

**ASNA CHILD CARE STABILIZATION GRANT 2023**

**SECTION 1: GENERAL APPLICANT INFORMATION**

Provider Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Location Address (City, State, Zip): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Provider E-Mail: \_\_\_\_\_ Provider Phone Number: \_\_\_\_\_

**SECTION 2: OPERATIONAL STATUS**

Does your program serve Tribally enrolled children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your program Tribally approved on or before March 11, 2021? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your program meet tribally approved health and safety requirement including completion of comprehensive background checks for staff? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the current status of your program? \_\_\_\_\_ OPEN \_\_\_\_\_ Temporarily closed due to public health, financial hardship, or other reasons relating to the COVID-19 public health emergency. Please Provide details about the temporary closure and planned date to reopen: \_\_\_\_\_

**SECTION 3: AFTER SCHOOL PROGRAM**

Do you have a after school program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you opened no more than 4 hours a day? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are your operational hours? \_\_\_\_\_

What school(s) students are you serving? \_\_\_\_\_

**SECTION 4: CHILD COUNT INFORMATION**

What is the maximum approved capacity of your program? \_\_\_\_\_

Days of operation: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

What is your current average enrollment numbers by age?

Infant: \_\_\_\_\_ Toddler: \_\_\_\_\_ Preschool: \_\_\_\_\_ School Age: \_\_\_\_\_

Of the children enrolled, how many are funded by the following programs?

Tribal Child Care Assistance: \_\_\_\_\_ State Child Care Assistance: \_\_\_\_\_

In January 2020, prior to COVID-19, what was your average enrollment by age?

Infant: \_\_\_\_\_ Toddler: \_\_\_\_\_ Preschool: \_\_\_\_\_ School Age: \_\_\_\_\_

**SECTION 5: OPTION FOR USE OF FUNDS**

Grant funds may only be used for one or more of the purposes below. Operating costs and budget details related to the request must be provided. Please mark which categories you will support with the funding received from the grant.

\_\_\_\_\_ Personnel costs; benefits, premium pay, recruitment and retention

Amount Requested: \_\_\_\_\_

Describe how the funds will be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance

Amount Requested: \_\_\_\_\_

Describe how the funds will be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices.

Amount Requested: \_\_\_\_\_

Describe how the funds will be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Purchase of, or updates, to equipment, supplies or technology needed to respond to COVID-19

Amount Requested: \_\_\_\_\_



Describe how the funds will be used: \_\_\_\_\_

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\_\_\_\_\_ Goods and services necessary to maintain or resume child care services

Amount Requested: \_\_\_\_\_

Describe how the funds will be used: \_\_\_\_\_

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\_\_\_\_\_ Minor renovation of facility (must seek prior approval from ASNA and include vendor quotes)

Amount Requested: \_\_\_\_\_

Describe how the funds will be used: \_\_\_\_\_

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**TOTAL GRANT AMOUNT REQUESTED:** \_\_\_\_\_

Licensed family and/or Tribally Approved Providers cannot exceed \$20,000 per year. A maximum of two applications per provider may be submitted in 2023 up to the annual allowable amount.

Have you applied for other American Rescue Plan Act Child Care Stabilization fund from the State or other tribal agencies?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

