

## AMERICAN RESCUE PLAN ACT (ARPA) STABILIZATION GRANT ROUND 1 WORKSHEET

To prepare to complete the [grant application](#), collect the following information in advance. You may need to contact your bookkeeper to answer questions on expenses.

### PAGE 2 OF THE APPLICATION:

#### GENERAL QUESTIONS

- License Number \_\_\_\_\_
- License Type \_\_\_\_\_

### PAGE 3 OF THE APPLICATION:

#### GENERAL QUESTIONS

- License Capacity \_\_\_\_\_
- Provider Number, if Applicable \_\_\_\_\_
- Site's Address Including Zip Code \_\_\_\_\_
- Site's Phone Number \_\_\_\_\_

### PAGE 4 OF THE APPLICATION:

#### SITE DETAILS

- Number of CCAP Certified children currently enrolled \_\_\_\_\_  
*(if unsure, go to the TOTS portal to confirm)*

### PAGE 5 OF THE APPLICATION:

#### GRANT CALCULATION QUESTIONS

- Are you currently licensed to serve infants (Age 6 weeks to 12 months)? Y/N
- Are you currently licensed to serve toddlers? (Age 13 months to 36 months)? Y/N
- Do you offer transportation (excluding field trips) Y/N
- Do you offer child care services to children who speak English as a second language? Y/N
- Do you offer child care services to children with special needs (i.e., children with IEP or IFSP)? Y/N

**PAGE 6 OF THE APPLICATION:**  
**ENROLLMENT**

Enrollment, capacity, and desired enrollment information by age at the time of survey completion:

<b>Age</b>	<b>Current Enrollment</b> <i>Number of children currently enrolled</i>	<b>Current Identified Capacity</b>	<b>Desired Enrollment</b> <i>Maximum number of children you prefer to serve</i>
Infants (6 weeks-12 months)			
Toddler (13 months-36 months)			
3 years old			
4 years old			
5 years and older (school age children)			

**PAGE 7 OF THE APPLICATION:**  
**PERSONNEL INFORMATION**

Number of staff by position as of time of survey completion:

<b>Position</b>	<b>Number</b>
Director/Owner	
Assistant Director (Director Designee)	
Administrative Assistant	
Lead Teacher (full-time)	
Assistant Teacher (full-time)	
Teacher (part-time)	
All other staff	

**PAGE 7 OF THE APPLICATION:  
PERSONNEL INFORMATION (CONTINUED)**

- Benefits:
  - Paid sick leave
  - Paid vacation
  - Health insurance
  - Dental insurance
  - Vision insurance
  - Retirement Plan
  - Education stipend (i.e., tuition payments or assistance)
  - Discounted tuition for employees' children
  - Other: \_\_\_\_\_
  - My program does not offer any benefits

- Highest, average, and lowest wages for your lead teachers and ideal wages to attract and retain staff:

	Estimated lowest hourly wage	Estimated average hourly wage	Estimated highest hourly wage
What is the current <b>hourly</b> wage for lead teachers?	\$_____	\$_____	\$_____
How much would you ideally like your <b>hourly</b> wage for lead teachers to be to ensure that you are attracting and retaining qualified staff?	\$_____	\$_____	\$_____

**PAGE 8 OF THE APPLICATION:  
EXPENSES AND OPERATING COSTS**

- Current major expenses and general operating costs.

*[This information will be kept confidential and may be used by LDOE to assess future grant amounts and assist with determining true cost of care. Please try to be as precise as possible. You will be required to certify your answers prior to submitting this application. If in doubt, combine expenses into an expense category to develop the monthly total. This is CCDF required information and assists with determining the true cost of care.]*

	<b>Average Monthly Amount</b>
<b>Personnel Costs: Payroll</b> - Includes all full-time and part-time staff wages, state and federal payroll taxes.	\$ _____
<b>Other Personnel Costs</b> - Includes employee benefits (benefits, retirement contributions, staff bonuses, stipends, premium or hazard pay, overtime), paid vacation, leave, training and professional development for new and existing staff, employee transportation to/from work (if applicable).	\$ _____
<b>Facility Costs</b> - Includes rent or mortgage payments, utilities, property insurance, property taxes, maintenance, late fees related to late payment for rent, mortgage, utilities, and/or insurance, minor facility construction or renovation costs, facility maintenance.	\$ _____
<b>COVID-19 Personal Protective Equipment</b> - PPE, including masks, cleaning and sanitation supplies and services, cleaning crew costs, or the cost of tests purchased in response to the COVID-19 pandemic.	\$ _____
<b>COVID-19 Equipment and Supplies</b> - Any indoor or outdoor equipment or technology purchased in response to the COVID-19 pandemic.	\$ _____
<b>Operating Materials and Services</b> - Any other materials, goods, or services necessary for operating your center. Includes food and equipment, food service, business operating costs; books, curricula, and any other materials used for education or in classrooms; licensing or business operating fees, including background checks and business licenses.  This may also include the offset of out-of-pocket child care balances incurred by CCAP families after March 16, 2020.	\$ _____
<b>Mental Health Supports</b> - Any costs of providing mental health counseling or support services to child care staff or children to ensure mental wellbeing.	\$ _____

**CALCULATE ESTIMATED GRANT AMOUNT:**

- Please click on the [estimation calculator](#).
- Enter the fields to estimate your grant award.
- Use that amount to complete the following table.

**PAGE 9 OF THE APPLICATION:**

**PLAN FOR SPENDING THIS ROUND OF THE ARPA STABILIZATION GRANT PAYMENT**

**Estimated Uses** - Subgrant funds may only be used for the following categories. **The following questions are about how you plan to spend your TOTAL received grant funds.** Because this is an estimate, you will be able to move funds between categories without prior approval, but this helps us better understand your greatest funding needs and is CCDF required reporting.

	<b>Estimated Use</b>
<b>Personnel Costs: Payroll</b> - Includes all full-time and part-time staff wages, state and federal payroll taxes.	\$ _____
<b>Other Personnel Costs</b> - Includes employee benefits (benefits, retirement contributions, staff bonuses, stipends, premium or hazard pay, overtime), paid vacation, leave, training and professional development for new and existing staff, employee transportation to/from work (if applicable).	\$ _____
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<b>COVID-19 Equipment and Supplies</b> - Any indoor or outdoor equipment or technology purchased in response to the COVID-19 pandemic.	\$ _____
<b>Operating Materials and Services</b> - Any other materials good or services necessary for operating your center. Includes food and equipment, food service, business operating costs; books, curricula, and any other materials used for education or in classrooms; licensing or business operating fees, including background checks and business licenses.  This may also include the offset of out-of-pocket child care balances incurred by CCAP families after March 16, 2020.	\$ _____
<b>Mental Health Supports</b> - Any costs of providing mental health counseling or support services to child care staff or children to ensure mental wellbeing.	\$ _____