

Department of Human Services
Application & Proposal For
Emergency Child Care Services Contract



Contact Person for Matters Involving this Application

Name:

Title:

Email:

Phone:

Legal Name of Applicant:

dba:

Physical Address of Child Care Facility or Home:

Mailing Address:

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Purpose of Contract (select all that apply):

Cleaning and sanitation

Other activities necessary to maintain or resume the operation of child care programs including:

Health and safety measures for facility

Health and safety measure for children in care and for staff or caregivers

Other measures for operations of the child care program (describe below)

Brief Description of Proposal:

Type of Child Care Facility or Home (select only one):	Maximum capacity for children at this location:
Family Home: <input type="checkbox"/> Group Home: <input type="checkbox"/>	
Group Center / Infant Toddler Center: <input type="checkbox"/>	License ID # / Service ID #:
Before / After School Program: <input type="checkbox"/>	
Legally Exempt A+ Provider contracted by DOE: <input type="checkbox"/>	Name of School Site / Service ID #:

Federal Tax ID#:

State Tax ID#

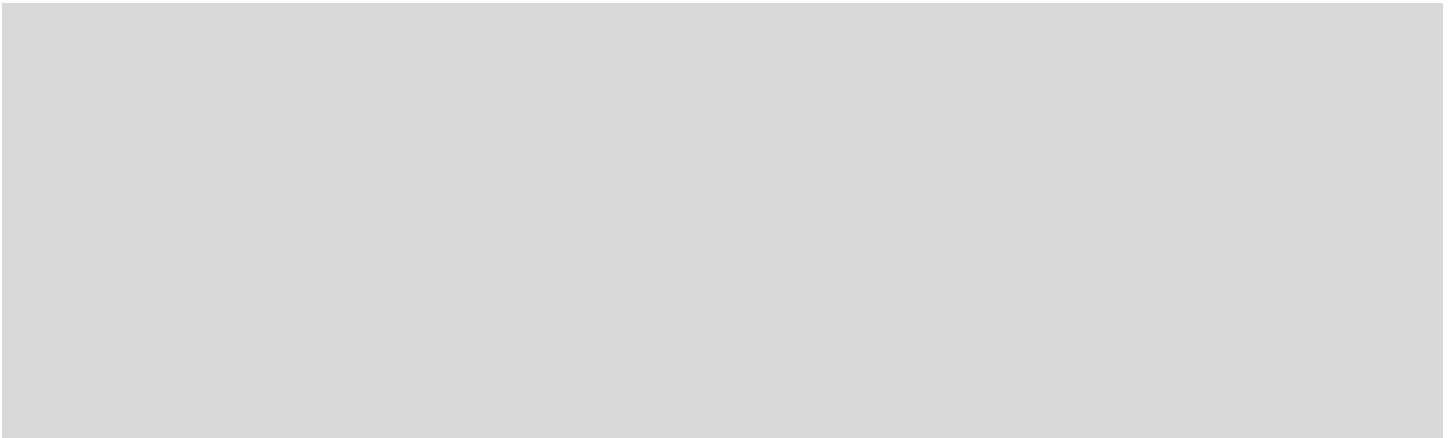
Proposal for Contract

If any item is not applicable to the request, the applicant should enter "not applicable".

