

WORKFORCE SUPPORT GRANT APPLICATION

The Work Force Support Grant Application Instructions should be reviewed completely before this application is submitted. The application submission period is May 16 – June 17, 2022. Applications should be sent to the ELRC by email (preferred), mail or fax. Refer to the *Work Force Support Grant Application Submission* document for how to submit your application to the ELRC. Applications received with a postmark date after June 17, 2022 will not be eligible for Work Force Support Grant funds. If you need assistance completing this application, contact the ELRC. **All sections of this application are required to be completed.**

SECTION 1: PROVIDER INFORMATION – PLEASE PRINT

Provider Location Name: _____

Provider MPI: _____ Provider ID: _____

Address: _____

Street Address	Apartment/Unit #
City	State
	Zip Code

Contact Name: _____ Contact Email: _____

SECTION 2: RACE, ETHNICITY, AND GENDER OF THE OWNER/OPERATOR OR DIRECTOR

What is your Race? (check all that apply) Black/African American American Indian/Alaskan Native Asian
 White Native Hawaiian/Pacific Islander Unknown Other _____

What is your Ethnicity? Hispanic Non-Hispanic **What is your Gender?** _____

SECTION 3: GRANT FUNDING DETERMINATION FACTORS

Answer the questions below. Use the *Work Force Support Grant Application Instructions* to help clarify any questions.

1. What is your provider type as identified on your DHS Certificate of Compliance?	<input type="checkbox"/> Child Care Center <input type="checkbox"/> Group Child Care Home <input type="checkbox"/> Family Child Care Home
2. What is your licensed capacity (Child Care Centers ONLY)?	
3. How many staff do you have on your employer payroll in Group A, as listed below? <ul style="list-style-type: none"> Group A includes owners/operators who work at the child care location; directors; assistant directors; group supervisors; and assistant group supervisors. NOTE: A list of current Group A staff from the Professional Development Registry must be included with your application.	
4. How many staff do you have on your employer payroll in Group B, as listed below? <ul style="list-style-type: none"> Group B includes aides; floaters; other staff working at the child care locations; and staff that provide transportation. <i>Volunteers and contracted staff are not included.</i> 	
5. Do any staff in Group A or Group B, listed above, work at more than one location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you want grant funds to help with staff-related expenses? <ul style="list-style-type: none"> These funds include, but are not limited to, costs for: recruitment sign-on bonuses, advertisement of vacancies, required clearances, and mandated staff trainings. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: ATTESTATION
 I understand by selecting "Yes" or "No" to the following questions, I am attesting that my answers are true.

<p>I have completely reviewed the Work Force Support Grant Application Instructions and understand that by accepting grant funds, I must follow ALL grant requirements and must do the following:</p> <ul style="list-style-type: none"> • Only use grant funds on allowable costs. • Process and issue staff payments through payroll. • Keep a record of how grant funds were used. • Report how grant funds were used to the ELRC. • Return unused funds to the ELRC. • Repay grant funds to the ELRC if a completed <i>Work Force Support Grant Reporting Form</i> is not returned to the ELRC. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Did you hold a regular or provisional Certificate of Compliance on or before May 16, 2022?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>When you applied, were you open and actively providing child care to one or more child(ren) in attendance at your provider location?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>When you applied, was your Certificate of Compliance in a Revocation or Refuse to Renew status with OCDEL's Bureau of Certification Services?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>When you applied:</p> <ul style="list-style-type: none"> • were you under investigation by the Office of State Inspector General for fraud? or • had you been convicted of fraud? or • had your Child Care Works provider agreement been revoked due to fraud? <p>If you answered "Yes" to any one of these questions, then select "Yes."</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

5. AFFIDAVIT, SIGNATURE, AND RECORD MAINTANANCE/MONITORING INFORMATION

Affidavit: *An affidavit is a sworn statement of fact. By signing this affidavit, you are saying that the information you entered in this form is true. The affidavit is the legal way to swear that your statements are fact. Your signature below validates the information you entered on the form as true, correct, and complete to the best of your ability, knowledge, and belief. You also agree that you understand that your information may be shared with the Office of the State Inspector General or other state and federal agencies, as mentioned in bold print below. Further, you agree that you understand that the penalty for false swearing (affirming false information to mislead a public servant) is a misdemeanor of the third degree pursuant to Section 4903(b) of the Criminal Code and that you can be penalized by fine, jail, prison, subsidized child care ineligibility, or a mixture of these four for making any false statements.*

Signature: _____ **Date:** _____

Providers must keep original receipts for their records for review by the ELRC and state/federal agencies who may need to review receipts for auditing/monitoring purposes. All grant-related documents must be maintained for seven years, including receipts for how the grant funds were used. Providers must cooperate and participate in reporting and monitoring activities upon request by ELRCs or state/federal agencies.