

Guam's Narrow Cost Analysis Report

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES – 2022



GUAM.GOV

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OVERVIEW

To comply with CCDBG guidelines, the Office of Child Care requires Guam to periodically study and capture the child care market in our territory. The Bureau of Child Care Services (BCCS) under the Department of Public Health and Social Services (DPHSS) is responsible for providing child care assistance to low-income working families. We aim to determine the state of Guam's child care market among its current child care providers by conducting a narrow cost analysis to better provide access to child care services. This study would allow us to better understand our child care market on Guam by collecting, calculating, and modeling the cost of child care per child by their age groups: Infant, Toddler, Preschool, and School-Age. During the course of this study, we hope to gather data to help represent the state of our child care market and allow us to make better informed decisions to improve Guam's child care market.

METHODOLOGY

With the guidance from DPHSS, the Guam Economic Development Authority (GEDA) designed an application as part of our Guam Child Care Provider Assistance Program funded by ARPA. This program aims to help stabilize the child care market on Guam which would also allow us the opportunity to gather the necessary data for our narrow cost analysis. The application was designed to gather information on the following categories:

- Employee Payroll
- Employee Benefits
- Rent/Mortgage
- Facility Expenses
- Personal Protective Equipment
- Training for Health and Safety
- Equipment and Supplies in Response to COVID-19
- Goods and Services
- Number of Children Enrolled Per Age Group

All 45 child care providers at the time, December 2021, applied and were eligible for the program which allows us to capture the entirety of Guam's child care market. Data collected will reflect expenses from July 2021 to September 2021. Expenses will be averaged for the three months and used for the purpose of this study as well as the number of children enrolled at the time of application submission, December 2021, in the four age groups: Infant, Toddler, Preschool, and School-Age.

RESULTS

With the collected data, we are able to examine the average expenses per month. In Table 1 below, we can see the totals for each category of expenses incurred per month for all 45 child care providers. This would help in assessing the expenses incurred to maintain our child care market and how we can resolve or alleviate some of the weaknesses.

Table 1: Monthly Child Care Expenses

| Payroll | Employee Benefits | Rent/Mortgage | Facility Expenses | Personal Protective Equipment | Training for Health and Safety | Equipment & Supplies in Response to COVID-19 | Goods and Services |
|--------------|-------------------|---------------|-------------------|-------------------------------|--------------------------------|--|--------------------|
| \$677,891.88 | \$54,272.54 | \$118,982.53 | \$121,788.08 | \$30,069.27 | \$11,209.21 | \$25,734.74 | \$85,849.70 |

Table 2 expands on the total number of children for each age group for all 45 child care providers sorted by region. One other factor to note is the number of providers per region: Northern = 14, Central = 28, and Southern = 3. We can use this to help make informed decisions on various activities like public outreaches.

Table 2: Enrollment Per Region

| AGE GROUPS REGIONS | | | | | TOTALS |
|-----------------------|---------|----------|-----------|------------|--------|
| | INFANTS | TODDLERS | PRESCHOOL | SCHOOL-AGE | |
| NORTHERN* | 47 | 112 | 123 | 77 | 360 |
| CENTRAL** | 96 | 289 | 492 | 214 | 1091 |
| SOUTHERN*** | 2 | 20 | 17 | 27 | 66 |
| TOTALS | 145 | 421 | 632 | 318 | 1517 |

*Includes Villages: Dededo, Yigo, Harmon, Gun Beach-Side of Tumon

**Includes Villages: Hagatna, Anigua, Tamuning, Tumon, Barrigada, Mangilao, Chalan Pago-Ordot, Mongmong-Toto-Maite, Sinajana, Agana Heights

***Includes Villages: Talofofo, Yona, Piti, Asan-Maina, Agat, Santa Rita, Inarajan, Merizo, Umatac

Table 3 will cover the medians of each kind of expense per region to capture significant figures that would more accurately represent the different costs of child care.

