

**Ohio Department of Job and Family Services**  
**APPLICATION FOR CHILD CARE STABILIZATION SUB-GRANTS**  
**FOR CHILD CARE PROGRAMS PHASE 2**

This is a sample of the Phase 2 Stabilization Sub-Grants application available in the Ohio Professional Registry. A paper copy of this form cannot be submitted as an application. All applications must be submitted electronically. This document has been made available to assist programs in preparing information for their electronic submission.

**Section I- General Applicant**

Child Care Program Name	Program Number	Total License Capacity (Centers and ODE PFCC PS and SA only)	
Program Email Address		Program Telephone Number	
<b>Program Type</b> <input type="checkbox"/> Child Care Center <input type="checkbox"/> Type A Family Child Care (FCC) <input type="checkbox"/> Type B FCC <input type="checkbox"/> In-Home Aide <input type="checkbox"/> Approved Child Day Camp <input type="checkbox"/> ODE PFCC Preschool <input type="checkbox"/> ODE PFCC School-age		<b>Program Sub-Categories (select all that apply)</b> <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Faith Based <input type="checkbox"/> School-Age (before/after-school) <input type="checkbox"/> ODE ECE <input type="checkbox"/> Other (specify)	
Name of Owner/Administrator/Designee Completing Application			
<b>Person Completing Application</b> <input type="checkbox"/> FCC Owner/IHA <input type="checkbox"/> Center/Day Camp/ODE Administrator <input type="checkbox"/> Other/Designee (specify)	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Unspecified	<b>Ethnicity - Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> No Response

**Section II- Operational Status/Statement of Expenses**

Is the current licensing/certification/approval status of your program open and in good standing as of the date of application*? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Note: Programs are not in good standing when: <ul style="list-style-type: none"> <li>In enforcement during the qualification period and/or</li> <li>The Provider Agreement for Publicly Funded Child Care has been terminated due to misuse of funds</li> <li>If a program is in good standing at the time of application but is later determined not in good standing prior to the funds being awarded, the funds will not be awarded.</li> </ul>

Program's Average Monthly Operational Expenses

**Section III- Child Care Stabilization Sub-Grant Selection**

Child Care Stabilization Sub-Grants	Eligible Program Type(s)	Planned Use of Stabilization Sub-Grant Funds
<input type="checkbox"/> <b>Operating/New Pandemic Costs Sub-Grant</b>  Requested Amount (a \$0 may be entered if not applying for this sub-grant)  \$ <input style="width: 100px;" type="text"/>	Centers FCC Approved Day Camps ODE PFCC PS ODE PFCC SA IHA	<input type="checkbox"/> Personnel costs including wages or benefits such as health, dental, vision, paid sick leave or family leave, retirement contributions <input type="checkbox"/> Ongoing costs such as rent, mortgage, utilities, and insurance <input type="checkbox"/> Facility maintenance and renovations to address COVID and allow for inclusive practices <input type="checkbox"/> PPE that is either approved by the National Institute for Occupational Safety and Health (NIOSH) or authorized for use by the United States Food and Drug Administration (FDA), including under emergency use authorization <input type="checkbox"/> Sanitizer, classroom dividers, cleaning supplies, temporary sinks, thermometers, COVID-19 testing, and other expenses that facilitate business practices consistent with safety protocols
<input type="checkbox"/> <b>Workforce Recruitment/Retention Sub-Grant</b>  Requested Amount (a \$0 may be entered if not applying for this sub-grant)  \$ <input style="width: 100px;" type="text"/>	Centers FCC Approved Day Camps ODE PFCC PS ODE PFCC SA	<input type="checkbox"/> Increased wages <input type="checkbox"/> Benefits <input type="checkbox"/> Sign-on/retention bonuses, ongoing premium or hazard pay <input type="checkbox"/> Create substitute pool, administrative support <input type="checkbox"/> Recruitment activities <input type="checkbox"/> Coaching or training/PD <input type="checkbox"/> Provide staff support to access COVID-19 vaccinations including paid time off, transportation <input type="checkbox"/> Background checks
<input type="checkbox"/> <b>Access Development Sub-Grant for Expanding/Reopening Classrooms and Serving New Age Groups</b>  Requested Amount (a \$0 may be entered if not applying for this sub-grant)  \$ <input style="width: 100px;" type="text"/>	Centers FCC Approved Day Camps	<input type="checkbox"/> Expand number of current classrooms or reopen classrooms temporarily closed due to the pandemic to serve additional numbers of children <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant/toddler</li> <li><input type="checkbox"/> School-age</li> </ul> <input type="checkbox"/> Expand services for children with special needs <input type="checkbox"/> Expanding operating hours to include non-traditional hours

