

<p>open to currently licensed/registered/certified CDC, FDH, VR, RECDC, and unlicensed subsidy vendor programs</p>	<p>CARES Grant Application Information Virginia Department of Social Services</p>	<p>Submit all questions and applications to: ask4care@dss.virginia.gov or fax (804) 726-7132 ATTN: CARES Grant</p>
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Due to the volume of grant applications being received, please review the following information and follow ALL directions. Incomplete applications will NOT be processed.

Please use the checklist below for your program, to ensure you are submitting a complete application.

All applications must be received in the following format:

- Complete, signed application and all required attachments
- Ensure you mark all months you will be open to provide care for children of essential personnel. (Pg. 1)
- All items listed in checklist must be included in submitted application packet.
- If submitting your application by email
 - All documents must be submitted in **ONE .PDF file**
 - Photos or .jpg, .tiff, .bmp, etc. files will not be accepted
- Please submit only ONE application either by fax or by email.

APPLICATION CHECKLIST BY PROGRAM

- Licensed Child Day Center (CDC)**
 - ALL boxes in Section 2 & 3 have been read and checked
 - Copy of **CURRENT** VDSS Child Day Center license
 - Copy of signed W-9 form (ensure W-9 matches supporting documentation)
 - Copy of Social Security Card **OR** tax identification number letter (IRS Form 147C or IRS Form SS-4)
OR any official IRS correspondence that includes the EIN and name from the W-9
 - Signature and Date in Section 5 (typed name will not be accepted)
- Licensed Family Day Home (FDH)**
 - ALL boxes in Section 2 & 3 have been read and checked
 - Copy of **CURRENT** VDSS Family Day Home license
 - Copy of signed W-9 form (ensure W-9 matches supporting documentation)
 - Copy of Social Security Card **OR** tax identification number letter (IRS Form 147C or IRS Form SS-4)
OR any official IRS correspondence that includes the EIN and name from the W-9
 - Signature and Date in Section 5 (typed name will not be accepted)
- Voluntarily Registered (VR) Family Day Home**
 - ALL boxes in Section 2 & 3 have been read and checked
 - Copy of **CURRENT** VDSS Certificate of Voluntary Registration
 - Copy of signed W-9 form (ensure W-9 matches supporting documentation)
 - Copy of Social Security Card **OR** tax identification number letter (IRS Form 147C or IRS Form SS-4)
OR any official IRS correspondence that includes the EIN and name from the W-9
 - Signature and Date in Section 5 (typed name will not be accepted)
- Religiously Exempt Child Day Center (RE CDC)**
 - ALL boxes in Section 2 & 3 have been read and checked
 - Copy of **CURRENT** VDSS letter of exemption issued by regional licensing office
 - Copy of signed W-9 form (ensure W-9 matches supporting documentation)
 - Copy of Social Security Card **OR** tax identification number letter (IRS Form 147C or IRS Form SS-4)
OR any official IRS correspondence that includes the EIN and name from the W-9
- Unlicensed Child Day Program **approved subsidy vendors ONLY****
 - Section 1 **MUST** include Subsidy Vendor ID Number
 - ALL boxes in Section 2 & 3 have been read and checked
 - Copy of signed W-9 form (ensure W-9 matches IRS supporting documentation)
 - Copy of Social Security Card **OR** tax identification number letter (IRS Form 147C or IRS Form SS-4)
OR any official IRS correspondence that includes the EIN and name from the W-9
 - Signature and Date in Section 5 (typed name will not be accepted)

Please submit your **ENTIRE** completed application packet by fax (804) 726-7132 OR by email ask4care@dss.virginia.gov

If you have any questions or need additional information, please email ask4care@dss.virginia.gov

<p>Virginia Department of Social Services</p>	<h2 style="margin: 0;">CARES Grant Application Form</h2> <p style="margin: 10px 0 0 0;">open to current CDC, FDH, VR, RECDC, and unlicensed subsidy vendor programs</p>	<p><input type="checkbox"/> Initial Application</p> <p><input type="checkbox"/> Renewal Application</p> <p>Grant # _____</p> <p>submit signed application to: ask4care@dss.virginia.gov or fax (804) 726-7132 ATTN: Marty Jo Quade</p>
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Section 1. PROVIDER/FACILITY INFORMATION	
Provider/Facility Name (payment made to)	
Street Address/City/State/Zip Code	
Payment Address (if different from above)	
Phone Number	Email Address
Contact Person Name	Contact Person Phone Number
<p>Type of Child Day Program (select one)</p> <p><input type="checkbox"/> Licensed Child Day Center (CDC)</p> <p><input type="checkbox"/> Licensed Family Day Home (FDH)</p> <p><input type="checkbox"/> Voluntarily Registered (VR) Family Day Home</p> <p><input type="checkbox"/> Religiously Exempt Child Day Center (RECDC)</p> <p><input type="checkbox"/> Unlicensed child day program that is an approved subsidy vendor</p>	
How many children are you licensed or approved to care for?	
<p>How long are you willing to be open to care for children of essential personnel?</p> <p style="text-align: center;">April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/></p>	
<p>Do you participate in the Virginia Child Care Subsidy Program?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Subsidy Vendor ID Number

Section 2. COVID-19 HEALTH AND SAFETY REQUIREMENTS

The child day program must comply with the new health and safety requirements below set by Governor Northam and the VDSS Commissioner during this COVID-19 pandemic.

