Office of the Secretary Caller Box 10007 Saipan, M.P. 96950 Tel. 664-2576 Fax. 664-2570

Child Care and Development Fund (CCDF) Program

QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) GRANT APPLICATION under the CARES Act Funding RE-ANNOUNCEMENT

Grants are currently being offered by DCCA Child Care and Development Fund (CCDF) to CCDF PROVIDERS to address QRIS Quality Improvement Plans, SMART GOALS and health and safety standards related to COVID-19 Pandemic. Eligible proposals may receive a one-time grant of up to \$20,000.00 per site/location. CCDF has the right to award smaller grant awards as appropriate and as recommended by the CCDF Grant Review Committee.

Requirements:

- Valid Business License (No receipts will be accepted);
- 2. Valid Child Care Licensing Program (CCLP) License;
- 3. Valid CCDF Provider Certificate;
- 4. Copy of Certificate of Incorporation including listing of officers (if applicable);
- 5. Copy of Certificate of Incorporation including listing of officers (if applicable);
- 6. Copy of most current (2019 or 2020) Annual Report for the Organization;
- Duly Completed QRIS Grant Application Form, prescribed by CCDF along with required attachments. An application form that has been altered and lacking supporting documents/attachments will not be reviewed and will be returned to the applicant.
- 8. Submission:
 - i. Electronically to mlost.cnmiccdf@gmail.com and ccdf.roselleteregeyo@gmail.com
 - ii. or via drop box at the CCDF Office Bldg. No. 1347 Ascension Ct. Capitol Hill, Saipan and in the following order:
 - 1. Cover Letter indicating intent to apply for the Grant
 - 2. Completed Application Form
 - 3. Form A: Minor Renovation with SOW. Any amount more than \$2,500.00 must have 3 quotations;
 - 4. Form B: Purchase of Educational Materials and/or equipment with proposed materials to be purchased;
 - 5. Form C: Others (Staff Incentives, Cleaning Supplies, PPE's, Cleaning and Sanitation Services, etc.)
- Address to: <u>Attention: Maribel Loste, CCDF Program Administrator</u> All applications should be received by CCDF Office on or before October 31, 2020 no later than 3:00p.m. Request for an extension will not be entertained.
- 10. Must provide clear explanation for the rationale, identify specific quality standards (must be aligned to the program's Quality Improvement Plans (QIPs), QRIS, SMART Goals and Covid-19 safety precautions.
- 11. Attach most recent QIP and/or SMART Goals and most recent ERS Self-Assessment.



- 12. Receive a minimum of 15 points for each of the areas you are applying for.
- 13. Failure to attach all required documents will mean automatic disapproval.
- 14. This is a REIMBURSEMENT PROCESS.
- 15. Expenses incurred must be dated not earlier than April 1, 2020.
- 16. If additional pages are needed for the justification/rationale, label pages to correspond with forms.
- 17. If applying for minor renovations of more than \$2,500.00, applicant must provide documentation that the program will be in the location for at least 2 years. Documentation such as a lease agreement should be provided.
- 18. By submitting an application, the program certifies/agrees that all equipment, materials, items, will be for the sole purpose/use of the program's before and afterschool services and/or day care services.
- 19. The program must disclose if it is receiving any other federal funding support and the total amount it receives. If program is receiving other federal funding support, it may apply up to a maximum of \$10,000.00 in grant assistance.
- 20. If your program/organization applied and was approved under a Cares Act Funding Opportunity (due date July 30, 2020). You need not apply.



APPLICATION



Organization's Complete Business Nam	e:
Type of Organization:	er to children under four years of age foods that era
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FORMS

Form A: Minor Renovation Only

Form B: Purchase of Educational Materials Only

Form B1: List of Proposed Educational Materials and Equipment

Form C: Others (Staff Incentives, PPE's, Cleaning Supplies, Cleaning and

Sanitation Services, etc.)



FORM A: Must Attach 3 quotes if amount is over \$2,500.00.	Total possible points. 20 Must attach Lease Agreement
Business Name:	Location:
Person Competing this Form and Signature:	Date:
Amount being requested:	This amount is for: Minor Renovation Only

1. RATIONALE: How was the use of this grant amount intentionally planned? Describe your reasoning.

2. **QUALITY STANDARDS:** Which quality standards justify the projected use of grant award? Please describe here. (ERS Indicators, QRIS Standards, etc)

3. **OUTCOMES:** How will quality be improved as a result of this award? How will this be evaluated? Provide Specific examples and details.

4. SPENDING PLAN: How is the use of this incentive part of a long-term plan for improving quality?

FORM B: Must attach Listing of Educational Materials	purchased/to be purchased (Form B1	.) Total possible points. 20
Business Name:	Location:	,
Person Competing this Form and Signature:	Date:	
Total Amount being requested: \$	This amount is for: Materials	Purchase of Educational

1. RATIONALE: How was the use of this grant amount intentionally planned? Describe your reasoning.

2. **QUALITY STANDARDS:** Which quality standards justify the projected use of grant award? Please describe here. (ERS Indicators, QRIS Standards, etc.)

