

Walxaha turjuman ee The Imagine Institute iyo Voices of Tomorrow ee deeqda xasillinta daryeelka xanaanada caawinta farsamada qeyb ayay kawada yihiin

## Dhammaystirka Codsiga Deeqda Xasilinta Daryeelka Carruurta ee WA Compas

Si adeeg -bixiyuhu u codsado, waxay u baahan yihiin inay haystaan laysan furan oo taagan.

### Wixii su'aalo ah ee ku saabsan Deeqda Xasilinta Daryeelka Carruurta, La xiriir:

#### *Imagine Institute*

<http://www.imagineva.org/CCSG-Support>

taleefan: 206-492-5249

iimeyl: [CCSG@imagineva.org](mailto:CCSG@imagineva.org)

#### *Voices of Tomorrow (u adeegaya bixiyeyaasha xanaanada cunugga ee Bariga Afrika)*

<https://voicesoftomorrow.socialsolutionsportal.com/apricot-intake/eb24b194-5588-4594-a0a5-3f8573356bf6>

taleefan: (206) 278-8290

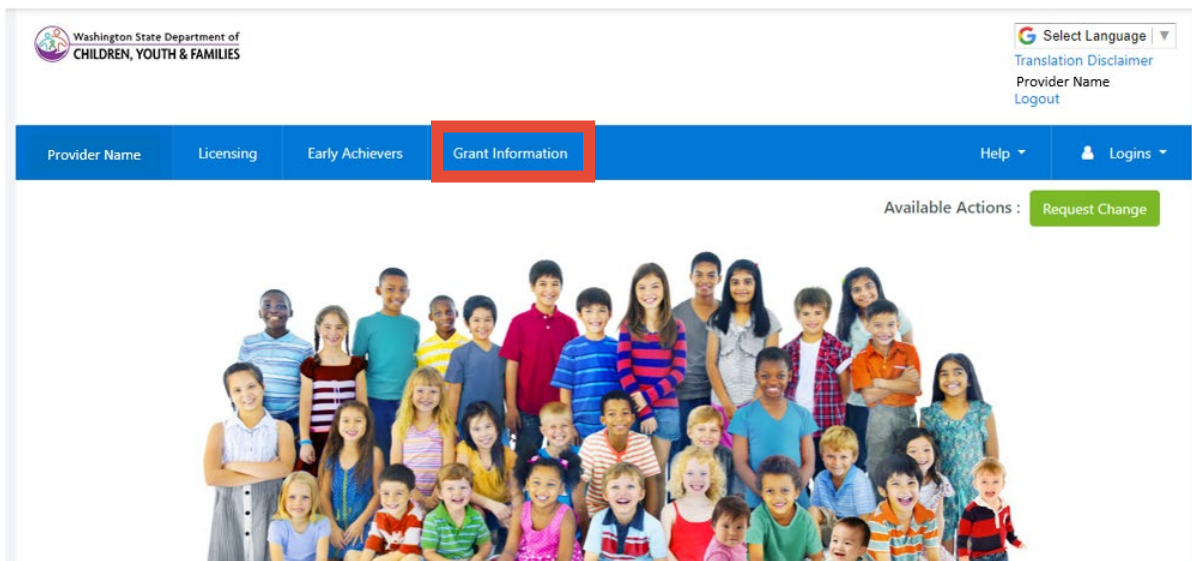
iimeyl: [childcaresupport@tomorrowvoices.org](mailto:childcaresupport@tomorrowvoices.org)

*Sanduuqa emaylka ee Xasilinta* : [dcyf.stabilizationgrant@dcyf.wa.gov](mailto:dcyf.stabilizationgrant@dcyf.wa.gov).

