



The Department of Public Health and Social Services (DPHSS) and the Guam Economic Development Authority (GEDA) have established the Prugrãman Pinilan Community Care and After School Programs to support child care programs in the local community and are encouraging eligible applicants to apply.

# Relative Care Grant Fact Sheet



## I APPLICATION CHECKLIST

- a. Relative Care Grant Application
- b. Inspection Report completed by DPHSS
- c. Price quotations and/or receipts for all grant fund purchases
- d. Department of Administration (DOA) Vendor Record/Electronic Funds Transfer (EFT) Establishment
  - New vendor record applicants must provide proof of submission of their request to DOA
  - Applicants with existing vendor IDs must ensure they are enrolled for Electronic Funds Transfer with DOA

## II PROGRAM INFORMATION

### ELIGIBILITY

To be eligible, provider must be a:

- a. Relative Care provider who received their certification from DPHSS beginning April 5, 2022; **or**
- b. Relative Care provider who has been deemed eligible by DPHSS and are working with DPHSS for certification.

### INELIGIBILITY

Ineligible organizations or providers include:

- a. In-home providers – a family home in which children are cared and supervised in their own home setting; or
- b. Child Care Development Fund licensed or certified center; or
- c. Public or private schools

### APPLICATION PERIOD

Applications will be accepted beginning Tuesday, August 16, 2022 at 3pm. The deadline to submit an application will be Friday, October 14, 2022.

### APPLICATION PROCESS

1. Download the grant application form from the GEDA website at [www.investguam.com](http://www.investguam.com) or a hard copy of the application may be picked up at the GEDA office located on the 5th floor of the ITC Building, Tamuning between 8:00 a.m. – 5:00 p.m. Monday through Friday, excluding holidays.
2. Complete and submit the application form and all required documents via email to [caps2022@investguam.com](mailto:caps2022@investguam.com) or hand deliver to the GEDA Office.
3. A unique application number will be assigned. Application will then be reviewed by GEDA and DPHSS
4. If application is complete and deemed eligible, a notice of grant award will be issued and sent to the applicant.



5. If application is deemed ineligible, a notice of ineligibility will be issued and sent to the applicant with details of ineligibility.
6. Payment requests will be sent to the Department of Administration for payment of grant award

## USE OF PROGRAM FUNDS

Funds must be used before September 30, 2023.

Allowable uses of grant funds include the following:

**A. Facilities Maintenance** - Allowable facility maintenance and improvements may include, but are not limited to, building or upgrading outdoor play area, renovating bathroom(s), installing railings or ramps to make the home more accessible, and removing non-load bearing walls to create additional space for social distancing.

**B. Personal Protective Equipment, Cleaning, and other Health and Safety Equipment and Practices** - Personal protective equipment (PPE), cleaning and sanitization supplies and services, safety equipment, training and professional development related to health and safety practices.

**C. Equipment and Supplies** - This category includes purchases of or updates to equipment and supplies to respond to the COVID-19 public health emergency. So long as the equipment and supplies are in response to the COVID-19 public health emergency, they may include indoor and outdoor equipment and supplies that facilitate practices consistent with safety protocols and developmentally appropriate practice, as well as items needed to respond to new challenges, such as software and upgrades. This also includes technological upgrades that programs can use to collect data and report to lead agencies.

**D. Goods and Services** - This category includes any material good or service necessary for the operation of a child care program. Examples of goods that might be necessary to maintain or resume child care services include food and equipment and materials to facilitate play, learning, eating, diapering and toileting, or safe sleep. Examples of services that are allowable include business automation training and support services, shared services, child care management services, and food services.

**E. Mental Health Services** - Infant and early childhood mental health consultation (IECMHC), an evidence-based, prevention-based strategy that teams mental health professionals with people who work with young children and their families to improve their social, emotional, and behavioral health and development in the settings where children learn and grow, is one example of an allowable mental health support.

\* **DPHSS & GEDA reserves the right to include additional conditions and requirements.**

## MAXIMUM AWARD AMOUNT

Total award amount shall not exceed Five Thousand Dollars (\$5,000.00). Additional consideration will be offered for applicants who are caring for children with special needs and will be on a case by case basis.

Learn more and apply today at [investguam.com](https://investguam.com) or call (671) 647-4332.

This program paid for with federal funds administered by DPHSS.



SCAN ME



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# Relative Care application form



**\*\*OFFICIAL USE ONLY\*\***

APPLICATION NO.: \_\_\_\_\_ DATE RECEIVED BY GEDA: \_\_\_\_\_

**APPLICATION CHECKLIST**

- Inspection Report completed by DPHSS     Price quotations and/or receipts for all grant fund purchases
- Department of Administration (DOA) Vendor Record/Electronic Funds Transfer (EFT) Establishment Form  
New vendor record applicants must provide proof of submission of their request to DOA  
Applicants with existing vendor IDs must ensure they are enrolled for Electronic Funds Transfer with DOA

**SECTION I: APPLICANT INFORMATION**

FULL NAME: \_\_\_\_\_

PHYSICAL ADDRESS OF HOME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT NO. \_\_\_\_\_ ALTERNATE CONTACT NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ GOVERNMENT OF GUAM VENDOR #: \_\_\_\_\_

## SECTION II: CHILD(REN) INFORMATION

List all children in the household, to include provider's natural children.

