent on Workforce initiatives is: <b>\$12,610.50</b> |     |             |     |

## Step 10: READ Provider Certification

### Provider Certification

To receive a stabilization subgrant:

I agree to use the funds only for the categories and purposes check marked on this application.

I understand I can move funds between categories without prior approval.

I understand that it is my responsibility to maintain records supporting the use of funds I receive and to document my compliance with A, B, and C below.

From the date of application submission through the duration of the subgrant period, I certify I will meet requirements, including:

A. I will implement policies in line with guidance and orders from state and local authorities and, to the greatest extent possible, with guidance from the U.S. Centers for Disease Control and Prevention (CDC) when open and providing services.

CDC has posted several fact sheets and guides to help child care providers understand and meet the guidelines at the following:

- Quick Guide: Help Protect Your Child Care Center From COVID-19, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/Quick-Guide-Child-Care-Guidance-Center.pdf>.
- Quick Guide: Help Protect Your Family Child Care Home from COVID-19, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/Quick-Guide-Child-Care-Guidance-HOME.pdf>.
- Child Care Providers Quick Guide to Symptoms of COVID-19 at Child Care, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/childcare-providers-quick-guide-print.pdf>.

B. I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for each employee (including lead teachers, aides, and any staff employed by the child care provider to work in transportation, food preparation, or other service). Also, I will not furlough employees or reduce their work hours.

C. I will provide relief from copayments and tuition payments for enrolled families and prioritize this relief for families struggling to make either payment, to the extent possible. NOTE: For School Readiness, providers may not waive copayments, however, discounts equivalent to the copayment amount are allowable if properly tracked and documented. In addition, the monthly statement provided to families indicating all payments received and any remaining balance, must include the amount, date and type of financial relief provided (e.g., discounts, differential, enrollment fees, etc.).

#### Terms & Conditions

Subgrant funds CANNOT be used to support general building renovations or remodeling, or any other enhancement to a facility or grounds not specific to the operation of a child care agency. Refer to the ARPA Grant Spending and Documentation Guide for allowable costs and examples of documentation.

These terms and conditions shall remain in force from such time as the provider first accepts funding through full expenditure of funds.

Provider understands all grant funds need to be used on approved items and spent by no later than September 30, 2023.

Provider accepting funds shall ensure proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer awards.

Additional terms and/or conditions may be applied to this award if outstanding financial or programmatic compliance issues are identified.

Provider should consult with a tax advisor or attorney regarding potential tax consequences of accepting grant funding.

Provider understands it may be selected for monitoring by the Division of Early Learning (DEL), or its designee. Provider shall maintain documentation of how subgrants were used and to show they met certifications in A, B, and C above, according to instructions provided by DEL, or its designee.

At the request of the DEL, or its designee, the Provider shall repay any portion of subgrant funds determined not spent on an allowable expense as determined by DEL at its discretion.

By signing this application, I am further certifying I understand subgrant awards and amounts are subject to funds availability.

All fields are required. The Submit button will only display if all fields are completed. If the Submit button does not display, review the application for completeness.

Save For Later

If you do not want to submit the application and complete it at a later date, CLICK Save for Later.

**NOTE:** IF the Authorized Electronic Signature and SUBMIT button is MISSING, then the application is NOT complete. Please review to determine what fields are blank or boxes remain unchecked.

Cancel

**CAUTION:** CLICKING Cancel will ERASE all of the information that has NOT been previously saved.

## Step 11: Authorize Electronic Signature and Submit

### Provider Affirmation

The following signature affirms that I will adhere to the items in A, B, and C. It also affirms I will only use the funds in the categories in section 5 of this application. I attest to the fact that the information I provide in this application is true and accurate and understand if my application is incomplete or incorrect it may be returned to me.

- 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.