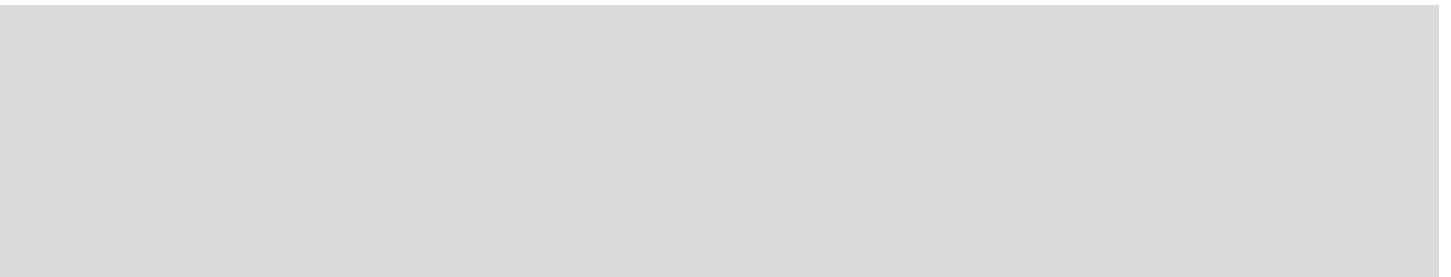
I. Proposal

This section shall clearly and concisely state and highlight the Provider's proposal in such a way as to provide the Department of Human Services with an understanding.

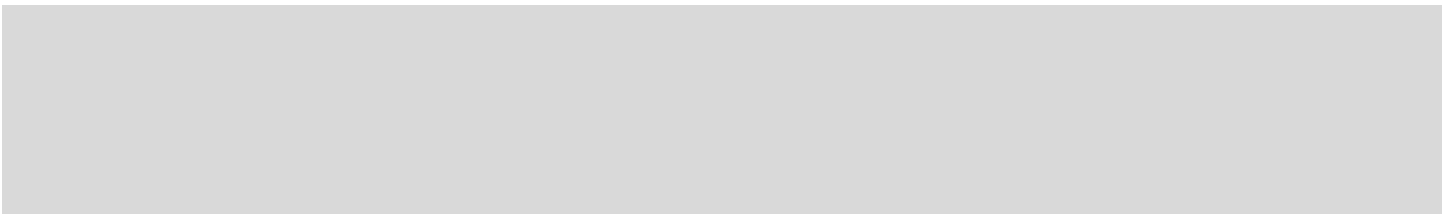
1. Describe the applicant's background including how long the applicant has been conducting licensed or registered child care or operating an A+ program (limit responses to the space below; do not attach any additional pages)



2. Describe the age range of children to be served and total number of children served by the individual child care facility or home; and (limit responses to the space below; do not attach any additional pages)



3. Describe the geographic area of families and children served. (limit responses to the space below; do not attach any additional pages)



4. Describe the number and types of staff (director, teacher, assistant teacher, aide, lead caregiver, caregiver, program leader, assistant program leader, etc.) that work at the child care facility or home.

