

DO NOT COMPLETE (ELRC Use Only):			
Provider ID:	MPI ID:		

AMERICAN RESCUE PLAN ACT (ARPA) CHILD CARE PROVIDER STABILIZATION GRANTS APPLICATION FOR RELATIVE PROVIDERS

The American Rescue Plan Act (ARPA) - Child Care Stabilization Grant is a **one-time** grant to help child care providers facing financial hardships during this COVID-19 public health emergency. The Early Learning Resource Centers (ELRC) will issue the grant to eligible Child Care Works (CCW) Relative Providers who submits a completed application.

Eligible Relative Providers will receive \$1,000.00 per related CCW child enrolled on March 11, 2021. You may submit this application to an ELRC electronically or by US mail starting September 23, 2021. Applications will continue to be accepted based on availability of funds. <u>All sections of the application must be completed</u>.

If you need assistance in completing this application, contact the ELRC.

1. PERSONAL INFORMATION – PLEASE PR	INT		
. IENSONAL IN GRIMATION — IELAGE IN			
Full Name:			
First Name	Last Name	Middle Initial	
Address:			
Street Address		Apartment/Unit #	
City	State	ZIP Code	
Phone:	Email:		
A PACE ETHNICITY AND CENDER			
2. RACE, ETHNICITY AND GENDER			
What is your Race? Black/African American	ican	☐ Asian	
☐ Native Hawaiian/Pacific Islander ☐ White	☐ Unknown ☐ Other		
_			
What is your Ethnicity? ☐ Hispanic ☐ Non	-Hispanic What is your Gender?		
3. ATTESTATION			
	* Handard Law effection that my analys	4	
I understand by selecting "Yes" or "No" to th	<u>.</u>	ers are true.	Пио
Was a related CCW child enrolled with you on M			
Do you have a related CCW child enrolled with y		☐ YES	
Are you receiving Unemployment Compensation		☐ YES	□NO
I understand that I may only use grant funds for t	he allowable categories listed in the	☐ YES	□NO
accompanying cover letter.	· ····································	_	
I understand that I must keep a record of how the	•	∐ YES	□NO
4. AFFIDAVIT AND AUTHORIZATION SIGNA	TURE		
Affidavit: An affidavit is a sworn statement of fact. By sign	ining this affidavit, vou are saying that the information yo	ou entered in this forr	m is
true. The affidavit is the legal way to swear that your statem	nents are fact. Your signature below validates the inforr	mation you entered in	nto the
form as true, correct and complete to the best of your ability may be shared with the Office of the State Inspector General			
(affirming false information to mislead a public servant) is a	misdemeanor of the third degree pursuant to Section	4903(b) of the Crimina	nal
Code and that you can be penalized by fine, jail, prison, substatements. You agree that you understand that if you acce			
funds issued to you through this grant.			
Authorization: Your signature also authorizes the Office Labor and Industry with your identifying details to confirm U		o provide the Departr	ment of
	, ,		
Signature: X	Date: X_		