Table 3: Monthly Child Care Expense Medians

| REGIONS | NORTHERN* | CENTRAL** | SOUTHERN*** |
|---|------------------|------------------|--------------------|
| EXPENSES | | | |
| PAYROLL | \$11,413.65 | \$11,560.00 | \$5,500.00 |
| EMPLOYEE BENEFITS | \$853.50 | \$470.82 | \$311.88 |
| RENT/MORTGAGE | \$2,500.00 | \$2,366.92 | \$1,500.00 |
| FACILITY EXPENSES | \$2,375.00 | \$1,943.91 | \$3,112.42 |
| PERSONAL PROTECTIVE EQUIPMENT | \$425.00 | \$251.04 | \$409.15 |
| TRAINING FOR HEALTH & SAFETY | \$236.69 | \$100.00 | \$0 |
| EQUIPMENT & SUPPLIES IN RESPONSE TO COVID-19 | \$250.00 | \$250.00 | \$33.00 |
| GOODS & SERVICES | \$618.50 | \$304.04 | \$360.85 |

*Includes Villages: Dededo, Yigo, Harmon, Gun Beach-Side of Tumon

**Includes Villages: Hagatna, Anigua, Tamuning, Tumon, Barrigada, Mangilao, Chalan Pago-Ordot, Mongmong-Toto-Maite, Sinajana, Agana Heights

***Includes Villages: Talofofo, Yona, Piti, Asan-Maina, Agat, Santa Rita, Inarajan, Merizo, Umatac

Table 4 will examine the actual cost per child per month by region to help us determine a trend and possibly reveal any obstacles to providing access to child care for low-income families. Here, we took the total sum of expenses per month and divided it by the total amount of children enrolled.

Table 4: Monthly Cost Per Child

| | Cost Per Child |
|-------------|----------------|
| Northern* | \$843.50 |
| Central** | \$700.97 |
| Southern*** | \$869.34 |

*Includes Villages: Dededo, Yigo, Harmon, Gun Beach-Side of Tumon

**Includes Villages: Hagatna, Anigua, Tamuning, Tumon, Barrigada, Mangilao, Chalan Pago-Ordot, Mongmong-Toto-Maite, Sinajana, Agana Heights


***Includes Villages: Talofofo, Yona, Piti, Asan-Maina, Agat, Santa Rita, Inarajan, Merizo, Umatac

LIMITATIONS

These narrow cost estimates are subject to a couple of limitations: a lack of annual data and having a small variety of data sets. The data collected only reflects the operational expenses over a period of 3 months which may not accurately convey a precise measurement of monthly or yearly expenses. The other limitation is having a small variety of data to work with which means less factors to calculate and examine like center size by square foot or number of classrooms. Besides the limitations of data, we could also look at more ways to classify the child care providers instead of by region. This way we can examine and research into different trends when we assess the results.

APPENDIX A


Adahi FamaGu'on Child Care Assistance Program – Stabilization 2021 Provider Application

 **LOURDES A. LEON GUERRERO**
I MAGA'HAGA GUAHAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
I SEGUNDO NA MAGA'LAHEM GUAHAN
LT. GOVERNOR OF GUAM

MELANIE MENDIOLA
CHIEF EXECUTIVE OFFICER/ADMINISTRATOR
ATKADI EKSEKUTIBU OFISIAT/ADMINISTRADORA

JOANN G. CAMACHO
DEPUTY ADMINISTRATOR
I SEGUNDO NA ADMINISTRADORA



Adahi / famaGU'on
CHILD CARE ASSISTANCE PROGRAM -
STABILIZATION 2021

A program by the Office of Governor & Lt. Governor, administered by the Guam Economic Development Authority as part of the Child Care Stabilization Grant, funded by the American Rescue Plan Act.

The background of the slide features a large, faint, light blue seal of the Governor of Guam. The seal is circular and contains a palm tree in the center, flanked by two scales of justice. The words "GOVERNOR'S SEAL" are written in a circular path around the central image, with stars interspersed between the words.

With the creation of the Guam Child Care Provider Assistance Program, we are making investments in the child care industry...to help stabilize daycares and provide the support services for our essential workers and families needing to return to work.

This investment will also allow for improvements to child care facilities to make them safer in line with public health measures.

Lourdes A. Leon Guerrero

*I Måga'Hågan Guåhan
Governor of Guam*

Adahi / **famaGU'on**

ABOUT THE CHILD CARE ASSISTANCE PROGRAM STABILIZATION 2021

The child care industry of Guam is at a very volatile state due to impacts of the Coronavirus pandemic. Restrictions on occupancy levels and no approved vaccine available for children 12 years and younger, causing low attendance and less financial resources within the child daycare setting, as well as low attendance by families due to fear of putting their children in the daycare setting because of the potential of catching the Coronavirus. The current occupancy and attendance levels (20% to 50%) within Guam child care centers, is placing child care providers in a precarious situation, where they are struggling to meet their minimal operational needs to stay open or are at the verge of shutting down. These child care centers/providers play a critical role in providing child care for Guam families, so that parents of these children using these child care services, are able to work, go to school, and be contributing members of the community.