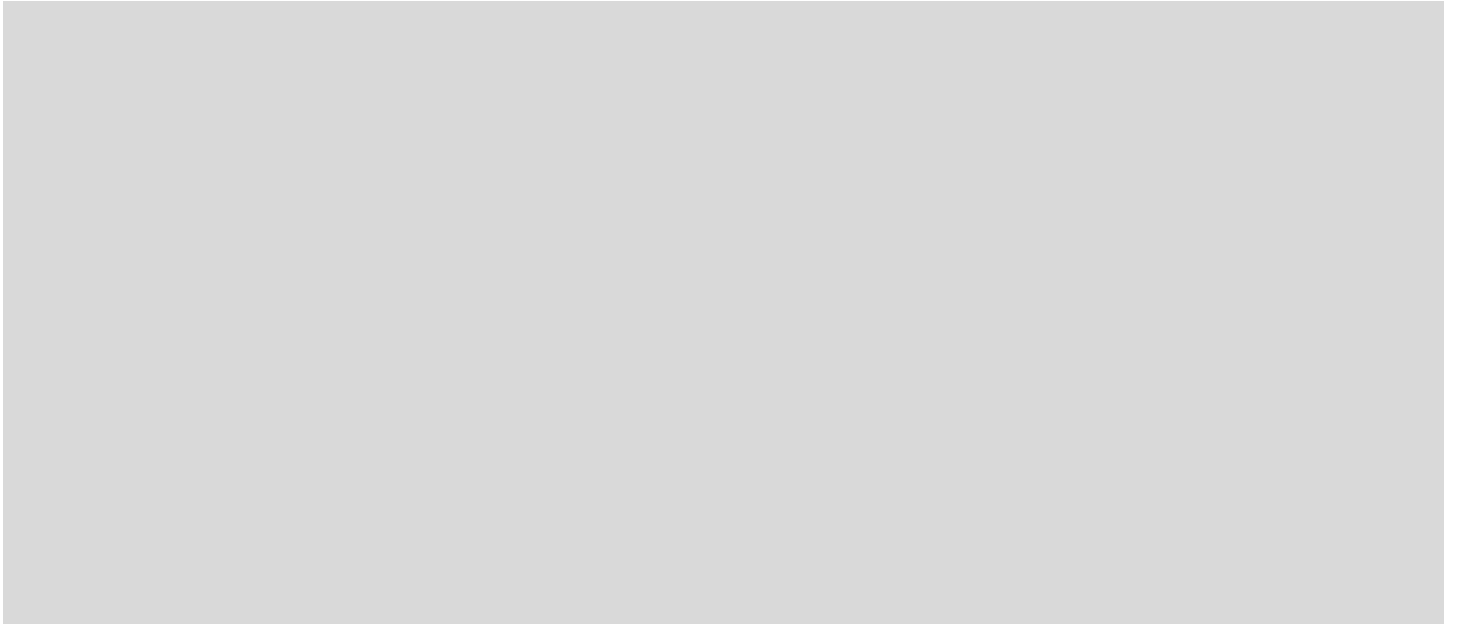


II. Service Summary and Outcomes

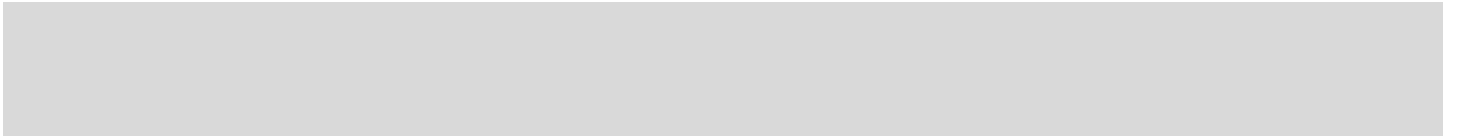
Describe the services you intend to provide at the child care facility to meet the purpose of ensuring the health and safety of children related to the COVID-19 pandemic. Clearly and concisely specify the results, outcomes, and measures of effectiveness of the services you propose.

1. Describe the scope of work, tasks and responsibilities that the applicant will be doing **regarding cleaning and sanitation of the child care facility or home; and/or other activities necessary to maintain or resume the operation of child care, including health and safety measures for the facility, health and safety measures for the children in care and for staff or caregivers, or other measures for operations of the child care program** (limit responses to the space below; do not attach any additional pages):

