



Early Learning/Child Care Provider – ARPA Child Care Stabilization Subgrant: Round 2 - Final Payment

Instructions: Providers must complete and submit the following subgrant certification for review and approval to receive the final installment of the ARPA Child Care Stabilization Subgrant – Round 2.

Section 1. General Applicant Information

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable):

License or Exemption #

EFSM Provider ID

Section 2. Operational Status

Is your program operating under the same license number as listed above?

Yes No If no, explain change _____

What is the current status of your program?

Open
 Temporarily closed due to public health, financial hardship, other reasons relating to the Coronavirus Disease 2019 (COVID-19) public health emergency or other approved emergency closures (hurricanes, flood, etc.) Please provide details about the temporary closure and planned reopening date: _____

Permanently closed

Have you had a contract terminated and eligibility revoked with the local early learning coalition since Round 2 initial approval?

Yes No

Have you implemented policies in line with guidance and orders from federal, state, and local authorities to the greatest extent possible?

Yes No

Have you reduced staff or reduced staff salaries/benefits since initial application?

Yes No If yes, explain _____

Have you provided relief from copayments and tuition payments for struggling families, to the greatest extent possible?

Yes No

Provider Affirmation

The following signature affirms that I understand I am applying for additional funds to be used in accordance with the initial Round 2 subgrant application, including reporting on expenditures until subgrant is fully spent. I understand I may be required to refund any unspent funds. I attest to the fact that the information I provide in this certification is true and accurate and understand if my certification is incomplete or incorrect it will be returned to me.

Signature of Authorized Provider Representative

Signature _____ Date _____

Printed Name _____ Title _____

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Coalition Subgrant Certification

Does the provider continue to meet the initial eligibility criteria?

Yes No Same license number Comments _____

Yes No Open and providing child care services (temporary closures okay)

Yes No Have you verified the provider is not under investigation or been convicted of child care fraud?

Yes No Have you verified the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

Yes No Have you verified the provider has not had a contract terminated and eligibility revoked since initial approval?

If all above responses are "yes," this certification form can be accepted.

ARPA Stabilization Subgrant Awarded:

Subgrant Amount: _____ Amount Spent: _____ Amount Remaining: _____

Subgrant Final Payment Denied - Reason: _____

ELC / RCMA Subgrant Affirmation

The following signature affirms that the subgrant certification has been completed and the provider has been determined compliant/noncompliant with subgrant requirements in accordance with the DEL Program Guidance 240.21 – COVID-19, Appendix C, American Rescue Plan (ARP) Act Stabilization Subgrants for Early Learning/Child Care Providers.

ELC / RCMA Signature:

Date:

Printed Name:

Title:

Phone:

Email:

Comments: