

UNDERSTAND AND FAMILIARIZE



Review and familiarize yourself with the User Guide

CONFIRM AND PREPARE



Review the eligibility requirements, confirm your ability to comply with program requirements



Identify and gather the required information and supporting documentation needed to apply



Access the online application portal and register a user account with your email address

COMPLETE AND SUBMIT



Log in to the online portal using emailed credentials and begin the online application



Complete and submit your online application before the application close deadline

MONITOR



Monitor your application status and receive notice of a decision from the State



NEED HELP? Access the Contact Center at (833) 500-8810 between 08:00 am and 05:00 pm Central Time Monday through Friday.

CONSIDERATIONS FOR YOUR ONLINE APPLICATION EXPERIENCE



INTERNET CONNECTIVITY

Please ensure that you have a **stable internet connection** that will allow you to complete the application with minimal interruptions. For an optimal browsing experience, we suggest that you use the latest public release of any one of the following web browsers:

- [Google Chrome](#)
- [Mozilla Firefox](#)
- [Microsoft Edge](#)
- [Apple Safari](#)

Internet Explorer is NOT supported

PLEASE NOTE: The online application portal supports the use of mobile and tablet-based browsers. We recommend that you have all required supporting documentation loaded on your mobile or tablet device before you begin your application.



DOCUMENT UPLOAD

As part of the application, you will be required to upload supporting documentation.



APPLICATION SIGNATURE

After completing the application, you will be asked to **read, acknowledge, and agree to eligibility and release statements** related to acceptance and use of federal funds.



APPLICATION DOWNLOAD

Upon completion of your online application, you will be provided the option to **print your completed application and save in PDF format.**



USER RESPONSIBILITY

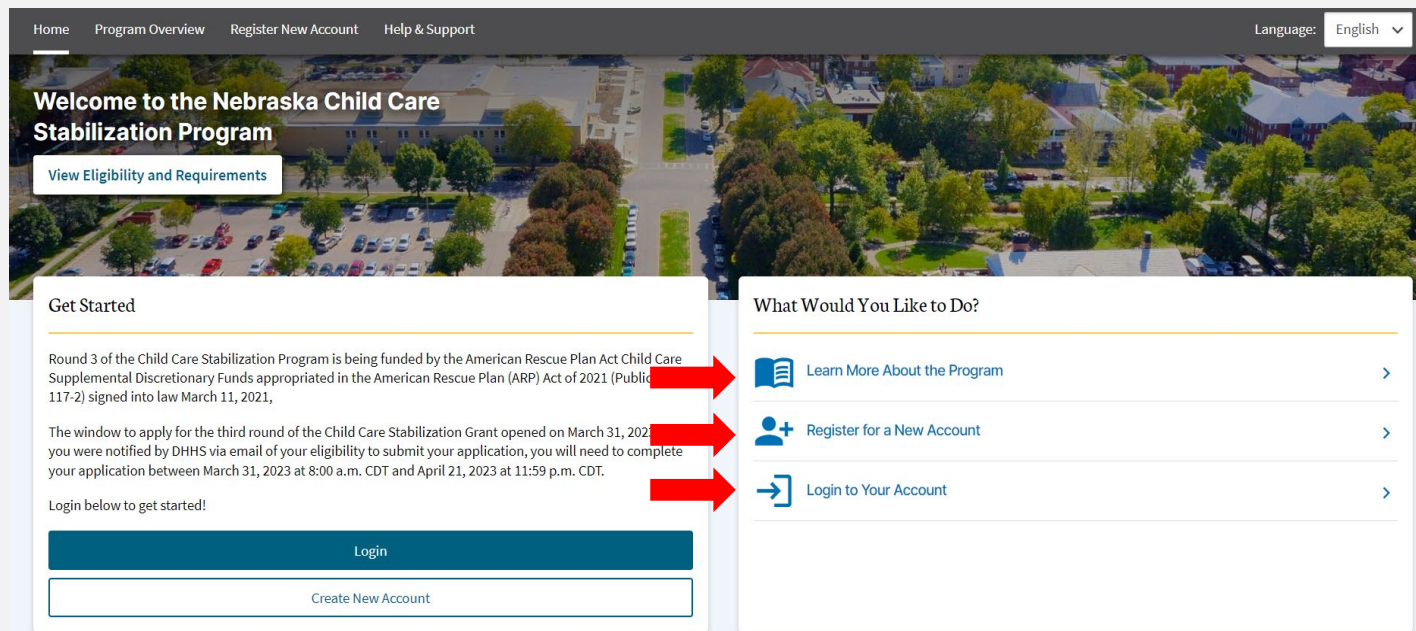
You are responsible for the completeness and accuracy of all information that you provide in the application portal, as with all official State of Nebraska forms and documents. The portal provides limited computation, validation or verification of the information you enter on the form, and you are responsible for entering all required information. Failure to do so may result in your application being delayed or disapproved.

Application User Guide

- This document provides an overview of the online application portal and the steps to be completed as well as information and supporting documentation to be provided. Please review this user guide in its entirety before you begin your online application. You will want to confirm your program eligibility (see Section 1 Pre-Eligibility of the application) and prepare the required documentation before you begin the online application.