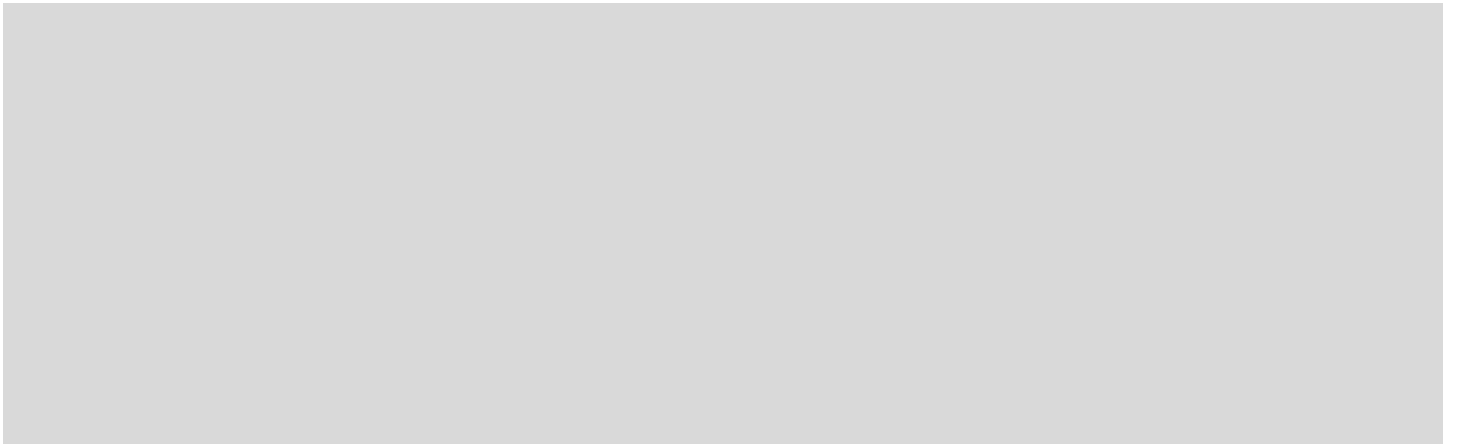




- 2.** Provide a projected timeline for accomplishing the results or outcomes of the service (limit responses to the space below; do not attach any additional pages):



- 3.** Describe how the applicant plans to ensure the child care facility continues to provide child care for the remainder of calendar year 2020 (limit responses to the space below; do not attach any additional pages):



- 4.** Does the facility currently care for children whose families receiving child care subsidies from the DHS Child Care Connection Hawaii (CCCH) program?

Yes. Identify the number of children that receive CCCH subsidy assistance, the total number of children that attend the child care facility or home, and the percentage of each. (Limit responses to the space below; do not attach any additional pages)

[Redacted response area]

No. Identify the applicant’s plan for initiating acceptance of families who receive CCCH subsidy assistance. (limit responses to the space below; do not attach any additional pages)

[Redacted response area]