The American Rescue Plan Act (ARP) made available one-time supplemental funding geared at stabilizing this fragile child care market with a focus on rebuilding a stronger child care system that supports the development and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supporting a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. The ARP child care

stabilization program requires that the stabilization program funds be issued to qualified and eligible child care providers to cover operational expenses as a way to stabilize these fragile child care industry and the many small businesses (i.e. qualified child care centers) that comprises the child care market.

To assist these child care centers to recover and rebuild, the ARP Act appropriates \$20,000,000.00 in direct aid. The establishment of the Guam Child care Assistance Program-Stabilization 2021 (hereafter referred to as "CAPS2021") will be administered by the Guam Economic Development Authority (hereafter referred to as "GEDA") pursuant to Governor Lourdes Leon Guerrero's Executive Order (EO) 2021-28 executed on October 31, 2021.

PROGRAM INFORMATION

PROGRAM INFORMATION

GEDA guidance for CAPS-2021 incorporates the required legal mandates relative to the program.

ELIGIBILITY

To be eligible, early care and education programs must be:

- Certified Child Care Development Fund ("CCDF") Provider by the Department of Public Health and Social Services ("DPHSS") pursuant to federal law and guidelines for the CCDF.
- Meets applicable DPHSS health and safety requirements at the time of application including the completion of comprehensive background checks.
- In good standing with Guam's regulations for licensed or registered child care centers, for the purposes of this program, a provider must be compliant with current regulations and may not be in an active repayment process or the subject of an active investigation or enforcement action by DPHSS.

INELIGIBILITY

Ineligible organizations or programs include:

- a) Afterschool programs at public or private schools;
- b) At home childcare centers;
- c) Businesses that were once open and are now permanently closed.

APPLICATION PERIOD

Applications will be accepted via email to caps2021@invest-guam.com beginning 8:00 a.m., November 19, 2021.

The program application submission deadline is 5:00 p.m. Friday, December 3, 2021 and is subject to the availability of funds.

Applications that are hand delivered to the dropbox available at the GEDA office will not be reviewed until the next business day. Email submissions are highly encouraged.

REQUIRED DOCUMENTATION

*Additional information may be required of the applicant. INCOMPLETE SUBMITTED APPLICATIONS WILL NOT PROGRESS FURTHER IN THE REVIEW PROCESS

1. Completed and signed program application.
2. Completed and signed self-certification.
3. Applicant's current business license.
4. Copy of 2019 and 2020 Guam Income Tax with attached schedule C showing expenses.
5. Current monthly revenue / expense from July 2021 through September 2021 (or most 3 current months)
6. Prospective 2022 monthly expense / Coronavirus related costs and/or renovations.
7. Copy of current commercial lease or mortgage statement.

AWARD AMOUNT

Award calculation takes into account the need to stabilize the child care industry which has been severely impacted by the Coronavirus pandemic.

It is the first (1st) priority of GEDA to provide stability for the industry over the next six (6) months while the industry recovers by covering a portion of prospective expenses. Providers may use funds for facility maintenance and improvements of child care facilities.

PROGRAM INFORMATION



The second (2nd) priority is to assist Guam child care centers by providing reimbursement of past costs incurred after the declaration of the U.S. public health emergency on January 31, 2020 that have not already been covered by other grant programs, and one time expenses for previous or prospective renovations and improvements in response to the COVID-19 pandemic.

The third (3rd) and final priority is to assist those centers that have seen significant revenue shortfalls in enrollment due to the Coronavirus pandemic.

a) **BASE GRANT**

- i. 80% of monthly prospective 2022 Expenses, as verified by previously reported eligible expenses for six (6) months.
- ii. 80% of COVID-19 related expenses not already covered by other grants since January 31, 2020.
- iii. 80% of one time expenses for previous or prospective renovations and improvements in response to the COVID-19 pandemic.

