

City of Harrisonburg ARPA Child Care Fund Grant Program Application

Business Information

* 1. Business Name

* 2. What is your business' Employer Identification Number (EIN)?

* 3. Business Address

Address

Address 2

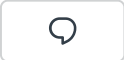
City/Town

State/Province

ZIP/Postal Code

Preview

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ZIP/Postal Code

* 4. Business Contact

Name

Phone

Email

Preview

* 5. When was your business established?

Date

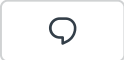
Date



* 6. Select the program type that best describes your business:

- Licensed Child Day Center
- Licensed Family Day Home
- Voluntary Registration for Family Day Homes
- Religiously Exempt Child Day Centers
- Other (please specify)

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Business Information

* 7. Do you have a business license from the City of Harrisonburg?

Yes

No

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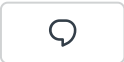
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Business Information

* 8. Have you submitted a business license application to the City of Harrisonburg Commissioner of the Revenue?

Yes

No

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Program Eligibility

* 8. Select the option that accurately reflects your child care licensure status with the Virginia Department of Education:

- Licensed
- Voluntarily registered
- Neither licensed nor voluntarily registered
- Licensure or registration status pending with the state
- Religiously exempt

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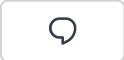
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* 9. Attach a copy of your licensure, registration, or most recent statement of intent:

Choose File

No file chosen

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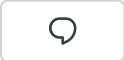
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Program Eligibility

* 9. When did you submit your licensure or voluntary registration application to VDOE? If you are already licensed, voluntarily registered, or religiously exempt, enter the date you must renew your status with the state.

Date **Preview**
Date
MM/DD/YYYY 

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Program Eligibility

* 11. Have you completed or are you on track to complete the Business of Childcare Program with the Early Education Business Consultants and met with the Small Business Development Center?

- Yes, already complete
- Yes, on track to complete
- No

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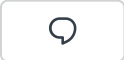
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Program Eligibility

* 12. Attach a copy of your Certificate of Completion from the Business of Childcare Program:

Choose File

No file chosen

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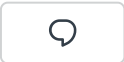
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Program Eligibility

* 12. Have you received approval from the Virginia Department of Education (VDOE) to be a Child Care Subsidy Vendor with the VDOE's Child Care Subsidy Program?

Yes

No

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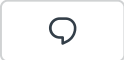
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Program Eligibility

* 13. Have you applied to the Virginia Department of Education (VDOE) to be a Child Care Subsidy Vendor with the VDOE's Child Care Subsidy Program?

- Yes
- No
- Not applicable

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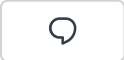
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City of Harrisonburg ARPA Child Care Fund Grant Program Application

Program Eligibility

* 14. When did you submit your application to the VDOE Child Care Subsidy Program?

Date

Date



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City of Harrisonburg ARPA Child Care Fund Grant Program Application

Funding Request

* 15. How much funding are you requesting?

* 16. Are you requesting funding for a new business or an existing business?

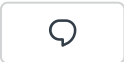
- New (established after August 31, 2023)
- Existing (established before September 1, 2023)

* 17. Do you currently provide care for children?

- Yes
- No

* 18. How do you select the children for which you care? Please describe the application process, whether you have a waitlist, and how new children will be selected. If you do not currently provide care for children, describe how you will select the children for which you will care.

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City of Harrisonburg ARPA Child Care Fund Grant Program Application

Funding Request

* 19. How many children do you currently provide care for?

* 20. How many employees, not including yourself, do you currently employ? If you do not have any employees besides yourself, enter "0".

* 21. If you receive your requested funding, how many additional children will you provide care for?

* 22. If you receive your requested funding, how many total children will you provide care for?

* 23. Awarded funds must be used to increase the



[Empty text box]

* 22. If you receive your requested funding, how many total children will you provide care for?

[Empty text box]

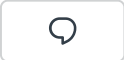
* 23. Awarded funds must be used to increase the number of children you currently care for. If you do not currently provide care for children, funds must be used to begin providing care. Describe how the requested funding would lead to an increase in the number of children you provide care for or would allow you to begin providing care for children.

