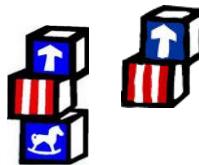




Pueblo of Isleta
Head Start and Child Care Center
P.O Box 579
Isleta, NM 87022



CCDF ARPA Stabilization: Subgrant Application for Child Care Center Providers

The Stabilization Grant, funded by the federal American Rescue Plan Act, is intended to invest in New Mexico's child care system, ensuring providers are stable and child care is available for all families. Grant awards will provide relief and cover lost income resulting from temporary closure, response and recovery operation costs, and other expenses. Please complete the following online or paper application below:

https://docs.google.com/forms/d/e/1FAIpQLSfqk1Vqv95OpzEZzyHeoLyjD6cPcXXJufKEG01fYTeirm5-xQ/viewform?usp=sf_link

If you have any questions or need assistance completing this application, please feel free to contact:

Amberrose Papuyo, amberrose.papuyo@isletapueblo.com or

Andrea Pesina, andrea.pesina@isletapueblo.com

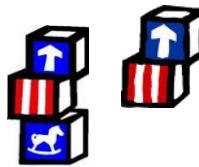
(505) 869-9796

Section 1: General Applicant Information

Child Care Provider Name:	Location Address (City, State, Zip Code):	Mailing Address (if different) (City, State, Zip Code):
Contact Email:	Phone Number:	Alternative Phone Number:
Provider/Director Race:	Provider/Director Ethnicity:	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> Not Latino	
<input type="checkbox"/> Black/African American	Provider/Director Gender:	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Female	
<input type="checkbox"/> White	<input type="checkbox"/> Male	
<input type="checkbox"/> Multiracial		
Provider Taxpayer ID or Social Security Number:	Program type:	
	<input type="checkbox"/> Registered	
	<input type="checkbox"/> Licensed	

Section 2: Operational Status

What type of program do you operate? (Select all that apply):	Was your program licensed, registered, or regulated as of March 11, 2021?
<input type="checkbox"/> Tribally Licensed Family Child Care Homes	<input type="checkbox"/> Yes
<input type="checkbox"/> Tribally Licensed Group Child Care Homes	<input type="checkbox"/> No
<input type="checkbox"/> Tribally Licensed Child Care Center	



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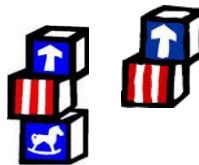
<input type="checkbox"/> Tribally Licensed School-aged programs <input type="checkbox"/> Tribally Licensed Self-declared provider <input type="checkbox"/> Child Care Center <input type="checkbox"/> In-Home Child Care <input type="checkbox"/> State Prekindergarten <input type="checkbox"/> Group Home <input type="checkbox"/> Family Home <input type="checkbox"/> School Age Site (before- or afterschool, summer camps) <input type="checkbox"/> Faith Based <input type="checkbox"/> Other: _____	<p>What is the current status of your program?</p> <input type="checkbox"/> Open <input type="checkbox"/> Temporarily closed due to public health, financial hardship, or other reasons relating to COVID-19 public health emergency. (Please provide details about the temporary closure and planned date to reopen)
<p>Does your program meet the Child Care Development Fund (CCDF) health and safety requirements, including the completion of comprehensive background checks?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current hours of operation:	Number of staff members currently employed:

Section 3: Child Count Information

<p>What is your current average enrollment by age?</p> <p>Infants (0-23 months) _____</p> <p>Toddlers (2-3 years old) _____</p> <p>Preschool (3-5 years old) _____</p> <p>School Age (6 years and older) _____</p>	<p>What is the maximum licensed or identified capacity of your program?</p> <input type="checkbox"/> Tribal CCDF <input type="checkbox"/> State CCDF <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start <input type="checkbox"/> NM Pre-K Program
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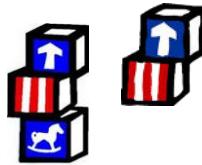
<p>What was your average enrollment by age in January 2020 (before the COVID-19 pandemic)?</p> <p>Infants (0-23 months) _____</p> <p>Toddlers (2-3 years old) _____</p> <p>Preschool (3-5 years old) _____</p> <p>School Age (6 years and older) _____</p>	<p>What was your average enrollment by age in January 2020 before the COVID-19 pandemic?</p>
	<p>Is at least one child enrolled in your program a Native American Child?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Section 4: Use of Funds

<p>Provider Statement:</p> <p>My estimated current monthly expenses are:</p>	<p>Subgrant fund may only be used for one or more of the following purposes below. Please mark which categories you will support with the funding received from the ARPA Subgrant. (Select all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> Personnel costs, benefits, premium pay, and recruitment and retention<input type="checkbox"/> Rent or mortgage payments, utilities, facilities maintenance and improvements or insurance<input type="checkbox"/> Personal protective equipment, 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, supplies, or technology needed to respond to COVID-19<input type="checkbox"/> Good and services necessary to maintain or resume child care services<input type="checkbox"/> Mental health supports for children and employees
<p>Do you plan to use fund for any expenses that occurred prior to March 11, 2021?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	



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Section 5: Certification

Terms & Conditions:

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and categories which I have previously marked in the *Use of Funds* section above. (Note: You can move funds between categories without prior approval.)

I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, C, below.

By signing this application, I am certifying that I will meet requirements throughout the period of time of the subgrant including the following:

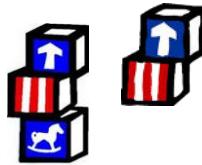
- A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state or Tribal authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).
- B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) further duration of this subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.
- C. I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.
- D. For awarded stabilization subgrants, I am required to submit a monthly operational cost expenditure report form to ensure funds are spent correctly on allowable expenses. A monthly operational cost report form must be submitted to the Tribal Child Care Program office no later than the 5th working day of the following month.

The following signature affirms that I will adhere to the items noted in A, B, and C within the Certification section. It also affirms I will only use the funds in the area noted in Section 5 (Use of Funds) of this application.

Provider Signature: _____ Date: _____



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I acknowledge that I have read, understand, and agree to abide by the terms and provisions of the Child Care Stabilization Grant and hereby affix my signature to this form, affirming that all information contained herein is accurate to the best of my knowledge and belief.

Provider Signature: _____ Date: _____

Office use only: Received on: _____ Reviewed on: _____ Approved or Denied on: _____