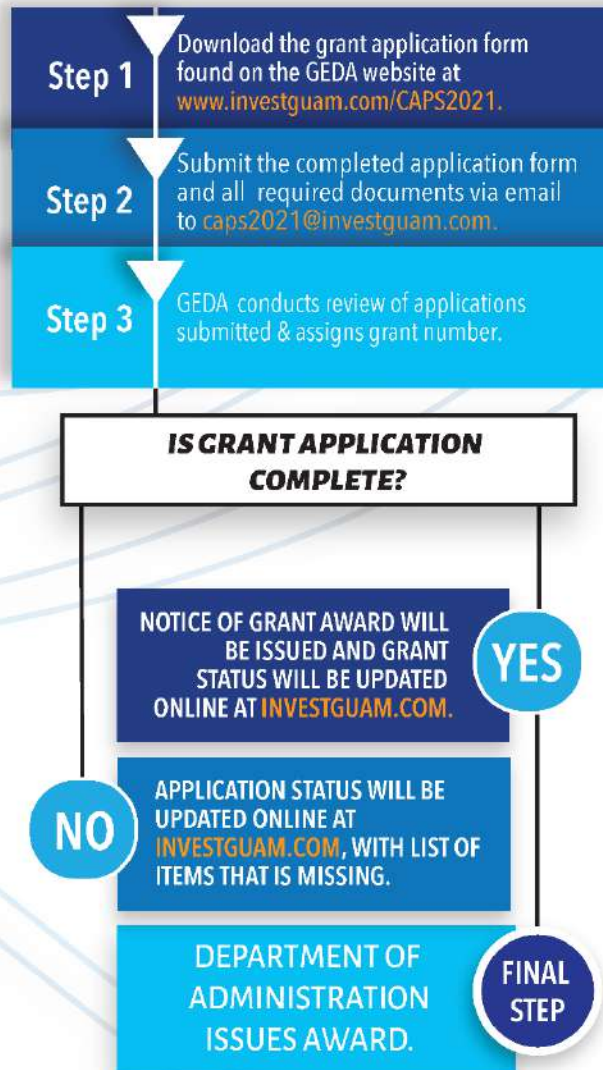
- b) **ADDITIVE:** Net Enrollment impact (Dec 2019 enrollment minus Sept 2021 enrollment) X Monthly Avg. cost of Child Care X 6 months.

Maximum Award Amount

Total award amount is based on the stated calculation and shall not exceed Four Hundred Thousand Dollars (\$400,000.00) per business.

Award will be based on information provided by the applicant only.

APPLICATION PROCESS



GRANT CHECKLIST

☐ **GRANT APPLICATION**

☐ PAGE 1

☐ PAGE 2

☐ **FORM 1121 EXPENSE WORKSHEET**

☐ SIGNED: ☐ Y ☐ N

☐ **PROVIDER CERTIFICATION/AFFIRMATION**

☐ SIGNED: ☐ Y ☐ N

☐ **INCOME (STAMPED FILED)**

☐ 2019 INCOME TAX

☐ Schedule C

☐ 2020 INCOME TAX

☐ Schedule C

☐ **2021 MONTHLY REVENUE & EXPENSES**

☐ Jul

☐ Aug

☐ Sep

☐ Other: _____

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CHILD CARE ASSISTANCE PROGRAM -
STABILIZATION 2021

☐ **2022 PROSPECTIVE MONTHLY
EXPENSES, COSTS AND/OR
RENOVATIONS RELATED TO THE
PANDEMIC**

☐ **CURRENT CCDF LICENSE ISSUED
BY THE DEPARTMENT OF PUBLIC
HEALTH AND SOCIAL SERVICES**

☐ **CURRENT LEASE OR MORTGAGE
STATEMENT**

GRANT PROGRAM HELP DESK

Website: www.investguam.com/CAPS2021

Email: caps2021@investguam.com

Point of Contact: Gloria G. Molo

Phone Number: 671-647-4332



LOURDES A. LEON GUERRERO
I MAGA MAGA GUÑAHN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
I SEGUNDO NA MAGA TAREN GUÑAHN
LI. GOVERNOR OF GUAM

Adahi!
famaGU'on
CHILD CARE ASSISTANCE PROGRAM -
STABILIZATION 2021

MELANIE MENDIOLA
CHIEF EXECUTIVE OFFICER/ADMINISTRATOR
ATIKADI EISEKUTIBU OFISIAT/ADMINISTRADORA

JOANN G. CAMACHO
DEPUTY ADMINISTRATOR
I SEGUNDO NA ADMINSTRADORA



APPLICATION

No. _____

Date _____

If you have questions, or need help in completing this application, please call Ms. Gloria Molo at (671) 647-4332 or via email at caps2021@investguam.com.



