

AMERICAN RESCUE PLAN ACT (ARPA) STABILIZATION GRANT ROUND 3 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. Please note with this round much of your data will be prepopulated as of 12/31/2022.

PAGE 2 OF THE APPLICATION:

GENERAL QUESTIONS

- License Number _____

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GENERAL QUESTIONS

- child care center name or provider name _____
- Vendor Number, if Applicable _____
(For Type I or II or any other type of facility not participating in CCAP, LDOE requires vendor registration to issue grant payments. Please register as a vendor [here](#) if not registered yet.)
- Legal Business Name or DBA (Doing Business As name): _____
- Applicant Name (must be director or owner) _____
- Site Address _____
- Is your center temporarily closed due to the COVID-19 Pandemic at this time? _____
- Owner's or Director's Phone Number _____
- Owner's or Director's Email _____
- Owner/Director Race _____
- Owner/Director Ethnicity _____
- Owner Gender _____

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SITE DETAILS

- Do you provide care on the weekend? _____

**PAGE 5 OF THE APPLICATION:
EXPENSES AND OPERATING COSTS**

- Current major expenses and general operating costs.

*[The following questions are asked to identify your **current major expenses and general operating costs, also known as the money you spend each month to operate.** This information will be kept confidential and may be used by LDOE to assess future grant amounts and assist with determining the 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. If no expense in a category, you may enter 0.** This is CCDF required information.]*

	Average Monthly Amount
Personnel Costs: Payroll - Includes all full-time and part-time staff wages, state and federal payroll taxes.	\$ _____
Other Personnel Costs - 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).	\$ _____
Facility Costs - 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.	\$ _____
COVID-19 Personal Protective Equipment - 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.	\$ _____
COVID-19 Equipment and Supplies - Any indoor or outdoor equipment or technology purchased in response to the COVID-19 pandemic.	\$ _____
Operating Materials and Services - 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.	\$ _____
Mental Health Supports - Any costs of providing mental health counseling or support services to child care staff or children to ensure mental wellbeing.	\$ _____

CALCULATE ESTIMATED GRANT AMOUNT:

[The estimated grant amount will be populated for you when completing the application. In order to prepare for the application please complete the following to estimate your grant amount]

- Please click on the [estimation calculator](#).
- Enter your license number. The grant estimation will be calculated for you.
- Use that amount to complete the following table.

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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.

	Estimated Use
Personnel Costs: Payroll - Includes all full-time and part-time staff wages, state and federal payroll taxes.	\$ _____
Other Personnel Costs - 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).	\$ _____
Facility Costs - 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.	\$ _____
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COVID-19 Equipment and Supplies - Any indoor or outdoor equipment or technology purchased in response to the COVID-19 pandemic.	\$ _____
Operating Materials and Services - 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.	\$ _____
Mental Health Supports - Any costs of providing mental health counseling or support services to child care staff or children to ensure mental well-being.	\$ _____