 Authorized Electronic Signature

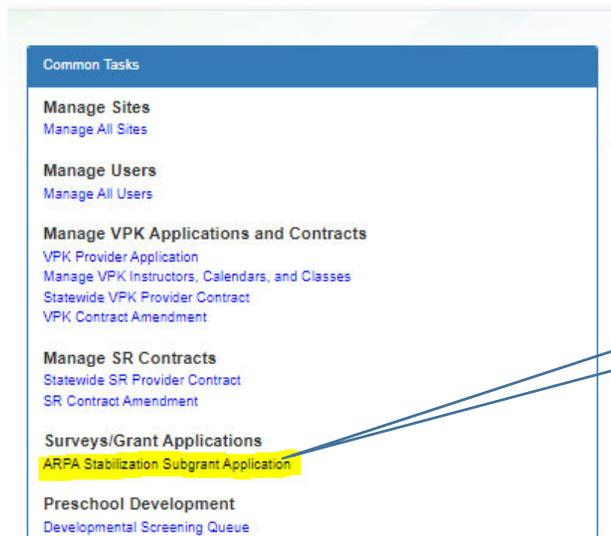
Full Name:

Check box to certify by electronic signature

Submission date: 2/24/2022

**Submit**

To return to the submitted ARPA Child Care Stabilization Grant Application, Select “ARPA Stabilization Subgrant Application” from the Provider Dashboard.



When selected, the screen will display the status of the grant application.

## Early Learning/Child Care Provider – ARPA Stabilization Subgrant Application

Status: Submitted

✓ Early Learning/Child Care Provider – ARPA Stabilization Subgrant Application was submitted on 2/24/2022 11:53:40 PM by [REDACTED]

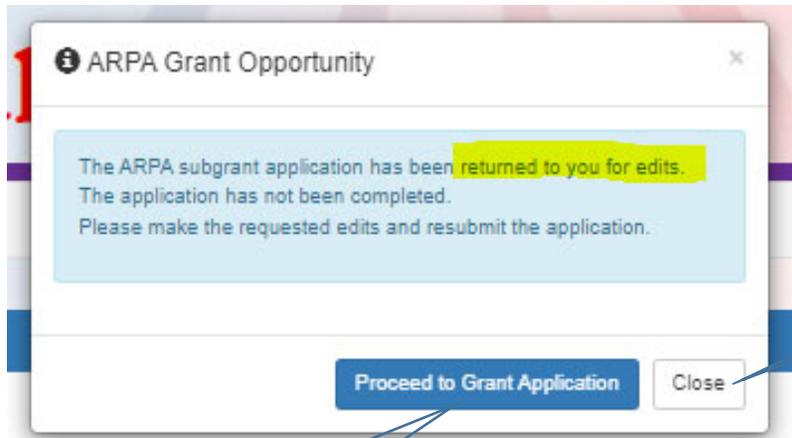
### Instructions

- [ARPA Grant Spending Documentation Guide](#)
- Please contact your local [early learning coalition](#) for assistance.
- The application may be saved at any time by pressing the **Save for Later** button at the bottom of the application.
- The **Save for Later** button will return you to the Provider Dashboard where you can access the application at a future time by clicking the ARPA Stabilization Subgrant Application link located under Surveys/Grant Applications on the left of the Provider Dashboard.
- All fields are required to be completed in order for the **Submit** button to appear.
- All applications must be submitted no later than June 30, 2022.