### CHILD 1:

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BLOCK GRANT RECIPIENT:  YES  NO

### CHILD 2:

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BLOCK GRANT RECIPIENT:  YES  NO

### CHILD 3:

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BLOCK GRANT RECIPIENT:  YES  NO

### CHILD 4:

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BLOCK GRANT RECIPIENT:  YES  NO

### CHILD 5:

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BLOCK GRANT RECIPIENT:  YES  NO

### CHILD 6:

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BLOCK GRANT RECIPIENT:  YES  NO

**SECTION III: USE OF FUNDS**

List and briefly describe purchases you have made or propose to make using grant funds to meet DPHSS home inspection requirements.

**\*\* All items listed will be subject to approval by DPHSS and GEDA. \*\***

CATEGORY	DESCRIPTION	COST
FACILITIES MAINTENANCE		
	<b>SUBTOTAL</b>	
PPE, CLEANING, AND OTHER HEALTH & SAFETY EQUIPMENT AND PRACTICES		
	<b>SUBTOTAL</b>	
EQUIPMENT AND SUPPLIES		
	<b>SUBTOTAL</b>	
GOODS AND SERVICES		
	<b>SUBTOTAL</b>	
MENTAL HEALTH SERVICES		
	<b>SUBTOTAL</b>	
<b>TOTAL</b>		

## SECTION IV: SELF CERTIFICATION

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

I agree to use the funds only for the allowable costs associated with this program. Furthermore I understand and agree to provide notice and seek approval by DPHSS & GEDA should any movement or transfer of funds become necessary.

I understand that it is my responsibility to maintain records and other documents to support the use of funds I received, as well as to document my compliance with all terms & conditions, rules & regulations and guidelines for Prugrãman I Pinilan I Famagu'on Guãhan.

By receiving funding, I agree to submit to an audit, by any auditor of CCDF's choosing, and will grant access and right to examine and copy any and all records, data, or documents relevant to this grant until seven (7) years have passed since the final payment pursuant to this grant.

The Grantee further certifies that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. Grantee understands that any misleading or false statements or any false written or oral representation with respect to the Prugrãman I Pinilan I Famagu'on Guãhan, may result in the Grantor rescinding the grant by written notice to Grantee. In such event the Grantee agrees to and shall, within five (5) days following the receipt of such notice, return to the Grantor, an amount equal to Grant payments received plus interest at the prime rate set forth in the Wall Street Journal in effect on the date of such notice. Grantee agrees to pay the Grantor's attorney fees and actual costs incurred in the collection of grants funds.

\_\_\_\_\_  
**Authorized Representative (Print Name)**

\_\_\_\_\_  
**Authorized Representative (Signature)**

\_\_\_\_\_  
**Date**

**\*\*OFFICIAL USE ONLY\*\***

**GEDA STAFF SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DPHSS STAFF SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION

DIVISION OF ACCOUNTS

mail: ATTN: Division of Accounts, P.O. Box 884, Hagatna, GU 96932 \* fax: 671-472-8483



## VENDOR RECORD / EFT ESTABLISHMENT REQUEST

To: Accounts Payable Section

From: \_\_\_\_\_

Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

**NEW VENDOR**

**CHANGE OF VENDOR RECORD**

Name \_\_\_\_\_

Name \_\_\_\_\_

Mailing \_\_\_\_\_

Mailing \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### OTHER REQUIRED INFORMATION

Taxpayer ID No./Soc Sec No: \_\_\_\_\_

Type of Product / Svc: \_\_\_\_\_

Contact Number (primary): \_\_\_\_\_

Contact No.(other): \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Check all Applicable:**  Petty Cash Custodian

Business License  Proper identification

**TRAVEL**  **EMPLOYEE**

Form W-9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

### Electronic Funds Transfer (EFT) Information<sup>1</sup>

Type of  **Checking:** Attach Voided Check or Personalized Deposit Slip

Account:  **Savings:** Attach Copy of Current Bank Statement

Bank Name and Address \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

<sup>1</sup> The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 GCA §8169 which state:

*Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.*

**Existing Vendor Number** \_\_\_\_\_

**NOTE: Please attach all required supporting documentation. Incomplete requests will not be processed and may create unnecessary delays in the vendor establishment process.**

VENDOR APPLICANT'S SIGNATURE

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### DEPARTMENT OF ADMINISTRATION

**Vendor Number** \_\_\_\_\_

Established by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date