



# Village Community Care Programs



## **Prugrãman i Pinilan i Famagu'on Guåhan** **Village Community Care Programs**

### ***ABOUT PRUGRAMAN I PINILAN I FAMAGU'ON GUAHAN***

To assist village community care programs for school-age children, ages 5 through 13, who play a critical role in providing safe, enriching environments for children before and after school and during summer months and seasonal camps. The establishment of the Prugrãman I Pinilan I Famagu'on Guahån (hereafter referred to as "Prugrãman Pinilan") will be administered by the Guam Economic Development Authority (hereafter referred to as the "GEDA").

APPLICATION NO. \_\_\_\_\_

DATE \_\_\_\_\_

*\* Please see Program Fact Sheet for guidance*

## SECTION I: APPLICANT INFORMATION

Legal Business Name (as shown on business license)

Physical Address    Street Number & Name    City    State    Zip

Mailing Address    Street/P.O. Box    City    State    Zip

Telephone No.    Email Address    Website

Funding Request Amount    EIN #    Government of Guam Account #    DUNS #

Mayor's Name    Mayor's Email

### For Statistical Purposes:

Mayor's Race & Ethnicity (Select all that apply)

- American Indian or Alaskan Native
- Black and/or African American
- White/Caucasian

- ASIAN:
- Asian Indian
  - Chinese
  - Filipino
  - Korean

- Vietnamese
- Other: \_\_\_\_\_

- PACIFIC ISLANDER:
- Native Hawaiian
  - Chamoru
  - Samoan
  - Other: \_\_\_\_\_

### Mayor's Gender

- Male
- Female
- Other Inclusive
- Prefer not to say



## SECTION II: OPERATIONAL STATUS

A. Is your Facility a Licensed Child Care Center?

If yes, please attach a copy of your CCDF License. If none, please attach a copy of CCDF application.

Yes       No

B. Is your Facility a Certified Child Care Development Fund ("CCDF") Provider?

If yes, please attach a copy of your CCDF Certification. If none, please attach a copy of CCDF application.

Yes       No

C. Was your program Licensed/Regulated by the Department of Revenue and Taxation on or before March 11, 2021?

D. Please provide the following documents

- Tax-exempt certificate
- Articles of Incorporation
- ByLaws
- Form 990 for 2021

E. What is the current status of your program?

Open

Temporarily closed due to public health, financial hardship, or other reasons relating to the corona virus disease 2019 (COVID-19) public health emergency.

Please give details about the temporary closure and planned date to reopen: \_\_\_\_\_

New program

F. What is your current TOTAL enrollment at the time of application or anticipated enrollment for new programs ?

Total School Age (5 yrs and up): \_\_\_\_\_

Total Enrollment: \_\_\_\_\_

## SECTION III: PREVIOUS GRANTS RECEIVED SUPPORTING THE REQUESTED CHILDCARE PROGRAMS

	How much funds were received?	What months were the funds applied to?	What activities did the funds support?
Guam Department of Education Coronavirus Aid, Relief, and Economic Security (CARES) Act			
Other grants received under CARES, American Rescue Plan Act (ARPA), or Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA)			

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

## SECTION IV: SELF CERTIFICATION

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

To receive a stabilization grant under the Prugraman I Pinilan I Famagu'on Guahan, I agree to use the funds only for the allowable costs associated with this program that have not been funded by any other grant received/awarded. Furthermore, I understand and agree to provide notice to and seek approval of GEDA should any movement or transfer of funds becomes necessary.

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

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 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 Prugraman I Pinilan I Famagu'on Guahan, 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.

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Authorized Representative (Print Name)

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Authorized Representative (Signature)

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Date

## SECTION V: 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 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 PRUGRAMAN I PINILAN I FAMAGU'ON GUAHAN.**

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

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

\_\_\_\_\_  
Date

## **SECTION VI: MISSION STATEMENT**



## **SECTION VII: ORGANIZATIONAL CAPACITY**

**SECTION VIII: USE OF FUNDS**

**DETAILED PROGRAM BUDGET**

CATEGORY	DESCRIPTION	COST
<b>Personnel Costs</b>		
	SUBTOTAL	
<b>Rent, Utilities, Facilities Maintenance, Insurance</b>		
	SUBTOTAL	
<b>PPE, Cleaning, and Other Health &amp; Safety Practices</b>		
	SUBTOTAL	
<b>Equipment and Supplies Costs</b>		
	SUBTOTAL	
<b>Goods and Services</b>		
	SUBTOTAL	
<b>Mental Health Services</b>		
	SUBTOTAL	
<b>TOTAL PROGRAM BUDGET</b>		



**SECTION IX: PROGRAM DESCRIPTION**