

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
 - For New programs in the process of becoming registered/licensed through the State of Montana; or for programs that have become registered/licensed within 6 months of the 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
- Emergency/Health and Safety Standards
 - Licensed/Registered programs that have experienced an emergency that could affect their ability to provide care and is not covered by insurance or not fully covered by insurance.
 - Licensed /registered programs that have health and safety concerns that could impact their ability to maintain their registration/license or 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.

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.

Director Name _____ PV# (if applicable) _____

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 check)

Family (up to 8 children) **Group** (up to 15 children) **Center** (16 or more children) **FFN Caregiver**

1a. Have you ever been licensed before? <input type="checkbox"/> Yes <input type="checkbox"/> No
1b. If so, when? Why did you discontinue providing care?
2a. If you are a new provider, or in the application process, when did you submit your application to Child Care Licensing?
2b. What is the status of your application? <input type="checkbox"/> Pending <input type="checkbox"/> Provisional <input type="checkbox"/> License Awarded, if so date issued: _____
3a. Are you currently caring for children? <input type="checkbox"/> Yes <input type="checkbox"/> No
3b. If yes, please describe your program and ages being served.

4. If you are a new provider, what has prompted you to open a childcare?		
5a. If you are applying for Emergency funding, please describe the emergency and how it impacts your programs.		
5b. Has the emergency resulted in an interruption of care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5c. Did you submit this to your insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please submit verification of claim and deductible.		
6a. If you are applying for health and safety concerns related to licensing, please describe the problem.		
6b. If it is not fixed, will it result in an interruption of care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6c. Have you been instructed by Child Care Licensing to fix this health and safety concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7a. Will you purchase items and request reimbursement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7b. Will you request the CCR&R to purchase items and ship to the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please initial the following statements for the funds being requested.

INITIAL IF APPYING FOR START UP FUNDING

_____ I agree to work with the Child Care Resource & Referral (CCR&R) agency's 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.
- Engage in conversations about the 360 Support Plan process, to see if it would be helpful.

_____ 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 APPYING FOR EMERGENCY/DISASTER/HEALTH AND SAFETY STANDARDS 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	\$ 41.67	\$ 249.99
ITEM LINK	Amazon.com: Hanging Rest Mat - Daycare and Preschool Nap Mats (6-Piece) - Assorted : Sports & Outdoors			

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

TOTAL AMOUNT REQUESTED \$ _____

I approve of using an e-signature to verify the details of my application (please initial): _____

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

Provider Signature: _____ Date: _____

Printed Name: _____

Please send completed application to:

Region 5: deb@fc406.org

Region 6: khristi@fc406.org

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: _____