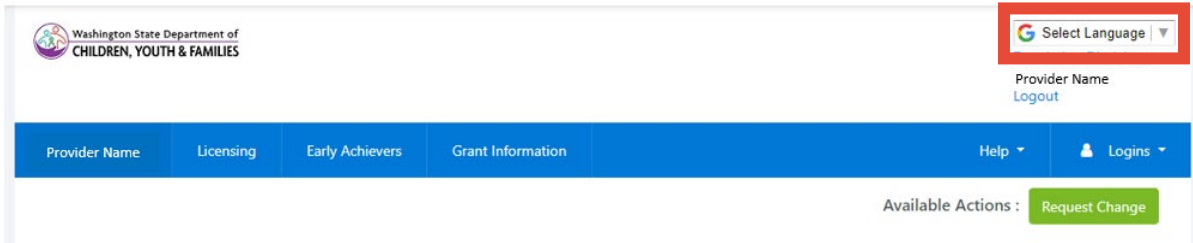
*Taageerada Xariirka Bixiyaha, La Xiriir* [dcyf.providerportal@dcyf.wa.gov](mailto:dcyf.providerportal@dcyf.wa.gov) ama 1-866-627-8929.

## Si aad u dhammaystirto Codsiga Deeqda Xasilinta Daryeelka Carruurta ee Xariirka Bixiyaha, Raac Tallaabooyinka Hoose

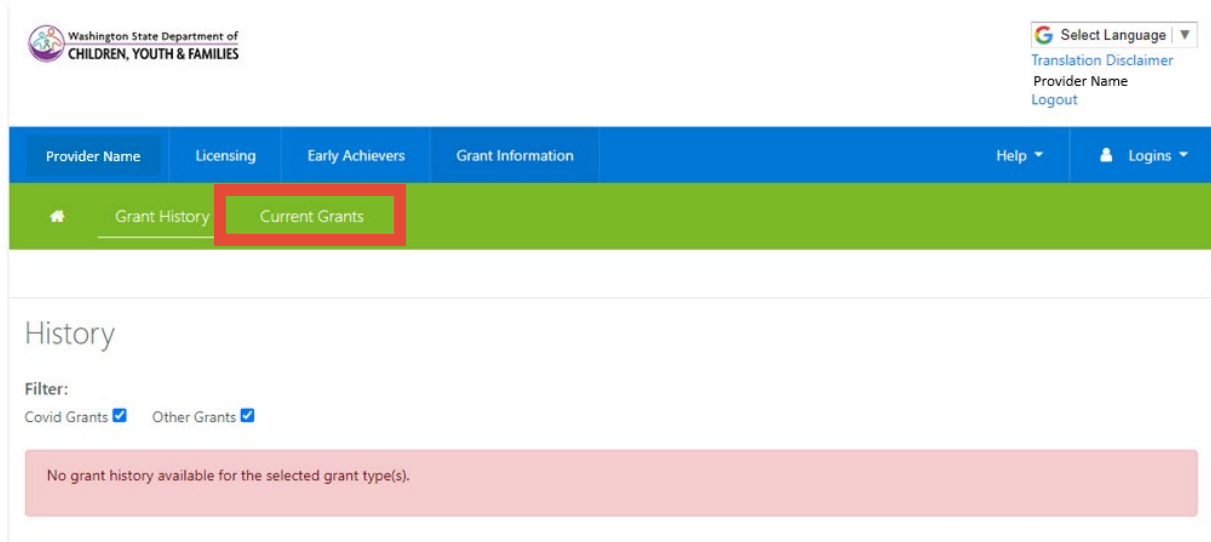
1. Gal Bogga Bixiyaha WA.
2. Guji tabka “Macluumaadka Deeqaha”:



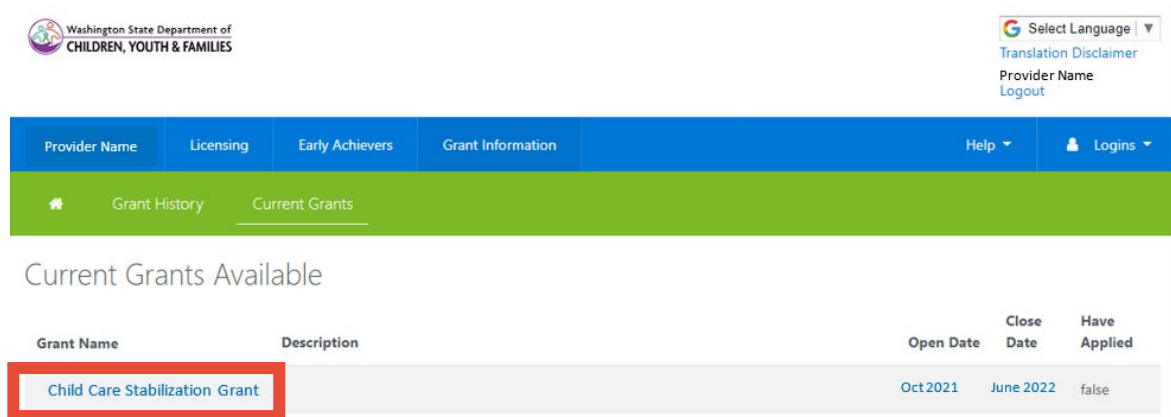
3. Dooro Luqad, haddii aad jeclaan lahayd inaad ku aragto bogga luqad aan Ingiriis ahayn.