Preview

* 24. Based on your expected increase in the number of children you care for, will you need to hire additional staff to comply with state child-to-staff ratios? Please explain why you will or why you will not need to hire additional staff. Additionally, please describe how you plan to pay for the new staff member(s)' wages.

[Empty text box]

* 25. Provide an itemized budget for how you plan to use requested funding if it is awarded:



allow you to begin providing care for children.

* 24. Based on your expected increase in the number of children you care for, will you need to hire additional staff to comply with state child-to-staff ratios? Please explain why you will or why you will not need to hire additional staff. Additionally, please describe how you plan to pay for the new staff member(s)' wages.

Preview

* 25. Provide an itemized budget for how you plan to use requested funding if it is awarded:

If you create your budget in Microsoft Excel or Google Sheets, print your file to a PDF. Please ensure you change the print page orientation to horizontal and make sure all columns are visible on one page.

Choose File No file chosen

* 26. Provide a budget narrative describing how the items included in your budget are necessary and how each item will be used.

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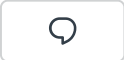
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Demographic Information

Please select all boxes that accurately describe your demographic identity. This information will not impact the scoring of your application and will only be used in reports about this grant program.

* 27. Please select all that apply to you:

- Male
- Female
- Person with a Disability
- Non-US Citizen
- Hispanic or Latino
- Black or African American
- White or Caucasian
- Asian
- American Indian
- I decline to provide demographic information
- Other (please specify)



City of Harrisonburg ARPA Child Care Fund Grant Program Application

Required Attachments

* 28. Attach a copy of your business license or IRS 501(c)(3) Determination Letter.

Choose File No file chosen

* 29. Attach a copy of your IRS form W-9 completed, signed, and dated within the last 12 months (all applicants).

Choose File No file chosen

* 30. Attach a copy of your business plan.

Choose File No file chosen

* 31. Attach a copy of your driver's license or other form of ID.

Choose File No file chosen

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City of Harrisonburg ARPA Child Care Fund Grant Program Application

Certification Statement

* 32. By selecting "Yes" below, I understand and certify that these funds must be used only for eligible expenses associated with opening a new child care business or expanding the capacity of an existing child care business.

I understand that I must submit all the documents required for my business to be considered for this grant. Failure to submit all the documents will be considered an incomplete application. Incomplete applications will not be reviewed.

I certify that the information above is correct to the best of my knowledge. I authorize the City of Harrisonburg to make inquiries as necessary to verify the accuracy of the statements made by me. I have read and understand the terms outlined above. I agree that my business name and grant award amount may be published as a result of submitting this application. I agree to indemnify and hold harmless the City of Harrisonburg, its officers, directors, employees, agents and volunteers from any and all claims, loss or other liability arising from or related to the services that the City of Harrisonburg provides before, during, and after the grant review and award process.

Funds expended will be used as outlined in the eligible uses of funds in the ARPA Child Care Fund application. The grant funds will not be used for local tax payments. I understand that if I do not spend the grant funds by July 1, 2025, the City of Harrisonburg shall have the right to request



amount may be published as a result of submitting this application. I agree to indemnify and hold harmless the City of Harrisonburg, its officers, directors, employees, agents and volunteers from any and all claims, loss or other liability arising from or related to the services that the City of Harrisonburg provides before, during, and after the grant review and award process.

Funds expended will be used as outlined in the eligible uses of funds in the ARPA Child Care Fund application. The grant funds will not be used for local tax payments. I understand that if I do not spend the grant funds by July 1, 2025, the City of Harrisonburg shall have the right to request repayment of the grant funds.

I certify that I will remain in operation for a minimum of five years from receipt of grant funding without reducing the number of children for which I provide care. I understand that the City of Harrisonburg shall have the right to request repayment of grant funds in the event that my business does not remain in operation or if I reduce the number of children for which I provide care within five years of receipt of grant funds.

I certify that I will maintain records documenting the expenditure of the grant funds and that all such records will be kept for five years from the date of the grant. I understand that the City of Harrisonburg shall have the right to request such records during the five years and shall have the right to request repayment of the grant funds in the event that I do not provide the requested documentation.

I further certify that the funds from the Child Care Fund grant will not be used for expenditures that have previously been reimbursed from other federal