HOME TAB

- Visiting the online portal will take you to the homepage where you will be presented with an **overview** of the State of Nebraska Child Care Stabilization Program, the option of registering a New Account, the Login Screen and access to other support and information regarding the program.



REGISTER NEW ACCOUNT (FIRST TIME LOGGING IN)

- Enter information about the preparer and provide an **email address to which a system-generated username and temporary password will be sent.**

Account Registration

First Name

Last Name

Email

Note: This is the email that will be used for all program communications

Confirm Email

Are you a designated third-party preparer?

e.g. attorney, accountant, family member, or other

I agree to the State of Nebraska [Privacy Policy](#)

Submit

REGISTRATION EMAIL

- Check the preparer email address provided and access your **username and temporary password.**

CHANGE PASSWORD

- Log into the online portal and click on the **login** link to change your password.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES
Child Care Stabilization Program

Welcome, Guest | [Login](#)

Home Program Overview Register New Account Help & Support

Language: English

LANGUAGE SELECTION

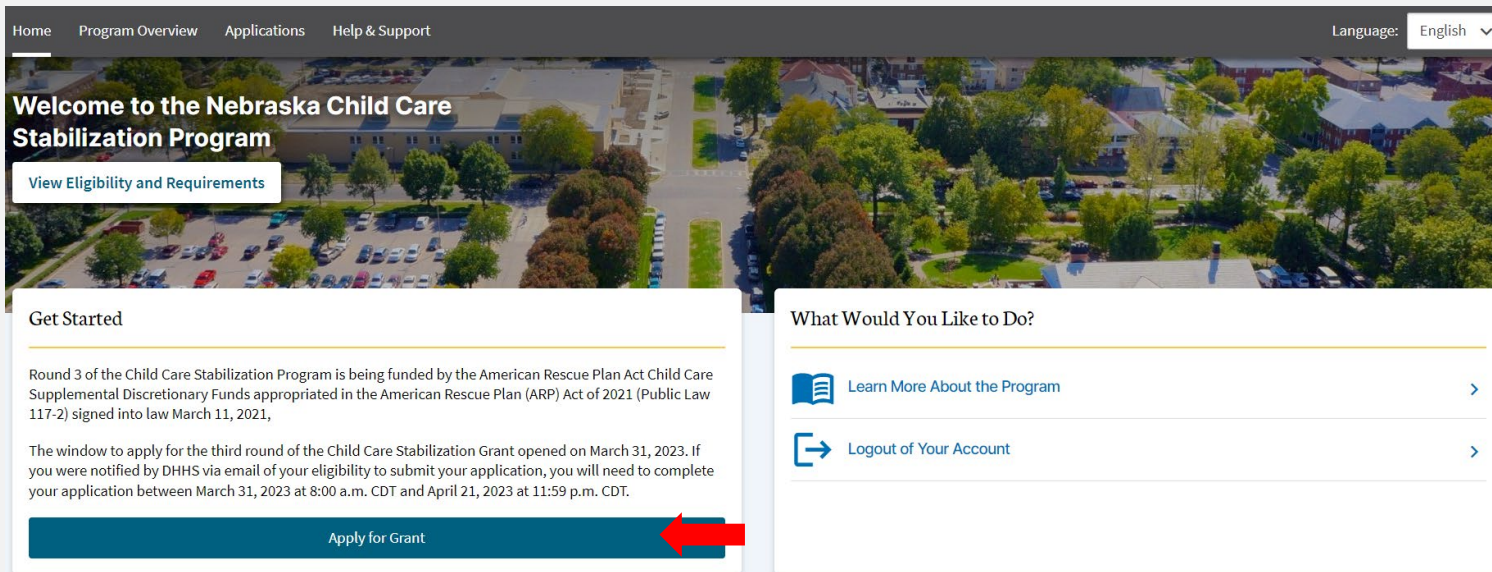
- ☐ Select your **language** option by changing the default option.



Note: Application can be completed in English or Spanish. Please call the contact center if you have questions in languages other than English or Spanish.

START NEW APPLICATION.

- ☐ Begin a **new application** by clicking the **Apply for Grant** button.



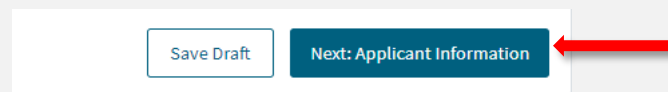
PORTAL FUNCTIONALITY



- On any page of the application, you will be able to monitor your progress both on the current page and throughout each phase of the application using the gateway icons at the top of the screen.
- A number of **validation rules** have been built into the application to let you know if data is missing, has been entered in an incorrect format, or your response indicates that you are not eligible for the program.
- Please note that **you are responsible for answering each question completely and accurately.**
- Further, if you accurately answer a question and you are provided with an **eligibility error**, please **DO NOT change or override your response** to complete the application.
- At any point in the application process, you can click on the **Save Draft** button at the bottom of the screen to save your work before exiting the application and returning at a later time to complete it.



- After completing all the mandatory fields on each page, you can proceed to the next by clicking the **Next button.**



- On each subsequent page, your progress will be updated, and previously completed pages will be highlighted with a **green check mark.**




- **Mandatory fields** are indicated with a red asterisk (*).

Provider Name (Child Care Program Name) *

- A **tool-tip function** is available on some questions by hovering over the blue question mark icon with your cursor hovering over this icon will either provide additional information about the field or display an illustrative sample of the document from which the information can be obtained.

Is the mailing address on your IRS Form W-9 the same as the facility address above? * ?


Yes No



- Click the Add Document button to upload any required supporting documentation.

Please upload a copy of your identification: *

Add Document




- A successful upload will result in the file name displaying.

Please upload a copy of your identification: *

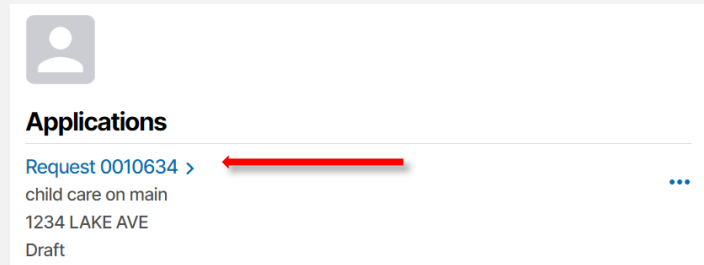
Add Document

- [Sample Documentation.pdf](#) ×

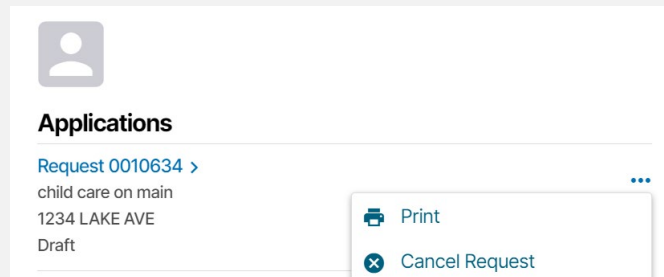


- Be sure to **save your progress often** so that your online session is not timed out. Expired sessions will require that you re-enter your log-in credentials to continue with your application.

- ❑ **Previously saved applications** (i.e., in draft form) can be retrieved by going to the **Applications** tab and clicking on the request number.



- ❑ **Previously submitted applications** will be available in read-only mode and cannot be modified.
- ❑ In-progress and submitted applications can be **printed** by clicking the **print icon**.



PRE-ELIGIBILITY

The **Pre-Eligibility page** presents key questions that can help determine eligibility.

- Indicate whether your program is a non-licensed Head Start, Early Head Start, or Educare Program with “Yes” or “No”.

Note: **Home-based programs option slots are not eligible.**

Is your child care program a non-licensed Head Start, Early Head Start, or Educare Program?

Note: Home-based programs option slots are not eligible. *

Yes No

- If “No”, move to next page of user guide.
- If “Yes”, please read the following statement before moving onto the next few questions.

i The federal Child Care and Development Block Grant Act of 2014 and accompanying federal regulations outline health and safety training requirements for providers receiving federal child care payments. All staff directly working with children (including substitutes and volunteers) in either a Licensed Family Child Care Home I, Family Child Care Home II, Child Care Center, School Age Only Center, and Pre-school along with Head Start, Early Head Start, and Educare Programs are required to complete the Prepare to Care pre-service orientation training, and Pediatric First Aid and Cardiopulmonary Resuscitation (CPR).

Providers must also have an Emergency Preparedness Plan in place that covers all of the following:

- Evacuation
- Relocation
- Shelter-In-Place
- Reunification with Families
- Continuity of Operations
- Accommodations of infants and toddlers
- Accommodations of children with disabilities
- Completing fire drills
- Completing tornado drills

- If you answered “No” to is your program is a Head Start, Early Head Start, or Educare Program, please indicate whether your child care program was licensed after May 9, 2022 with “Yes” or “No”.

Is your child care program licensed after May 9, 2022? *

Yes No

- If “No”, move to next page of user guide.
- If “Yes”, Indicate whether your program currently has a Child Care Subsidy Agreement with “Yes” or “No”.

Does your program currently have a Child Care Subsidy Agreement (i.e. you currently receive subsidy payments from DHHS)? *

Yes No

- If “Yes”, move on to questions regarding current status of your program.
- If “No”, please read the following statement before moving on to the next few questions.

i The federal Child Care and Development Block Grant Act of 2014 and accompanying federal regulations outline health and safety training requirements for providers receiving federal child care payments. All staff directly working with children (including substitutes and volunteers) in either a Licensed Family Child Care Home I, Family Child Care Home II, Child Care Center, School Age Only Center, and Pre-school along with Head Start, Early Head Start, and Educare Programs are required to complete the Prepare to Care pre-service orientation training, and Pediatric First Aid and Cardiopulmonary Resuscitation (CPR).

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- Accommodations of infants and toddlers
- Accommodations of children with disabilities
- Completing fire drills
- Completing tornado drills

- If you answered “No” to is your child care program licensed after May 9th, 2022, please indicate whether your child care program was funded in round 1 or round 2 with a “Yes” or “No”.

Was your child care program funded in round 1 or round 2? *

Yes No

- If “Yes”, Indicate whether your current license capacity has increased since previous stabilization grant award with a “Yes” or “No”.

Has your current license capacity increased since previous award? *

Yes No

- If “Yes”, Indicate whether your program currently has a Child Care Subsidy Agreement with “Yes” or “No”.

Does your program currently have a Child Care Subsidy Agreement (i.e. you currently receive subsidy payments from DHHS)? *

Yes No

- If “Yes”, move on to questions regarding current status of your program.
- If you answered “No”, please read the following statement before moving on to the next few questions.

i The federal Child Care and Development Block Grant Act of 2014 and accompanying federal regulations outline health and safety training requirements for providers receiving federal child care payments. All staff directly working with children (including substitutes and volunteers) in either a Licensed Family Child Care Home I, Family Child Care Home II, Child Care Center, School Age Only Center, and Pre-school along with Head Start, Early Head Start, and Educare Programs are required to complete the Prepare to Care pre-service orientation training, and Pediatric First Aid and Cardiopulmonary Resuscitation (CPR).

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- Accommodations of children with disabilities
- Completing fire drills
- Completing tornado drills

- ❑ Indicate whether you and all staff directly working with children, including substitutes and volunteers, successfully completed the Prepare to Care pre-service orientation training with “Yes” or “No”.
- ❑ If “Yes”, move on to the next question. NOTE: You will need to populate verification table shown on the next page after the next question regarding staff directly working with children, including substitutes and volunteers, training and certifications for your child care program.
- ❑ If “No”, please read the following statement with details on training requirement and guidance for moving forward.

Have you and all staff directly working with children, including substitutes and volunteers, successfully completed the Prepare to Care pre-service orientation training? *

Yes No

i As a child care provider all of your staff directly working with children, including substitutes and volunteers are required to complete the Prepare to Care pre-service orientation training. In order for your application to be considered for approval of your stabilization grant your staff is required to complete this training within 60 days. You are also required to submit a verification letter within 60 days which can be found at [Child Care and Development Fund Grant Opportunities \(ne.gov\)](#) . Instructions on how to submit this letter can be found within the User Guide which can be found at [Child Care and Development Fund Grant Opportunities \(ne.gov\)](#).

- ❑ Indicate whether you and all staff directly working with children, including substitutes and volunteers, are certified in pediatric first aid and CPR?
- ❑ If “Yes”, please populate the following table regarding staff directly working with children, including substitutes and volunteers, training and certifications for your child care program.

Are you and all staff directly working with children, including substitutes and volunteers, certified in pediatric first aid and CPR? *

Yes No

Please populate the following table regarding staff directly working with children, including substitutes and volunteers, training and certifications for your child care program.

Staff First and Last Name	Position/Title	CPR/First Aid Completion Date
1. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
2. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
3. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
4. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
5. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
6. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
7. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
8. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
9. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>
10. <input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>

Add Row

Based off of the information provided within the table above not all of your staff has completed the required training as you stated in the above question(s). Please either update the table or the question(s) so that both of these items match.

- If “No”, please read the following statement with details on Pediatric First Aid and CPR requirement and guidance for moving forward.

Are you and all staff directly working with children, including substitutes and volunteers, certified in pediatric first aid and CPR? *

Yes No

i As a child care provider all of your staff directly working with children, including substitutes and volunteers are required to be certified in pediatric first aid and CPR. In order for your application to be considered for approval of your stabilization grant your staff is required to complete this certification within 60 days. You are also required to submit a verification letter within 60 days which can be found at [Child Care and Development Fund Grant Opportunities \(ne.gov\)](#). Instructions on how to submit this letter can be found within the User Guide which can be found at [Child Care and Development Fund Grant Opportunities \(ne.gov\)](#).

- Indicate whether your program has an Emergency Preparedness Plan that provides all of the following required elements are in place: evacuation; relocation; shelter-in-place; reunification with families; continuity of operations; accommodations of infants and toddlers; accommodations of children with disabilities; completing fire drills; and completing tornado drills with “Yes” or “No”.
- If “Yes”, move on to the next question.
- If “No”, please read the following statement with details on Emergency Preparedness Plan and guidance for moving forward.

Does your program have an Emergency Preparedness Plan that provides all of the following required elements are in place: evacuation; relocation; shelter-in-place; reunification with families; continuity of operations; accommodations of infants and toddlers; accommodations of children with disabilities; completing fire drills; and completing tornado drills. *

Yes No

i As a child care provider your program is required have an Emergency Preparedness Plan. In order for your application to be considered for approval of your stabilization grant you are required to complete an Emergency Preparedness Plan within 60 days. You are also required to submit the date which you completed you Emergency Preparedness Plan within 60 days. Instructions on how to submit this date can be found within the User Guide which can be found at [Child Care and Development Fund Grant Opportunities \(nc.gov\)](#).

- Select the current status of your program by selecting one of the following from the drop-down options:
 - Open – normal or regular operating hours are currently maintained.
 - Open – reduced operating hours are currently maintained.
 - Temporary Voluntary Closure Status
 - Permanently Closed

What is the current status of your program? *

-Select-

- If you selected “Temporary Voluntary Closure Status” you will need to respond to the following questions:
 - When did you close?
 - Why did you close?
 - Indicate whether you have plans to re-open within the next 60 days by selecting either “Yes” or “No”.

What is the current status of your program? *

Temporary Voluntary Closure Status

When did you close? *

Select date

Why did you close? *

Do you have plans to re-open within the next 60 days? *

Yes No

- Indicate whether the Family Child Care Owner or Center Director is a U.S. Citizen or qualified alien under the Federal Immigration and Nationality Act by selecting either “Yes” or “No” .

Is the Family Child Care Owner or Center Director a U.S. Citizen or qualified alien under the Federal Immigration and Nationality Act? *

Yes No

Based on responses to the questions, an applicant will be notified if they may be eligible to apply.

- Carefully **read and understand the eligibility requirements** as outlined in the Frequently Asked Questions to confirm that you are eligible for the program.
- Answer each question honestly** and **do not override accurate responses in order to participate in this program** if your truthful answers indicate you are ineligible. The Nebraska Department of Health and Human Services may provide a second opportunity to apply for Stabilization Grants.
- Your responses to other questions within the application may lead to a determination of ineligibility.

APPLICANT INFORMATION

The Applicant Information page captures basic information regarding the Family Child Care Owner or Center Director.

- Enter Applicant information including Provider name and Owner name.

Provider Name (Child Care Program Name) *

e.g. Child Care on Main Street

Owner Name (Legal Business Name of Company or Individual Owner Name)

e.g. Child Care Inc. or Jane Doe

- Enter your License number if you are a licensed child care provider or Grantee number if you are a Head Start, Early Head Start or Educare program (Must add leading alphabet characters).
 - If you are unable to validate your license number, you may continue, but a delay may occur in the processing of your application.

[NOTE]: Do not forget to input leading alpha characters.

License/Grantee Number *

e.g. CCC1234 or FII5678

Re-enter License/Grantee Number *

Validate License Number

- Indicate whether your license type has changed since 2021 by selecting either the “Yes” or “No” button. If you answer “Yes” please write in your previous license number.

Has license type changed since 2021? *

Yes No

- Enter the physical **address** (number, street, city, zip) of the Child Care facility for which assistance is requested .
 - Once the address is entered click the “Validate Address” button and confirm the address by clicking the “Accept Formatted Address” button.

Child Care Facility Address:

Address Line 1 *

Address line 2:

City: *

State: *

Zip code: *

Validate Address



Confirm Address



You Entered:

1234 Lake Ave
Gothenburg, Nebraska 69138

US Postal Service Format:

1234 LAKE AVE
GOTHENBURG, NE 69138

Accept Formatted Address

- Indicate if the mailing address on your IRS Form W-9 is the same as the facility address above by selecting “Yes” or “No”.
 - If “No”, please enter your mailing address (number, street, city, zip).

Is the mailing address on your IRS Form W-9 the same as the facility address above? * ?

Yes No

Please provide the mailing address:

Address Line 1:*

Address line 2:

City:*

State:*

-Select- ▼

Zip code:*

Validate Address

- Select the type of business from the following:
 - C-Corporation
 - Individual
 - Limited Liability Company (LLC)
 - Sole Proprietorship or Single-Member LLC
 - C-Corporation
 - S-Corporation
 - Trust/Estate
 - Non-profit Entity
 - Government (Local, State, Federal)

Business Classification * ?

-Select- ▼

- Enter Applicant contact information including work phone number, cell phone number, and email address.

Work Phone Number: *

Cell Phone Number: *

Email Address: *

- Enter the following information regarding the Family Child Care Owner or Center Director.
 - Enter name of the contact (First & Last Name)
 - Indicate the title of the contact by selecting "Family Child Care Owner" or "Center Director"
 - Enter the Child Care Program (Company) Taxpayer Identification Number (TIN) or Individual Owner Social Security Number (SSN)
 - Indicate the race of the Family Child Care Owner or Center Director by selecting one or more of the options
 - Indicate the ethnicity of the Family Child Care Owner or Center Director by selecting one of the options
 - Indicate the gender of the Family Child Care Owner or Center Director by selecting "Male", "Female", "Other", or "Decline to answer"

Please answer the following questions for the Family Child Care Owner or Center Director

First Name: * [?](#)

Middle Name: [?](#)

Last Name * [?](#)

Point of Contact Title *

Child Care Program (Company) Taxpayer Identification Number (TIN): *

Re-enter Child Care Program (Company) Taxpayer Identification Number (TIN): *

Race (select one or more): [?](#)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Decline to Answer

Please select at least one of the race options from above.

Ethnicity: * [?](#)

Gender *

- Indicate whether you have a valid driver's license by selecting either the "Yes" or "No" button.
 - If "Yes", enter your driver's license number, driver's license state, and upload a copy of your driver's license.

Do you have a valid driver's license? *


Yes No

Driver's license number: *

Driver's license state: *

-Select- ▼

Please upload a copy of your identification: *

Add Document 

- If "No", upload a copy of an alternative Government Issued Identification (e.g. Passport, Military ID, U.S. Permanent Resident Card, etc.).

Do you have a valid driver's license? *


Yes No

Please select if you have a valid State ID, US Passport, Military ID, Military Dependent ID or Other Form of ID? *

-Select- ▼

Identification number: *

Please upload a copy of your identification: *

Add Document 

Child Care Facility/Program Information

- Indicate your current hours of operation by selecting either the “Open” or “Closed” button for each day of the week.
 - If “Open”, indicate if you are open 24 hours by selecting “Yes”, you will not be required to select times. However, if you select “No” then you will be required to select times for each day of the week.
 - Open Time
 - Close Time

What are your current hours of operation?

Day	Select Open or Closed	Open 24 Hours	Open Time	Close Time
Sunday	-Select- ▼	-Select- ▼	-Select- ▼	-Select- ▼
Monday	-Select- ▼	-Select- ▼	-Select- ▼	-Select- ▼
Tuesday	-Select- ▼	-Select- ▼	-Select- ▼	-Select- ▼
Wednesday	-Select- ▼	-Select- ▼	-Select- ▼	-Select- ▼
Thursday	-Select- ▼	-Select- ▼	-Select- ▼	-Select- ▼
Friday	-Select- ▼	-Select- ▼	-Select- ▼	-Select- ▼
Saturday	-Select- ▼	-Select- ▼	-Select- ▼	-Select- ▼

- Indicate your enrollment as of 07/01/2022 and 03/31/2023 by typing into the open fields below.
 - **NOTE:** If you were not open during either of these time periods please enter 0's within below table

For the below age ranges, what was your enrollment on the given date?

Age Range	As of 07/01/2022	As of 03/31/2023
Infant (6 weeks to 18 months):	<input type="text"/>	<input type="text"/>
Toddler (18 months to 3 years):	<input type="text"/>	<input type="text"/>
Preschool (3-5 years):	<input type="text"/>	<input type="text"/>
School Age 5+ years:	<input type="text"/>	<input type="text"/>
TOTAL:	<input type="text"/>	<input type="text"/>

- Enter your average monthly operating expenses for the following categories by typing in the open fields below.

Note: The purpose of providing this information is to capture those operating expenses that are considered allowable expenses and to help identify how you will spend the grant funds. Your current average monthly expenses DOES NOT factor into your grant award amount.

 - Payroll
 - Benefits
 - Other Personnel Costs
 - Rent or Mortgage
 - Facility Expenses (Utilities, Insurance, Maintenance)
 - Personal Protective Equipment (PPE) including cleaning and sanitation supplies and services
 - Training costs for staff related to health and safety practices
 - Equipment and supplies in response to COVID 19
 - Goods and Services to maintain or resume services
 - Mental health supports for children and staff
 - Copayment and tuition relief, to the extent possible, for families struggling to make child care payments

Please provide your average monthly operating expenses for the following categories in the table below:

Note: The purpose of providing this information is to capture those operating expenses that are considered allowable expenses and to help identify how you will spend the grant funds. Your current average monthly expenses does not guarantee a specific grant award amount.

Allowable Expenses:	Average Monthly Expenses
Payroll	\$ <input type="text"/>
Benefits	\$ <input type="text"/>
Other Personnel Costs	\$ <input type="text"/>
Rent or Mortgage	\$ <input type="text"/>
Facility Expenses (Utilities, Insurance, Maintenance)	\$ <input type="text"/>
Personal Protective Equipment (PPE) including cleaning and sanitation supplies and services	\$ <input type="text"/>
Training costs for staff related to health and safety practices	\$ <input type="text"/>
Equipment and supplies in response to COVID 19	\$ <input type="text"/>
Goods and Services to maintain or resume services	\$ <input type="text"/>
Food to maintain or resume services	\$ <input type="text"/>
Mental health supports for children and staff	\$ <input type="text"/>
Copayment and tuition relief, to the extent possible, for families struggling to make child care payments	\$ <input type="text"/>
TOTAL:	

Total average monthly expenses must be a non-zero amount.

Indicate how you plan to use the funds by selecting the check boxes next to each category. One or more categories must be selected.

- Personnel costs, benefits, premium pay, and recruitment and retention
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance
- PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices
- Purchases of or updates to equipment and supplies to respond to Covid 19
- Goods and services necessary to maintain or resume child care services
- Mental health supports for children and employees
- Copayment and tuition relief, to the extent possible, for families struggling to make child care payments

Please choose from the following funding categories to indicate how you plan to use the funds understanding that, after grant award, you may spend funds on other categories not originally selected.

- Personnel costs, benefits, premium pay, and recruitment and retention [?](#)
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance [?](#)
- PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices [?](#)
- Purchases of or updates to equipment and supplies to respond to Covid 19 [?](#)
- Goods and services necessary to maintain or resume child care services [?](#)
- Mental health supports for children and employees [?](#)
- Copayment and tuition relief, to the extent possible, for families struggling to make child care payments

If you choose to opt in, you'll get the total possible amount of funding – and you agree to use at least 25% of that amount on staff bonuses.

Staff Compensation Opt-In

- If you choose to opt in, you'll get the total possible amount of funding – and you agree to use at least 25% of that amount on STAFF BONUSES.
 - If you chose to opt out, your total funding will be reduced by 25%.
- Do you agree to use at least 25% of funds for staff bonuses? You will be required to submit documentation in the future to confirm use of funds.

○

- If you choose to opt-in, please describe how you plan to utilize a grant award for staff bonuses.

Staff Compensation Opt-In

- If you choose to opt in, you'll get the total possible amount of funding — and you agree to use at least 25% of that amount on STAFF BONUSES.
- If you chose to opt out, your total funding will be reduced by 25%.

Do you agree to use at least 25% of funds for staff bonuses? You will be required to submit documentation in the future to confirm use of funds.

Please describe how you plan to utilize your grant award for staff bonuses.
Note: This response will be used as a baseline for the review of the supporting documentation that you are required to maintain so please be as thorough as possible in order to avoid later outreach during subgrant monitoring review.

None

- Please indicate if you plan to use funds for a qualified vehicle expense by selecting “Yes” or “No”.

Please indicate if you plan to use funds for a qualified vehicle expense. * ?

Yes No

- Please confirm your **Bank Routing Number, Bank Account Number, and Account Type** before you proceed. All payments will be sent via ACH (direct deposit).

NOTE: Name of Bank will auto populate once Bank Routing Number is entered.

All payments will be sent via ACH (direct deposit). Please confirm your banking information before you proceed.

Name of Bank:

Bank Account Number: *

Re-enter Bank Account Number: *

Bank Routing Number: *

Re-enter Bank Routing Number: *

Account Type: *



Checking



Savings

ACKNOWLEDGEMENT AND CERTIFICATIONS

- You will have to indicate that you have read and understand these acknowledgements and authorizations
 - COMPLIANCE REQUIREMENTS AND USE OF FUNDS
 - To receive a stabilization grant, I agree to use the funds only for the categories and purposes outlined in the program compliance requirements and have marked which categories I plan to fund in the application.
 - I certify that at least 25% of funds will be used for STAFF BONUSES.
 - I understand the Child Care Stabilization Grant award may be considered taxable income for my organization. The State will issue a Form 1099-G to non-corporate entities receiving greater than \$600 which is reportable to the Internal Revenue Service (IRS). Please consult your financial advisor and/or tax preparer as it pertains to your specific award and business or personal circumstances.
 - I understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive, as well as to document my compliance with the requirements described in A, B, C, and D below.
 - By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:
 - A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).
 - B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.
 - C. I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.
 - D. I will submit the required report(s) based on monthly expenses incurred during the defined reporting period(s) and the final report at the end of the grant period.

COMPLIANCE REQUIREMENTS AND USE OF FUNDS

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I have read and understand the acknowledgements and certifications above *



○ ACKNOWLEDGEMENTS

- I certify that all information given to the Child Care Stabilization Program is accurate and complete to the best of my knowledge and belief.
- I certify that my program meets state and local health and safety requirements including the completion of comprehensive background checks. **Note:** If audited, you will be required to submit supporting documentation/certificate(s) of completion.
- I certify that my program has an Emergency Preparedness Plan that provides all of the following required elements are in place: evacuation; relocation; shelter-in-place; reunification with families; continuity of operations; accommodations of infants and toddlers; accommodations of children with disabilities; completing fire drills; and completing tornado drills. Note: If audited, you will be required to submit the Emergency Preparedness Plan.
- I certify that my program will remain open and actively caring for children for 12 months after my final payment is awarded. If my program closes within 12 months, DHHS will fully audit the provider and a prorated portion of the grant funds may need to be returned to DHHS.
- I understand that false statements I give to the Child Care Stabilization Program may be punishable under Federal, State or Local Law. False statements or information will be grounds for denial of my application.
- I understand this is a grant application and signing this application does not bind the Child Care Stabilization Program to award the grant.
- I have no objection to inquiries for the purpose of verifying the information in my application.

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o AUTHORIZATION TO RELEASE INFORMATION

- I authorize the Child Care Stabilization Program to use this acknowledgement and the information obtained in the application, to administer and enforce rules and policies.
- Any individual or organization, including any governmental agency, may be asked to release information. Information may be requested from but is not limited to: courts, law enforcement state or federal agencies, or social service agencies. I authorize the above persons, firms, or corporations to make available any documents or record to the Child Care Stabilization Program for inspection and copying.
- I authorize the Child Care Stabilization Program to publish aggregate information regarding my child care program (not including personally identifiable information) and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts.

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I have read and understand the authorizations above *

Electronically sign the application by clicking the “Electronically Sign” Button

Electronically Sign



- Submit Application by clicking the “Submit” button



Submit

- You will receive the below message upon submission

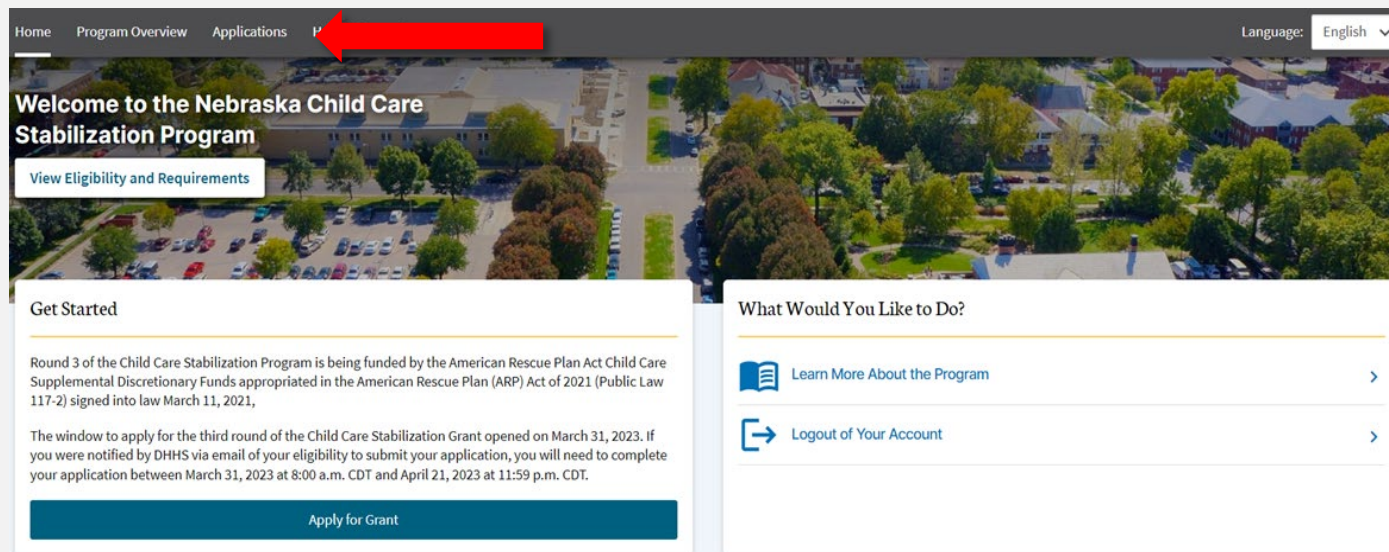
✔ Thank you for your submission! You will receive an email confirmation for your records, but you may also [print your request](#). You may track the status of your request on the [Applications](#) page.

Prepare to Care and CPR Verification Upload Process Steps

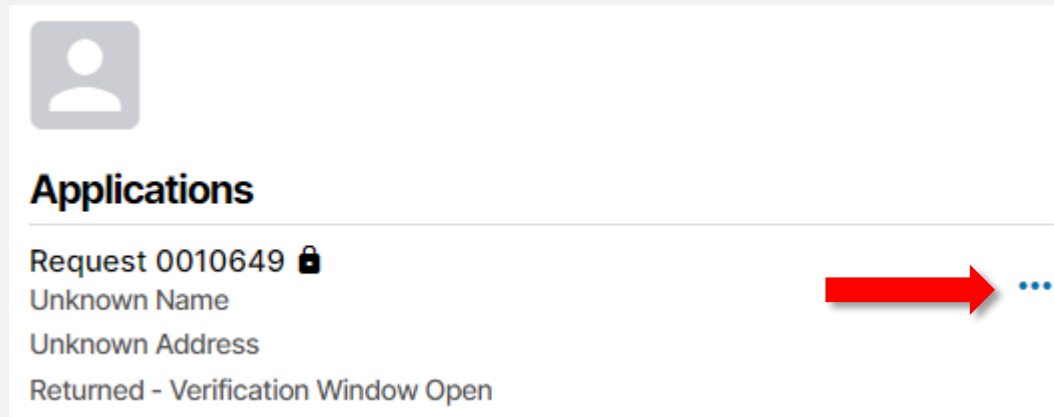
As a program that is licensed after March 11, 2021 you and all of your staff directly working with children, including substitutes and volunteers are required to complete training in Prepare to Care pre-service and certification in pediatric first aid and CPR. Due to the fact that, at the time of submission of your initial application, all of your staff was not trained in Prepare to Care or certified in pediatric first aid and CPR you are required to submit verification within 60 days of your initial application that both have been completed. You may find the verification forms under Resources at <https://dhhs.ne.gov/Pages/Child-Care-and-Development-Fund-Grant-Opportunities.aspx>. Please refer to the steps below for instructions on how to submit these forms.

INITIATE THE VERIFICATION PROCESS

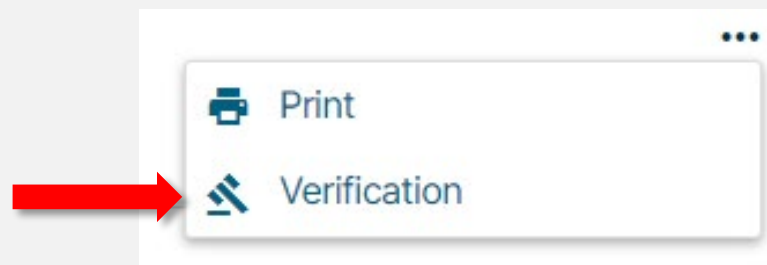
- Begin the **verification process** by clicking the **Application button**



- Click the **ellipsis** to the right of your application



- Select **Verification** from the dropdown options



- In the popup window, upload **Prepare to Care pre-service orientation training verification** and **pediatric first aid and CPR Verification** by using the **Add Document** button and select the date in which you completed your **Emergency Preparedness Plan**. NOTE: You will only be required to complete the below verifications based on what pre-eligibility questions you answered “No” to.

Verification ✕
Request 0011183

Please attach your Prepare to Care pre-service orientation training verification below: *

Add Document

Please attach your pediatric first aid and CPR certificate verification below (Note: Certificates need to be within the last two years to be valid): *

Add Document

Please select the date in which you completed your Emergency Preparedness Plan below: *

Select date

Cancel Submit

- Submit the verification by clicking the **Submit** button

Verification ×
Request 0011183

Please attach your Prepare to Care pre-service orientation training verification below: *

Add Document

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Add Document

Please select the date in which you completed your Emergency Preparedness Plan below: *


Select date

Submit

- A successfully submitted verification will be labeled as **Verification in Review**



Applications

Request 0010649 
Unknown Name ⋮
Unknown Address
Verification in Review 