



in
partnership
with  smart start

Child Care Services Association is partnering with the **North Carolina Partnership for Children** and local partnerships and CCR&Rs to support the COVID-19 Relief Fund for child care programs in North Carolina. More information about the relief fund, including how you can help, can be found at www.childcareservices.org/ccsa-covid-19-relief-fund.

CCSA COVID-19 Relief Fund Application

The CCSA COVID-19 Relief Fund is designed to provide small grants to 3-star or higher child care programs in North Carolina to help them purchase supplies and/or services needed to meet the stringent health and sanitation standards required by the NC Department of Health and Human Services. At this time, funds will be available to child care programs currently open serving the children of essential workers. Grants of \$100 will be given to qualified family child care homes and grants of \$200 will be given to qualified child care centers.

To apply for assistance please complete the application below. Applications will be reviewed on a rolling basis beginning in May for this first cycle of funding. Please be patient as we expect a high volume of requests. Please e-mail completed applications to your local Smart Start Partnership by the deadline of **May 1, 2020**.

By submitting this application, you are agreeing to your application being shared with the staff of your local Smart Start, the North Carolina Partnership for Children and Child Care Services Association or their subcontractors for consideration of funding. By accepting dollars, you may be asked to share your experience during this period.

Applicant Information

Name of Child Care Program: _____ License #: _____

Full name of applicant: _____

Title: _____

(owner, director, partner, etc.)

Phone: _____ Email: _____

Type of Program (center or family child care): _____

If you are a non-profit, check here _____

Site Location Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different from Site Location Address): _____

City: _____ State: _____ Zip: _____ County: _____

What is your current enrollment? _____

What was your enrollment at the end of February? _____

Have you applied for financial aid from any other community source in your county? Yes No

If yes, through which organization? _____

What is the status of your application? _____

COVID-19 Impact

Has your program remained open throughout the COVID-19 pandemic? Yes No

There are several state level agencies working to secure public and private relief funding. While we understand the need is currently greater than what we can provide, your story helps us advocate for increased funding to assist you and your community. Please share your story with us – how would additional public and private funding assistance help you during this time and into recovery?

(Please limit your response to 200 words)

Please e-mail your completed application to your local Smart Start Partnership.

Thank you for all you do for children and families.