section one: applicant information

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------------|---|---|--|---|-------------------------------------|---|---|--|----------------------------------|---------------------------------------|----------------------------------|-------------------------------|--|-----------------------------------|--|---------------------------------|---------------------------------|--|---------------------------------|--|---------------------------------------|--|--|--|--|--|--|
| Child Care Program/Owner Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Address | Street | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | GUAM | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | Street/P.O. Box | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | GUAM | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | Website (if available) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Business Name or DBA as shown on Business License | | | Employer Identification Number (EIN) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator/Director Name: | | | Operator/Director Email: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator/Director Race & Ethnicity (Select all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> ASIAN: Asian Indian</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> PACIFIC ISLANDER: Native Hawaiian</td> <td><input type="checkbox"/> Operator/Director Gender</td> </tr> <tr> <td><input type="checkbox"/> Black and/or African American</td> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Chamoru</td> <td><input type="checkbox"/> Male</td> </tr> <tr> <td><input type="checkbox"/> White/Caucasian</td> <td><input type="checkbox"/> Filipino</td> <td></td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Female</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Korean</td> <td></td> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Other Inclusive</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Prefer not to say</td> </tr> </table> | | | | | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> ASIAN: Asian Indian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> PACIFIC ISLANDER: Native Hawaiian | <input type="checkbox"/> Operator/Director Gender | <input type="checkbox"/> Black and/or African American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Chamoru | <input type="checkbox"/> Male | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Filipino | | <input type="checkbox"/> Samoan | <input type="checkbox"/> Female | | <input type="checkbox"/> Korean | | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other Inclusive | | | | | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> ASIAN: Asian Indian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> PACIFIC ISLANDER: Native Hawaiian | <input type="checkbox"/> Operator/Director Gender | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Black and/or African American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Chamoru | <input type="checkbox"/> Male | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Filipino | | <input type="checkbox"/> Samoan | <input type="checkbox"/> Female | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Korean | | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other Inclusive | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | |



section two: operational status

| | |
|---|---|
| <p>A. Is your Child Care Center Licensed CCDF Center, certified by the Guam Department of Public Health & Social Services?</p> <p><input type="checkbox"/> YES, MY CCDF LICENSE NUMBER IS: _____</p> <p><input type="checkbox"/> NO. (INELIGIBLE FOR CAP2021)</p> | <p>D. What is the current status of your program?</p> <p><input type="checkbox"/> Open</p> <p><input type="checkbox"/> Temporarily closed due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19) public health emergency.</p> <p>Please give details about the temporary closure and planned date to reopen: _____</p> |
| <p>B. Was your program licensed/registered/certified/regulated on or before March 11, 2021?</p> <p><input type="checkbox"/> Yes (Go to Question D)</p> <p><input type="checkbox"/> No</p> | <p>E. What is the total capacity of your facility as approved by the Health & Social Services? _____</p> |
| <p>C. Does your program meet Child Care and Development Fund health and safety requirements including the completion of comprehensive background checks? Failure to comply will result in disqualification or non-acceptance of future applications.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>F. Days of Operation: _____</p> |
| | <p>G. Hours of Operation: _____</p> |



section three: enrollment census

| | |
|--|---|
| <p>H. What is your current TOTAL enrollment by age? <i>(CCDF and non-CCDF children)</i></p> <p>Total Infants: _____</p> <p>Total Toddler: _____</p> <p>Total Preschool: _____</p> <p>Total School Age: _____</p> <p>TOTAL ENROLLMENT: <u>0</u></p> | <p>I. What was your average enrollment by age between October to December 2019, before COVID-19? <i>(CCDF and non-CCDF children)</i></p> <p>Total Infants: _____</p> <p>Total Toddler: _____</p> <p>Total Preschool: _____</p> <p>Total School Age: _____</p> <p>TOTAL ENROLLMENT: <u>0</u></p> |
|--|---|

| J: Did your program receive any of the following*? | How much funds were received? | What months were the funds support applied to? | What activities did the funds support? |
|---|-------------------------------|--|--|
| Payroll Protection Program (PPP) | | | |
| Pandemic Unemployment Assistance (PUA) | | | |
| Guam Department of Education Coronavirus Aid, Relief, and Economic Security (CARES) Act | | | |
| Guam Economic Development Authority Rental Assistance Grant Program (RAG) | | | |
| Guam Economic Development Authority Small Business Pandemic Assistance (PAG) | | | |

**Attach supporting documents that show what the funding was used for, for whom, when, and what activities (e.g. payroll, bonus).*

| |
|--|
| <p>K. Of the children enrolled, how many are funded by the following programs?</p> <p>Head Start: _____ CCDF: _____ TOTAL: _____</p> |
|--|



provider certification

Initial next to each statement to confirm you read, understood and agree to each.