III. Financial

Budget

1. A. Select one for the contract amount being requested:

Family Child Care home – up to \$2,750 \$_____

Group Child Care home – up to \$4,000 \$_____

Small Infant Toddler Center
(up to 16 children) – up to \$13,000 \$_____

Large Infant Toddler Center
(17 children or more) – up to \$26,000 \$_____

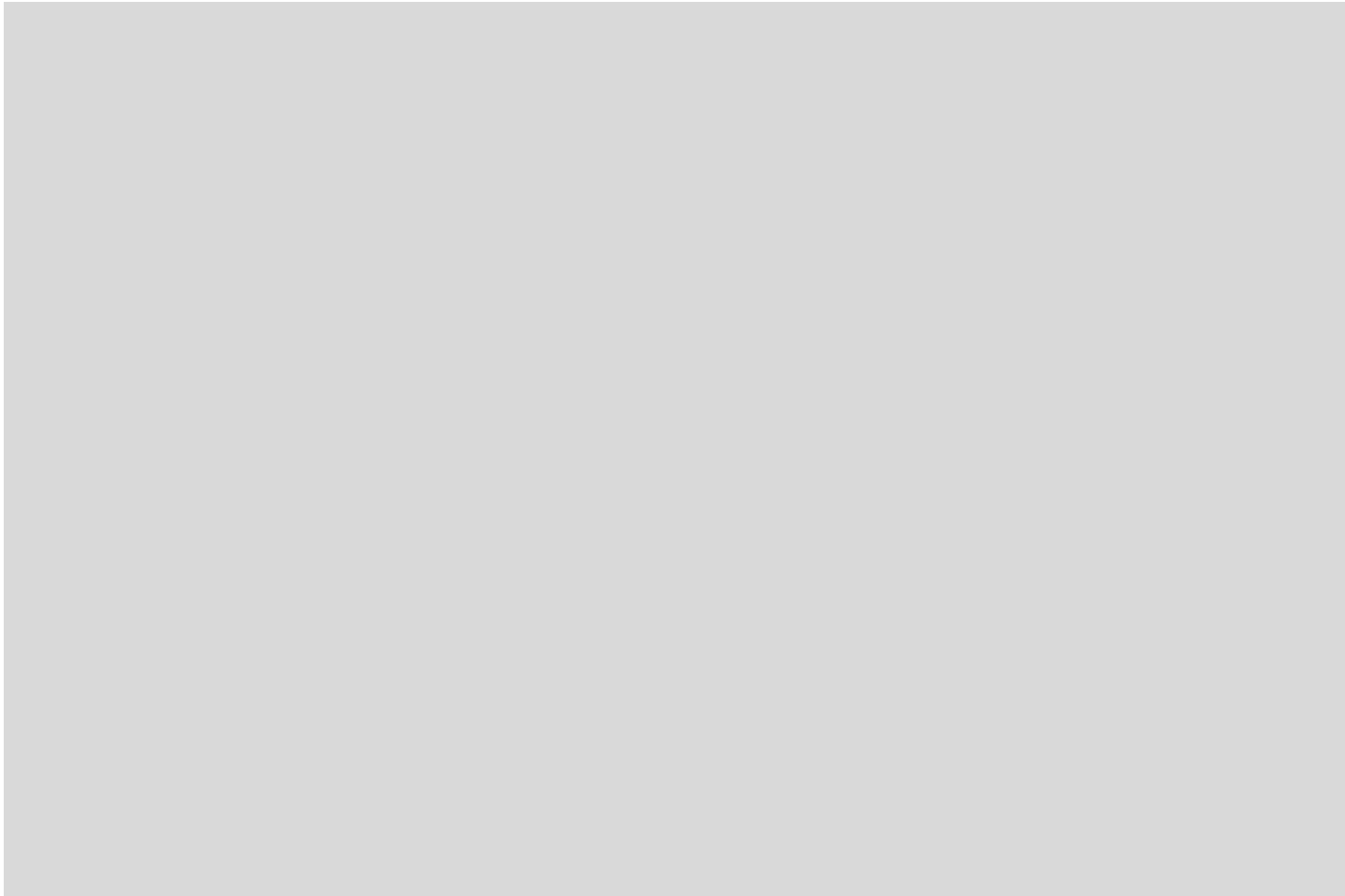
Small Group Center
(up to 49 children) – up to \$13,000 \$ _____

Large Group Center
(50 children or more) – up to \$26,000.00 \$ _____

Before or After School Program – up to \$9,000 \$ _____

A+ Program – up to \$9,000 \$ _____

B. Describe the budget for the amount requested to detail the anticipated expenditures of the contract award (limit responses to the space below; do not attach any additional pages):



2. Indicate any emergency grants or loans that have been sought for the child care facility or home during calendar year 2020:

None

Paycheck Protection Program: Yes No

If awarded, the amount received: \$ _____

Small Business Administration Economic Injury Disaster Loan: Yes No

If awarded, the amount received: \$ _____

Hawaii Community Foundation Resilience Fund: Yes No

If awarded, the amount received: \$ _____

Aloha United Way COVID-19 Rent & Utility Assistance Program: Yes No

If awarded, the amount received: \$ _____

Other: _____ Yes No

If awarded, the amount received: \$ _____

IV. Other

1. Litigation

Disclose any pending litigation to which the applicant is a party, including any outstanding judgement.

Not Applicable

Applicable. Please explain.

(Please attach word document if extra space is needed):



V. Certifications

By submitting an application, the applicant certifies that it agrees to and can satisfy all the terms and conditions described in the application and in the Agreement, and the application and attachments are incorporated and made a part of the Agreement upon approval of the Department of Human Services.

The undersigned authorized representative certifies under penalty of law that all information provided in this application and proposal are true and correct and complete.

(Printed Name of Individual or Organization)

(Authorized Signature) (Date)

(Printed Name of Authorized Signer) (Title)