### NOTE:

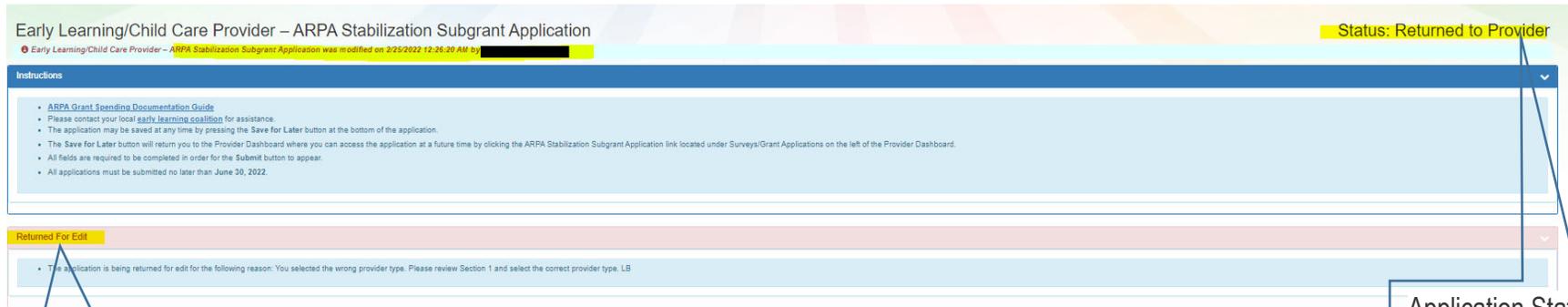
- Coalition staff will **NOT** edit the application for you. If the application is incorrect, Coalition staff will **REJECT** the application so the provider can correct the application and resubmit.
- Rejecting the application will delay the processing and approval of the application.

NOTE: If an application is Returned for Edits a window will display when the provider logs back into the provider portal.



If CLOSED, the application will be available via the HOME screen.

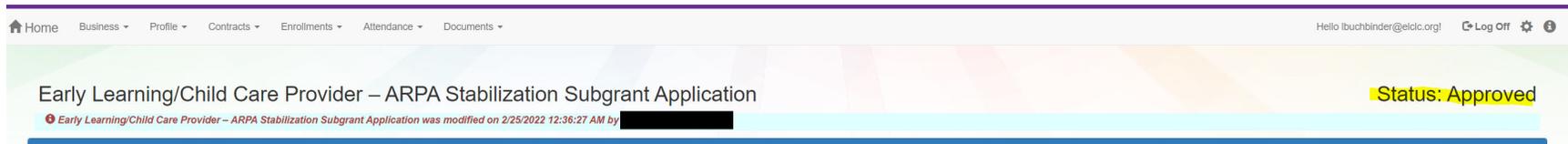
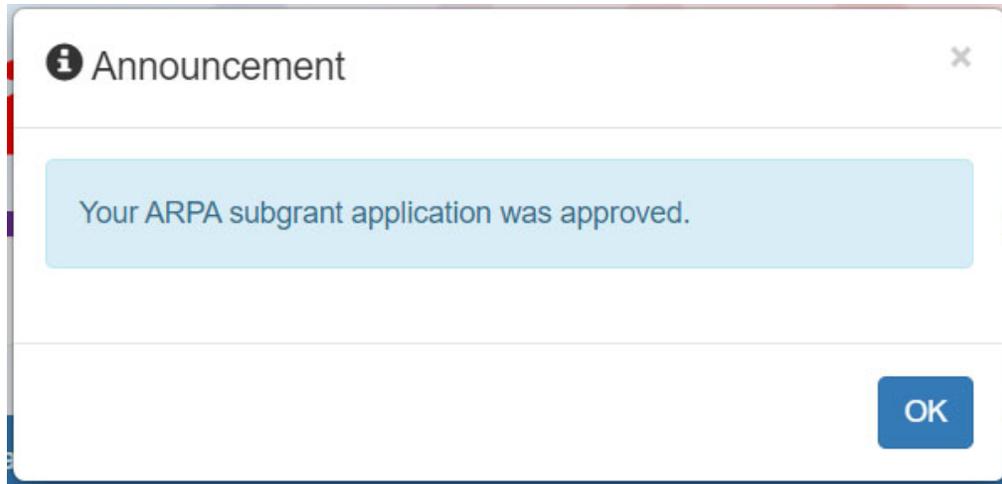
To correct any errors SELECT the Proceed to Grant Application button.



Application Status

Reason why the application was returned for edits.

Once the application is approved the status of the application will be updated and a notification pop up will appear.



If deemed Not Eligible, the application status will be shown as demonstrated below:

