



The Department of Public Health and Social Services (DPHSS) and the Guam Economic Development Authority (GEDA) have established the Community Summer Program to support ongoing CCDF Certified businesses and organizations in the childcare community and are encouraging eligible applicants to apply.

# 2024 COMMUNITY CARE SUMMER GRANT PROGRAM APPLICATION

APPLICATION NO. \_\_\_\_\_

DATE \_\_\_\_\_

**WHAT TYPE OF CHILDCARE PROVIDER ARE YOU:**

VILLAGE MAYORS' PROGRAM

NON-SCHOOL PROVIDER

NON-PROFIT ORGANIZATION

RESIDENTIAL COMMUNITY

LOCAL PRIVATE SCHOOL

OTHER SCHOOL-AGE PROGRAM

*\*Please see Program Fact Sheet for Guidance*

## SECTION I: APPLICANT INFORMATION

Organization Name \_\_\_\_\_

|                  |                      |      |       |     |
|------------------|----------------------|------|-------|-----|
| Physical Address | Street Number & Name | City | State | Zip |
|------------------|----------------------|------|-------|-----|

|                 |                 |      |       |     |
|-----------------|-----------------|------|-------|-----|
| Mailing Address | Street/P.O. Box | City | State | Zip |
|-----------------|-----------------|------|-------|-----|

|               |               |         |
|---------------|---------------|---------|
| Telephone No. | Email Address | Website |
|---------------|---------------|---------|

|                        |       |                             |      |
|------------------------|-------|-----------------------------|------|
| Funding Request Amount | EIN # | Government of Guam Vendor # | UEI# |
|------------------------|-------|-----------------------------|------|

|                         |                          |
|-------------------------|--------------------------|
| President/Director Name | President/Director Email |
|-------------------------|--------------------------|

A. What is your current TOTAL CCDF enrollment at the time of application?

Total School Age (5 yrs. and up): \_\_\_\_\_

Total Enrollment: \_\_\_\_\_

**SECTION II: PREVIOUS GRANTS RECEIVED**

| Did your program receive any of the following?  | How much funds were received? | What months were the funds applied too? | What activities did the funds support? |
|---|-------------------------------|---|--|
| Guam Department of Education<br>Coronavirus Aid, Relief, and Economic Security (CARES) Act  |                               |   |  |
| Guam Economic Development Authority<br>Small Business Pandemic Assistance Grant Program (PAG2020 & PAG2021)   |                               |   |  |
| Adahi FamaGU'on Child Care Assistance Program – Stabilization (CAPS2021)  |                               |   |  |
| GEDA Local Employers Assistance Program (LEAP and LEAP II)  |                               |   |  |
| Other grants received under CARES, American Rescue Plan Act (ARPA), or Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA) |                               |   |  |

### SECTION III: SELF CERTIFICATION

Initial next to each statement to confirm you read, understood and agree to each.

|   |  |
|---|--|
|   | I agree to use the funds only for the allowable costs associated with this program that have not been funded by any other grant received/awarded. Furthermore, I understand and agree to provide notice to and seek approval of GEDA should any movement or transfer of funds become necessary.  |
|   | I understand that it is my responsibility to maintain records and other documents to support the use of funds I receive, as well as to document my compliance with all terms & conditions, rules & regulations, and guidelines.  |
|   | I agree to submit to an audit by any auditor of CCDF's choosing. I will grant access to and the right to examine and copy any records, data, or papers relevant to this subgrant until seven (7) years have passed since the final payment pursuant to this subgrant.  |
|   | The Grantee further certifies that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. The Grantee understands that any misleading or false statements or any false written or oral representation, may result in the Grantor rescinding the grant by written notice to the Grantee. In such event the Grantee agrees to and shall, within five (5) days following the receipt of such notice, return to the Grantor, an amount equal to Grant payments received plus interest at the prime rate set forth in the Wall Street Journal in effect on the date of such notice. The Grantee agrees to pay the Grantor's attorney fees and actual costs incurred in the collection of Grant funds. |
|   | I acknowledge that I will not engage in the sale of any assets acquired through the utilization of this Grant funding, unless approved by DPHSS, Division of Childrens Wellness.   |
|   | I acknowledge that each item purchased through this Grant funding is designated <b>solely</b> for the purposes of the childcare program.   |
| <b>Authorized Representative (Print Name)</b> | <b>DATE:</b>   |
| <b>Authorized Representative (Signature)</b>  |  |

**SECTION IV: USE OF FUNDS**

| <b>DETAILED PROGRAM BUDGET</b>                                |                    |             |
|---|--------------------|-------------|
| <b>CATEGORY</b>   | <b>DESCRIPTION</b> | <b>COST</b> |
| <b>Personnel Costs</b>  |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
|   | <b>SUBTOTAL</b>    |             |
| <b>Rent, Utilities, Facilities Maintenance</b>                |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
|   | <b>SUBTOTAL</b>    |             |
| <b>Sanitation, and Other Health &amp; Safety Requirements</b> |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
|   | <b>SUBTOTAL</b>    |             |
| <b>Equipment &amp; Supplies</b>                               |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
|   | <b>SUBTOTAL</b>    |             |
| <b>Goods &amp; Services</b>                                   |                    |             |
|   |                    |             |
|   |                    |             |
|   |                    |             |
|   | <b>SUBTOTAL</b>    |             |
| <b>TOTAL PROGRAM BUDGET</b>                                   |                    |             |

**SECTION V: PROGRAM DESCRIPTION**

