

Provider Financial Assistance Program Application

Program Description

The Provider Financial Assistance Program (PFAP) is administered by the [Child Care Resource & Referral agency](#). PFAP is offered based on available funding.

The Provider Financial Assistance Program funds can be used for the purposes of:

- Start Up Funds
 - New programs to become fully registered/licensed through the State of Montana; or programs that have become registered/licensed within 6 months of grant application.
 - Licensing compliance such as balance of funds needed for fencing, egress windows, indoor/outdoor equipment, materials, etc.
 - Business equipment such as a computer, printer, and/or software to manage CACFP claims and customer billing, or Sign In/Sign out/Immunization tracking software
- Infant Toddler Expansion Funds
 - Licensed/Registered programs expanding the number of slots for Infants and/or Toddlers, ages 0-36 months. These funds must be specific to materials, additional space to serve these age groups, or to address staff needs to support the expansion.
- Emergency/Natural Disaster Funds
 - Licensed/Registered programs that have experienced an emergency or have health and safety concerns that could affect their ability to provide care.

Funds cannot be used for the following:

- Liability or home/renter's insurance
- Non-childcare specific items for the program
- Training costs

It is a reasonable expectation that purchases including shipping and handling are covered as part of the awarded funds. If awarded these funds, grantees will purchase the approved items and then submit the receipts for reimbursement or choose to have the CCR&R make the purchases and have materials shipped directly to the program.

The Provider Financial Assistance Program funds are available in a single grant award of a minimum \$500, maximum \$3,000 for any program type. One invoice per program can be submitted to ECSB. Exceptions for emergency funds can be made with consultation with and approval from ECSB.

The Provider Financial Assistance Program awards are determined by an award committee and may be less than the application amount. The award committee includes at a minimum CCR&R representation and the Child Care Licensor. The CCR&R may also contact local authorities if there are questions regarding the grant application. If the program has chosen to purchase items and receive reimbursement, once the items are purchased receipts may be submitted to the CCR&R for payment. Reimbursement can be expected within 30 days of receipts being received by the CCR&R.

Facility Name _____ Phone Number _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Email Address _____ Cell Phone _____

Name of Child Care Licensor (if known) _____

Facility Type: (please circle)

Family (up to 6 children) **Group** (up to 12 children) **Center** (13 or more children) **FFN Caregiver**

1. Have you ever been licensed before?	Yes	No
If so, when?		
Why did you discontinue providing care?		
2. Are you currently caring for children?	Yes	No
If yes, please describe your program and ages being served.		
3. If you are a new provider, what has prompted you to open a childcare?		
4. If you are applying for Infant Toddler expansion funds, please list the ages currently cared for, and describe your plans for expansion.		
5. If you are applying for Emergency funding, please describe the emergency and the need for your program. Please submit pictures detailing the impact to your program from the emergency situation.		
6. Will you purchase items and request reimbursement?	YES	NO
Will you request the CCR&R to purchase items and ship to the program?	YES	NO

Please initial the following statements for the funds being requested.

INITIAL IF APPLYING FOR START UP FUNDING

- _____ I agree to work with the Child Care Resource & Referral (CCR&R) agency's Professional Development Specialist throughout this process. This includes, but is not limited to:
- Together, create a timeline for the licensing application approval if appropriate.
 - Together, create a training plan for the first year of operation.
 - Be an active participant with the 360 Support Plan process.
- _____ I agree and understand that this is a one-time grant with one-time funding.
- _____ I agree I must become licensed within 6 months of receiving this grant.
- _____ I agree that if I do not complete the licensing process or do not receive an approved license or registration, any amount awarded must be repaid in full to the CCR&R within 3 months.
- _____ I agree that upon receiving these grant funds I will remain open for one year from the initial approval date. If the program closes before that date, any amount awarded must be repaid in full within 3 months.
- _____ I agree that I have read and completed the full grant application, including the list of purchases. Incomplete applications will not be considered.
- _____ I understand and agree that I am indemnifying the CCR&R in any liability/responsibility in the operation of items received through this grant. The CCR&R is not responsible for any incident that may occur in the course of delivery, construction, or day to day operations of the Facility/Program which received the grant.
- _____ I understand once signed, this application is the grant contract and the CCR&R will indicate the total amount awarded and provide me a copy.

INITIAL IF APPLYING FOR INFANT TODDLER EXPANSION FUNDING

- _____ I verify that I have a current license that is in good standing with Child Care Licensing.
- _____ I understand this funding can only be obtained with the addition of slots for children ages 0-36 months.
- _____ I agree that upon receiving these grant funds I will remain open for one year from the initial approval date. If the program closes before that date, any amount awarded must be repaid in full within 3 months.
- _____ I agree that I have read and completed the full grant application, including the list of purchases. Incomplete applications will not be considered.
- _____ I understand and agree that I am indemnifying the CCR&R in any liability/responsibility in the operation of items received through this grant. The CCR&R is not responsible for any incident that may occur in the course of delivery, construction, or day to day operations of the Facility/Program which received the grant.
- _____ I understand once signed, this application is the grant contract and the CCR&R will indicate the total amount awarded and provide me a copy.

INITIAL IF APPLYING FOR EMERGENCY/DISASTER FUNDING

- _____ I verify that an emergency or natural disaster has affected my program, and funding is needed to get back in operation.
- _____ I understand this funding is at the discretion of the CCR&R agency.
- _____ I verify that I have a current license that is in good standing with Child Care Licensing.
- _____ I agree that upon receiving these grant funds I will remain open for one year from the initial approval date. If the program closes before that date, any amount awarded must be repaid in full within 3 months.

- _____ I agree that I have read and completed the full grant application, including the list of purchases. Incomplete applications will not be considered.

- _____ I understand and agree that I am indemnifying the CCR&R in any liability/responsibility in the operation of items received through this grant. The CCR&R is not responsible for any incident that may occur in the course of delivery, construction, or day to day operations of the Facility/Program which received the grant.

- _____ I understand once signed, this application is the grant contract and the CCR&R will indicate the total amount awarded and provide me a copy.

Fill out the table provided.

See example below. Please attach any additional documentation to verify cost. (e.g. construction estimates, pictures, etc.). To add rows, click tab when you are in the "Total" box.

ITEM	HOW WILL THIS ITEM BENEFIT YOUR PROGRAM	# OF ITEMS	COST/ITEM	TOTAL
Nap Mats	Provide a comfortable safe place for the children to rest.	6	\$ 25.00	\$ 150.00

ITEM	HOW WILL THIS ITEM BENEFIT YOUR PROGRAM	# OF ITEMS	COST/ITEM	TOTAL

TOTAL AMOUNT REQUESTED \$ _____

If not initialed and signed, your grant will be returned and/or denied, and funds may not be awarded.

Provider Signature: _____ Date: _____

Printed Name: _____

FOR CHILD CARE RESOURCE & REFERRAL OFFICE USE ONLY:

Congratulations! Your application has been received and approved by the award committee.

Total amount awarded \$ _____

CCR&R Representative: _____ Date: _____