- _____ To receive a stabilization grant under the Adahi I FamaGU'on Child Care Assistance Program - Stabilization 2021, I agree to use the funds only for the categories for purposes indicated in Form 1121 of this application, which I plan to fund. Furthermore, I understand and agree to provide notice to and seek approval of the Guam Department of Public Health & Social Services should any movement or transfer of funds between categories become necessary.
- _____ I 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 all terms, conditions, rules, regulations and guidelines for the Adahi I FamaGU'on Child Care Assistance Program - Stabilization 2021.
- _____ By receiving stabilization funding, I agree to submit to an audit by any auditor of CCDF's choosing. I will grant the auditor access to and the right to examine and copy any records, data or papers relevant to this subgrant until seven (7) years have passed since the final payment pursuant to this subgrant.
- _____ The undersigned being duly noticed, that willful false statements and the like are punishable by fine or imprisonment, or both under 18 USC 1001, and that such willful false statements and the like may jeopardize the validity of the application of document or any registration resulting therefrom declares that all statements made of his/her knowledge on this application are true and all statements made on information and belief are believed to be true.



provider affirmation

BY SIGNING THIS APPLICATION, I CERTIFY THAT I WILL MEET THE REQUIREMENTS THROUGHOUT THE PERIOD 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, territorial, Tribal, and local 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) for the duration of the subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period. I will not reduce wages regardless of children's enrollment/attendance.
- C. _____ I will provide relief from 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.

BY SIGNING BELOW, I HEREBY CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND VOLUNTARILY AGREE TO THE TERMS, CONDITIONS, RULES, AND GUIDELINES SET FORTH FOR THE ADAHI I FAMAGU'ON CHILD CARE ASSISTANCE PROGRAM-STABILIZATION 2021.

AUTHORIZED REPRESENTATIVE PRINT NAME

AUTHORIZED SIGNATURE

DATE



APPLICANT: _____

No. _____

| I. 2022 PROJECTED AVERAGE MONTHLY OPERATING EXPENSES | |
|---|-------------------------------|
| Allowable Expenses | Average Monthly Cost |
| Payroll: (number of full time employees currently on payroll: _____) | |
| Benefits: | |
| Other Personnel Costs: | |
| Rent or Mortgage: | |
| Facility Expenses (Utilities, Insurance, Maintenance): | |
| Personal Protective Equipment (PPE), Including Cleaning and Sanitation Supplies and Services: | |
| Training Expenses for Staff on Health and Safety Practices: | |
| Equipment and Supplies in Response to COVID-19: | |
| Goods and Services to Maintain or Resume Services: | Amount: _____ Describe: _____ |
| TOTAL AVERAGE MONTHLY EXPENSES | \$ 0.00 |

Note: Continue Table I list on a separate page and attached if needed.

| II. AVERAGE MONTHLY OPERATING EXPENSES (JULY - SEPTEMBER 2021) | |
|---|-------------------------------|
| Allowable Expenses | Average Monthly Cost |
| Payroll: (number of full time employees currently on payroll: _____) | |
| Benefits: | |
| Other Personnel Costs: | |
| Rent or Mortgage: | |
| Facility Expenses (Utilities, Insurance, Maintenance): | |
| Personal Protective Equipment (PPE), Including Cleaning and Sanitation Supplies and Services: | |
| Training Expenses for Staff on Health and Safety Practices: | |
| Equipment and Supplies in Response to COVID-19: | |
| Goods and Services to Maintain or Resume Services: | Amount: _____ Describe: _____ |
| TOTAL AVERAGE MONTHLY EXPENSES | \$ 0.00 |

NOTE: Continue Table II list on a separate page and attached if needed.

| III. ONE-TIME EXPENSES | |
|---|-------------------------------|
| Allowable Expenses | Average Monthly Cost |
| Past Renovation/Capital Improvements | Amount: _____ Describe: _____ |
| Prospective Renovation/ Capital Improvements | Amount: _____ Describe: _____ |
| | |
| | |
| | |

NOTE: Continue Table III list on a separate page and attached if needed.