3. **OUTCOMES:** How will quality be improved as a result of this award? How will this be evaluated? Provide Specific examples and details.

4. SPENDING PLAN: How is the use of this incentive part of a long-term plan for improving quality?

Re-Announcement due October 31, 2020 Form B1 (must be attached to Form B)

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Business Name:	Location:
Person Competing this Form and Signature:	Date:
Amount being requested: \$	This amount is for: Others Describe:

1. RATIONALE: How was the use of this grant amount intentionally planned? Describe your reasoning.

2. **QUALITY STANDARDS:** Which quality standards justify the projected use of grant award? Please describe here. (ERS Indicators, QRIS Standards, etc)

3. **OUTCOMES:** How will quality be improved as a result of this award? How will this be evaluated? Provide Specific examples and details.

4. SPENDING PLAN: How is the use of this incentive part of a long-term plan for improving quality?

Business Name:	Location:
Person Competing this Form and Signature:	Date: Coggicte Gauga, page bis of page 4.50

Terms and Conditions:

- 1. To comply with this agreement and Federal, State, and local regulations, policies and procedures governing the CARES Act Fund including any changes made during the agreement period.
- 2. To comply with the non-discrimination provisions with federal law and Department of Health and Human Services (45 CFR § 80.3) and the requirements of Title VI of the Civil Rights Act of 1964, including provisions of the American Disabilities Act of 1990 and its amendments. The Child Care Provider must ensure that no person, on the grounds of race, color, national origin, age, six or disability is denied benefits, or be otherwise subjected to discrimination under any program to which this part applies.
- 3. To expend grant award which complies and conforms to the CCDBG Act (42 U.S.C. 9857 et seq.) 45 CFR Parts 98 and 99; CARES Act as intended in the application for the grant.
- 4. To allow reasonable access to the establishment for Federal, CCDF, CCLP representatives to review and monitor the vendor for compliance with program requirements, and to cooperate with Federal and CCDF, CCLP program representatives during a monitoring visit. These visits maybe announced or unannounced.
- 5. To allow any duly authorized representatives of CCDF and CCLP or federal representative to inspect and audit, at reasonable times and upon reasonable notice, all records and documents relating to this award. CCDF reserves the right to request additional documentations related to this award when and if needed.
- 6. To maintain and retain for a period of not less than three (3) years, inventory records used for local and/or Federal tax reporting purposes and other records including invoices, and/or receipts of payments, purchase records, shelf price records, and gross sales receipts.
- 7. Upon request, the Child Care Provider must make readily available and provide to representatives of CCDF, CCLP, or the Office of the Administration of Children and Families, Office of Child Care, and the Comptroller General of the United States, at any reasonable time and place for inspection and audit, all Cares Act award on the vendor's possession and all program-related records relevant to the performance of this agreement. In addition, the Child Care Provider must maintain and provide the CCDF, CCLP program upon request documentation of annual total expenses, as well as invoices and receipts showing the source of Covid-19 related expenses.
- 8. To notify CCDF and CCLP of any change in child care ownership, facility location, or cessation of operations. The notification must be in writing and provided not less than 30 calendar days in advance of the effective date of the change in ownership or cessation of operation.
- 9. In the event that the child care provider ceases operation within 90 days from receipt of any Cares Act funding, total amount receipt must be returned to CCDF Program.
- 10. To refrain from charging parents or families child care fees associated with existing enrollment.
- 11. To agree that all items, materials, supplies will be for the sole use of the provider's before and afterschool services and/or day care/child care services.
- 12. Provider agrees that if funds are for minor renovations that it must provide documentation that the provider will be in the specific area/location for not less than 2 years upon approval of the grant. Should provider cease operations before the end of the 2 years, provider agrees to return to CCDF Program the total amount awarded for the renovations under this grant.



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rson Competing this Form and Signature:	Date:
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CDF OFFICIAL USE ONLY: Grant Proposal	coloths and preferable to cotton or payer towers for "s numerous advantages, including its long-lessing
Approved Score:	(minimum score total: 15/page per Form)
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☐ Copy of most current (2019 ☐ Duly Completed QRIS Grant An application form that has be reviewed, will be returned to to Submission and addressed to Mloste.cnmiccdf@gmail.com i. Electronically or via dro 1. Cover Letter inc 2. Completed App 3. Form A: Minor quotations. 4. Form B: Purcha	oration as a Non-Profit Organization including listing of officers. or 2020) Annual Report for the Organization Application Form, prescribed by CCDF along with required attachments een altered and lacking supporting documents/attachments will not be the applicant and automatically disapproved. o: Maribel Loste, CCDF Program Administrator at cc: ccdf.roselleteregeyo@gmail.com. op box and in the following order: dicating intent to apply for the Grant
Services, etc.)	or SMART Goals and most recent ERS Self-Assessment.
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 Minor Renovation 	ints for each of the areas applying for: ional Materials or equipment

 $\hfill \Box$ Failure to attach all required documents will mean automatic disapproval.