**SKAGIT COUNTY CARES ACT GRANT APPLICATION**

**Childcare Assistance Application**

Under the Skagit County Childcare Grant Program, qualifying providers impacted by COVID-19 may apply for financial assistance. To request assistance, you must complete this application and required certification by Saturday, November 7 at 3:00 PM.

*Applicants must meet the following eligibility criteria:*

* Licensed child care provider for <50 slots, located in Skagit County, and currently open.
* Suffered business losses (revenue) and business interruption (lower enrollment) due to COVID-19.
* Business is not facing any pending litigation or legal action; is not suspended or debarred from the use of federal funds; and is not delinquent on any taxes.
* Business and child care licenses are current.

*Providers can submit an application in one of three ways:*

1. Online (Recommended)
   * Click [here](https://www.ccanorthwest.org/skagitcares/) for English
   * Click [here](https://www.ccanorthwest.org/skagitespanol/) for Spanish
2. Via Email

* Print off application (see email attachments) and complete application
* Scan and email the application to the NW Center for Child Care Retention & Expansion at [childcarebiz@oppco.org](mailto:childcarebiz@oppco.org)
* Fax or mail a completed [W-9 form](https://www.irs.gov/pub/irs-pdf/fw9.pdf) to:
  + - Confidential Fax: 360-671-5096

OR

* Mailing Address:   
  Opportunity Council   
  Attn: Linda Phillips, Fiscal Department   
  1419 Cornwall Ave   
  Bellingham, WA 98225

1. Via United States Postal Service

* Print off application (see email attachments) and complete application
* Mail completed application as well as a completed [W-9 form](https://www.irs.gov/pub/irs-pdf/fw9.pdf) to the following address:

Attn: NW Center for Child Care Retention & Expansion (Opportunity Council)   
1419 Cornwall Avenue    
Bellingham, WA 98225

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\* Required fields

**CONTACT INFORMATION**

1. **Child Care Business Name:** \*

1. **Child Care Business Address:** \*

1. **Phone Number:** \*

1. **Contact Name:** \*

     

1. **Contact Email:** \*

**BUSINESS INFORMATION**

1. **Business Number - Washington State Unified Business Number (UBI) or number used for official tax purposes, such as Federal TIN/EIN, SSN**: \*

1. **Type of Care:** Choose one. \*

Family Child Care

Child Care Center

1. **Child Care License / Provider ID Number:** \*

1. **Initial License Date:** \*

1. **What is your licensed capacity?** Choose one. \*

0-12

13-29

30-49

1. **Are you currently open, regardless of enrollment?\***

Yes

No

1. **What age children do you serve?**

**ENROLLMENT**

1. **Looking back over the last 12 months, what has been the highest number of children enrolled at any one time?\***

1. **Looking back over the last 12 months, what has been the lowest number of children enrolled at any one time?\***

1. **Please describe how the COVID-19 pandemic has impacted your enrollment in 2020**\*

**REVENUE**

**From all sources of business income including payments from clients, subsidy, grants (DCYF, Opportunity Council, etc.), Payroll Protection Program (PPP), unemployment paid to business owner, cash donations, etc.**

**NOTE: Early Achievers Quality Improvement awards should not be included**.

1. **List 2019 Revenue:** \*

1. **List 2020 Revenue through Sept. 30, 2020:** \*

1. **Please describe how the COVID-19 pandemic has impacted your revenue in 2020.\***

1. **Please describe the other financial impacts, including any extra expenses, that you’ve experienced due to COVID and any other relevant information you’d like to share. \***

1. **I have included a completed W-9 form with this application**

**SIGNATURE AND ACKNOWLEDGEMENT**

I understand that: This project was supported by a grant award from the U.S. Department of the Treasury. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of the Treasury. Grant Funds are administered by the Local Government Coronavirus Relief Fund thru the Washington State Department of Commerce. All information provided herein is public record and subject to disclosure.

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Signature Date