- Families and staff have been provided information about the signs and symptoms of COVID-19.
- Families have been encouraged to remain at home to care for their children if at all possible.
- Outside visitors and volunteers are restricted from the program at this time.
- Classroom settings will be limited to ten individuals per room, including staff.
- If our program has large rooms, we understand that they may be divided into two rooms by creating clear barriers with cones, chairs, tables, room dividers, etc. to ensure a minimum of six feet between groups.
- Social distancing will be practiced to the maximum extent possible while still allowing for the care of children.
- Signage and other reminders are used to encourage all individuals to stay at least six feet apart.
- Every effort is made to maintain the same groups from day to day to help reduce potential exposures.
- Groups are not combined in the morning or afternoon.
- Programming has been altered to increase distance between children, such as staggering outdoor play time, spreading children out within the classroom, and planning activities that do not require close contact between children.
- Large group activities have been eliminated. Facility events or gatherings are limited to ten people or fewer.
- Every effort is made to alternate drop off and pick up times for each small group to avoid a large number of people congregating outside or in front of the program building.
- Individual play is promoted verbally and by physically rearranging classrooms if needed.
- We are minimizing time children and staff spend standing in lines.
- Children will eat snacks and meals in individual classrooms, or meal and snack times will be staggered so groups of ten or fewer are occupying the shared space at one time.
- Family style dining will be discontinued; only employees will handle serving utensils and serve food to children to reduce the spread of germs.
- Employees are required to stay home when sick, and any employee who becomes sick will be sent home.
- We are taking temperatures and checking symptoms for staff and children upon entry each day and asking if medications were used to lower the child's temperature and if there are any household members with COVID-19. If forehead or disposable thermometers are not available, the parent or guardian is asked to fill out and sign a form that reports their child's temperature as taken at home (or affirming the child does not have a fever) and any symptoms.
- Regular health checks of staff and children are being completed to look for symptoms of sickness or fever.
- Symptomatic individuals are separated from others until they are picked up from the facility.
- Adequate supplies for good hygiene including clean and functional handwashing stations, soap, paper towels and alcohol-based hand sanitizer are available.
- Staff and children are washing their hands often with soap and water for at least 20 seconds upon arriving to the program, when entering the classroom, before meals or snacks, after outside time, after

toileting or diapering, after contact with any bodily fluid, and after play time and prior to leaving for home.

- Staff and children are being reminded to avoid touching their eyes, nose, and mouth.
- Surfaces in shared spaces such as lunch rooms and restrooms are being cleaned and sanitized after use by each group.
- Objects and surfaces that are frequently touched are cleaned and disinfected.
- If check-in is electronic, alcohol wipes are provided so that screens and keyboards are frequently cleaned.
- Employees and parents are asked to wash hands or use hand sanitizer before and after signing in and out.

Section 3. COVID-19 ACTIONS

Child day programs must take the following actions during the operation of their program:

- We will notify the local health department and the licensing inspector if there is a confirmed case of COVID-19 at the center and will follow health department recommendations.
- If the program changes operation hours or closes in response to an outbreak, we will contact the licensing inspector with closure details.
- Any child or staff exposed to the coronavirus will have a 14-day waiting period before they are able to return to the program. Children or staff who test positive must have a physician's note clearing them to return.
- We will maintain orders or notices from local authorities if ordered to close prior to giving advance notice, as well as any communications from landlords or other program partners indicating closure.
- We will abide by all applicable regulations.

Section 4. REQUIRED ATTACHMENTS

	Select <input checked="" type="checkbox"/> if Attached
Copy of VDSS License (if licensed family day home or licensed child day center)	<input type="checkbox"/>
Copy of Certificate of Voluntary Registration (if a voluntarily registered family day home)	<input type="checkbox"/>
Copy of exemption letter issued by licensing office (if a religiously exempt child day center (REDCD))	<input type="checkbox"/>
Virginia W-9 form "Request for Taxpayer Identification Number (TIN) and Certification" <i>* include copy of Social Security card or copy of the tax identification number letter associated with the entity's tax filing status, which is either the IRS Form 147C or IRS Form SS-4</i>	<input type="checkbox"/>

Section 5. CERTIFICATION

By signing below, I certify that:

- ***My child day program will be open to care for children of essential personnel.***
- *My child day program will be open for the month or months as indicated above.*
- *I am adhering to the health and safety requirements and actions required during the COVID-19 state of emergency (listed above).*
- *The information I have provided on this application form is accurate and true.*
- *I understand that information contained on this form is subject to verification by the Virginia Department of Social Services.*

Signature of Provider/Authorized Representative

Date

Section 6. CONTACT INFORMATION

If you have any questions regarding this grant, please contact:

Marty Jo Quade
ask4care@dss.virginia.gov
(804) 726-7132 FAX

Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

- Social Security Number (SSN)**
- Employer Identification Number (EIN)**
- _____

Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.

Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)

Legal Name:	
Business Name:	

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any): _____ (from backup withholding) Exemption from FATCA reporting code (if any): _____

Contact Information

Legal Address:	Name:	
	Email Address:	
	City: State : Zip Code:	Business Phone:
Remittance Address:	Fax Number:	
	Mobile Phone:	
	City: State : Zip Code:	Alternate Phone:

Section 2 - Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined later in general instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

Printed Name:		
Authorized U.S. Signature:		Date:

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
CARES Grant Frequently Asked Questions
April 24, 2020

The Virginia Department of Social Services (VDSS) has compiled a list of frequently asked questions (FAQs) to assist providers with the CARES Grant application process. We greatly appreciate your willingness to provide needed assistance to children and families during this COVID-19 health emergency.

ELIGIBILITY

1. What are the eligibility requirements to apply for the CARES Grant?

- Existing licensed family day homes, voluntarily registered family day homes, family day systems, licensed child day centers, religiously exempt child day centers, local ordinance homes, and unlicensed child day programs that are approved subsidy vendors are eligible to apply.
- Facilities must certify that they are providing or are willing to provide care for children of essential personnel during the grant cycle (April, May, and June) and must attest that they are following enhanced health and safety guidelines.
- Facilities must submit a CARES Grant Application Form and submit the required documentation for approval.
- Facilities must provide additional information or documentation as requested.

REQUIRED DOCUMENTATION

1. What do I need to submit for a complete application?

- Completed grant application. **No photos** of the grant application will be accepted (.jpg, .tiff, .bmp, etc.).
- Required signature on page 4 of the application.
- A copy of your current VDSS license/certificate/copy of the religious exemption letter
- Completed and signed Virginia W-9 form **OR** a signed federal IRS W-9 form for the applicant.
- A copy of your Social Security Card **ONLY** if indicated on the W-9 form
- A copy of the tax identification number letter associated with the entity's tax filing status (IRS Form 147C or IRS Form SS-4)

2. I can't find my IRS Form 147-C or SS-4. Are there other acceptable documents?

We will accept the following documentation for proof of the EIN Number instead of the IRS 147-C or SS-4 Letter:

- Computer-generated notice issued by IRS when EIN application was submitted, **or**
- Documentation from the provider's bank if EIN was used to open an account, **or**
- Copy of previously filed tax return using the existing entity.

3. Where can I get a copy of the Virginia W-9 Form?

- You can find a copy of the Virginia W-9 Form at https://www.dss.virginia.gov/files/division/cc/approved_subsidy_vendors/forms/Tax_Form.pdf

4. I can't find a copy of my social security card and the Social Security Office is closed

If you have lost your SSN card and are unable to retrieve it from SSA due to office closure, we will accept the following documentation:

- Recent pay stub, **or**
- W-2 (wage & tax statement), **or**
- SSA-1099 (Social Security Benefit Statement), **or**
- Other tax document showing full name and entire SSN

5. What is the format for sending in my application?

Please submit your completed grant application and all the required documents as **ONE** pdf and attach the pdf to your email. Submitting all documents together in one PDF ensures that all pages remain together, allowing for quicker processing.

6. Where do I send my application?

Email your application ask4care@dss.virginia.gov **OR** fax to 804-726-7132

7. After I submit my application, how will I know if it is complete?

- We will review applications to verify that all required documents are complete.
- If your application is incomplete, you will receive an email identifying which items are missing and instructions on how to resubmit your complete application
- If you do not receive a follow-up email indicating the application is incomplete, this means the application was complete as submitted.

PAYMENT

1. How are grant payments calculated and how much money will I receive?

Provided you meet the requirements, you will receive a monthly payment of \$25 times half of your total licensed capacity for each week you provide care to children. For example, if your total capacity is 50 children, your grant amount would be 25 (half your total capacity) times \$25, for a total of \$625 per week, or \$2,500 for each four-week period.

2. Do I have to pay the back the money I receive?

No. The money you receive from the CARES Grant is a grant and not a loan.

3. Can I still apply for the CARES Grant if I have applied or have received money from the Payroll Protection Program (PPP)?

Yes. You may apply for the CARES Grant regardless of whether you are receiving money from PPP. The CARES Grant is specifically for child care programs that are able to assist with

providing care to children of essential personnel during this COVID-19 health emergency.

CAPACITY

- 1. I am not serving as many children in my child care program now due to COVID-19. Is my capacity the number of children I have in care now or the total number of children that I am allowed to care for?**

Capacity is the total number of children you are allowed to care for, as listed on your license, certificate, or letter.

- 2. Where can I find out more information about the CARES Grant Program?**

To learn more or to apply, go to the [Virginia Department of Social Services](https://www.dss.virginia.gov) website or email ask4care@dss.virginia.gov.