<input type="checkbox"/> <b>Access Development Sub-Grant for Technology Access</b> Requested Amount (a \$0 may be entered if not applying for this sub-grant) <div style="border: 1px solid black; padding: 2px; width: fit-content;">\$</div>	Centers FCC	<input type="checkbox"/> Increase technology access by purchasing technology and new equipment for learning and development
<input type="checkbox"/> <b>Access Development Sub-Grant for School-Age Support</b> Requested Amount (a \$0 may be entered if not applying for this sub-grant) <div style="border: 1px solid black; padding: 2px; width: fit-content;">\$</div>	Centers FCC Approved Day Camps IHA ODE PFCC SA	<input type="checkbox"/> Support school-age children in addressing learning gaps and meeting social/emotional needs
<input type="checkbox"/> <b>Access Development Sub-Grant for Therapeutic Child Care (Pilot Program)</b> Requested Amount (a \$0 may be entered if not applying for this sub-grant) <div style="border: 1px solid black; padding: 2px; width: fit-content;">\$</div>	Centers	<input type="checkbox"/> Expansion of programming to include therapeutic child care by partnering with an Ohio Mental Health and Addiction Services (OhioMHAS) certified community mental health agency to provide ongoing mental health services to children and staff. This pilot project is limited to programs identified by the community mental health agency.
<input type="checkbox"/> <b>Mental Health Workforce/Family Support Sub-Grant</b> Requested Amount (a \$0 may be entered if not applying for this sub-grant) <div style="border: 1px solid black; padding: 2px; width: fit-content;">\$</div>	Centers ODE PFCC PS ODE PFCC SA	<input type="checkbox"/> Coaching, training, local team building, resiliency, stress reduction and developing staff in mental health and social-emotional development topics <input type="checkbox"/> Organizing stress reduction and wellness experiences for children <input type="checkbox"/> Addressing staffing patterns and schedules to support staff mental health <input type="checkbox"/> Purchasing program materials, and supplies to promote mental health and social-emotional learning in the classroom <input type="checkbox"/> Providing family engagement activities to strengthen mental health and wellness, like take-home toolkits and family game nights <input type="checkbox"/> Providing childhood mental health supports (e.g., infant/toddler and early childhood mental health consultation services, targeted programming, etc.) <input type="checkbox"/> Utilizing the Mental Health Bridge. This pilot project is currently being established and is anticipated to be available by March of 2022.

**Certification**

In order to receive stabilization sub-grants, I agree to use the funds only for the categories and purposes I have stated on this application.

**For ODJFS child care centers and ODE PFCC PS and SA programs**

I agree that the total license capacity pre-populated on this application is accurate.

**For all program types**

By signing this application, I am certifying that I will meet requirements throughout the period of the sub-grant(s), including the following (all boxes must be checked for an application to be considered):

- When open and providing services, I will continue to implement required ODJFS policies including Ohio Administrative Code and Ohio Revised Code (which include Child Care and Development Fund health and safety requirements and the completion of comprehensive background checks), orders from the State of Ohio, and to the greatest extent possible, implement policies in line with guidance from the [U.S. Centers for Disease Control and Prevention](#) (CDC).
- For each employee and child care staff member (including lead teachers, aides and any other staff who are employed by the child care program 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 sub-grant. I understand that I may not involuntarily furlough employees from the date of application submission through the duration of the sub-grant period. Further, I understand that I must have a retention policy in place that includes a determined time period the employee and child care staff members remain with the company, signed by each employee and child care staff member upon their receipt of sub-grant funds when used for hiring bonuses or retention.
- I understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as participate in and complete reconciliation activities.
- I understand if I make purchases of personal protective equipment (PPE) worn to minimize exposure to hazards that cause workplace injuries and illnesses that the purchased items are either approved by the National Institute for Occupational Safety and Health (NIOSH) or authorized for use by the United States Food and Drug Administration (FDA), including under emergency use authorization.

**Owner/Administrator/Designee Affirmation**

The following electronic signature affirms that I acknowledge and will adhere to the items checked above. It also affirms I will only use the funds in the areas noted in Section III of this application. The official application submission date is the date of my electronic signature, below.

Signature of Administrator/Owner/Designee	Date
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