



2023-24 Equipment, Supplies, Classroom Materials Provider Grant Application

Contracted School Readiness (SR) and/or Voluntary Pre - Kindergarten (VPK) providers will have the opportunity to apply for funding to purchase/update equipment and supplies used in response to COVID-19. The equipment and supplies must be consistent with developmentally appropriate practices needed in response to the new challenges. Examples include:

- Indoor and outdoor equipment and supplies to meet safety protocols such as,
 - Portable partitions/plastic shields
 - Hand washing stations
 - Disposable utensils and dishes
 - COVID-19 signage
 - Ventilation systems to improve air quality
 - Washer/dryer to sanitize towels, blankets, uniforms, etc.
 - Classroom materials and equipment to facilitate play which includes books, active play materials, and outdoor play materials.

Providers must submit:

- a complete 2023-24 Equipment, Supplies, Classroom Materials Provider Grant Application (The last day for a provider to submit an application is April 1, 2024. NO EXCEPTIONS!)
- an expense report (which will be sent in a separate email) not to exceed \$6000 is due by May 31, 2024

I. Provider Information

Name of Provider: _____ License #: _____ Provider ID: _____

Mailing Address: _____

City/State/Zip: _____

Director: _____ Email: _____ Phone: _____

Contact Person (if different from Director): _____

Phone: _____ Contact email address: _____

☐ Licensed Family Home

☐ Licensed-Exempt Family Home

☐ Licensed Center

☐ Licensed-Exempt Center

II. Eligibility Criteria

Does your program meet the following eligibility criteria requirements?:

☐ Yes ☐ No Are you contracted with a local early learning coalition for SR and/or VPK services?

☐ Yes ☐ No Are you under investigation or been convicted of child care fraud?

☐ Yes ☐ No Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

☐ Yes ☐ No Have you had a contract with an early learning coalition terminated and eligibility revoked within the past five years?

☐ Yes ☐ No Have you submitted W-9 and direct deposit forms for payment?

Date Previously Submitted: _____

III. Update Plan Questions: Please provide a detailed response (minimum of 3 sentences per answer).

a. What changes are you planning to make with the purchases?

b. How will the updates improve the quality of your facility?

c. How did you decide on the updates and purchases?

IV. Supports

Please provide a proposed budget below. Funding must be used to purchase/update equipment and supplies used in response to COVID-19.

Budget Line Item	Description/Justification	Proposed Budget
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

Funds will be given in 2 payments.

- Once your funding is approved by the coalition, you will receive the first payment. This payment will be half of the amount requested.
- Once the purchases are complete, the childcare provider will be required to submit all receipts via email to arpagrants@elcduval.org. To receive final payment, all receipts must be submitted by May 31, 2024.
- The second payment will be based on the remaining amount approved and the expense report submitted by the provider.
- The total amount awarded to a facility will not exceed \$6000.

V. Provider Attestations:

I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Representative:

Name: _____ Email: _____

Signature: _____ Date: _____

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

VII. Application Information Provided to/Processed by – completed by ELC/RCMA staff:

- ☐ Yes ☐ No Is this application form complete?
- ☐ Yes ☐ No Have you verified the provider has a current SR and/or VPK contract?
- ☐ Yes ☐ No Have you verified the providers current CLASS® score?
- ☐ 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 your entity is the “home” coalition for this provider?

If all above responses are “yes,” this application form can be accepted.

Signature of ELC/RCMA Representative:

Signature: _____

Contact Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity: ☐ Early Learning Coalition ☐ RCMA ☐ Other _____

Grant Amount \$ _____ (OCA: ADGSM)

First Payment Amount \$ _____

Second Payment Amount \$ _____