4. Guji "Deeqaha Hadda".



5. "Deeqaha Hadda" aya muujinaya dhammaan fursadaha deeqda ee hadda furan, oo leh sanduuq calaamad u ah in adeeg -bixiye hore u dalbaday iyo in kale. Guji "Deeqda Xasilinta Daryeelka Carruurta".



6. Codsiga ayaa ka furmay daaqad cusub.

Washington State Department of CHILDREN, YOUTH & FAMILIES

DCYF Child Care Stabilization Grant

**Eligibility Criteria**  
Licensed or certified providers must have an open license in good standing at the time of application and the time of award. Providers must submit one application for each licensed location.  
For more information and frequently-asked questions, please click [here](#)

**Grant Amounts**  
The Child Care Stabilization Grant consists of **program amount + workforce amount + add-ons**. DCYF will use licensed capacity data to calculate a **program amount**, and a **workforce amount**. Rates are reflective of the different costs associated with each program size, as follows:

**Program Amount:**  
This amount is reflective of different costs associated with each program size and is based on licensed capacity. The minimum program amount is \$15,000 and the maximum is \$75,000.

Licensed capacity	Program Amount
30 or less	\$15,000
31 - 149	\$500 x licensed capacity
150 or more	\$75,000

**Workforce Amount:**  
This amount is awarded **in addition to** the program amount, and is based on estimated worker units at your facility, assuming a 5:1 child to staff ratio. The minimum workforce amount is \$9,000 and the maximum amount is \$42,000. This amount must be used for increasing wages (increases in payroll) or other recruitment and retention activities (ex: sign on bonus, retention incentive, marketing positions, etc.).

Licensed capacity	Worker Unit (5:1 ratio)	Workforce Amount
15 or less	3	\$9,000

7. Akhri oo ka jawaab dhammaan su'aalaha dalabka. Su'aalahan waxaa loogu talagalay xogta DCYF jawaabahaaguna ma beddeli doonaan xaddiga deeqda ee xaruntaadu u qalanto inay hesho.

Application Questions:

(You must fill out all fields with a \* next to them in order to submit the application.)

1. Is your program currently open and able to care for children? \*
  2. How many children are currently enrolled and receiving care at the time of this application? (This is not your licensed capacity, but the actual amount of children enrolled) \*
  3. How many **infants** are enrolled and receiving care at the time of this application? \*
  4. How many **toddlers** are enrolled and receiving care at the time of this application? \*
  5. How many **preschool children** are enrolled and receiving care at the time of this application? \*
  6. How many **school-age children** are enrolled and receiving care at the time of this application? \*
  7. How many open slots to care for new children do you have at the time of this application? \*
  8. **Spend Plan:**  
How will you spend the Child Care Stabilization Grant? (check all that apply)\*  
\* Please note: grant funds may not be used for construction or major renovations
- Program Amount + Add-ons Spend Plan \***
- Payroll (Salary, Benefits)
  - Copayment or tuition waivers for families receiving care

8. Akhri oo raac dhammaan shuruudaha iyo xaaladaha

Terms and Conditions:

*(You must fill out all fields with a \* next to them in order to submit the application.)*

I certify that the information I have provided on this application is true and correct. \*

I will implement policies that follow Washington State Department of Health and local health jurisdiction guidance, and to the greatest extent possible I will implement the Center for Disease Control (CDC) guidelines when open and available to provide child care service. \*

I will pay employees their base pay, and benefits if applicable. I will not reduce an employee's pay or benefits by wage reduction or involuntary furlough. This begins at the date of application and continues for one year after I receive my funds. \*

I will increase employee's pay and may add benefits with the workforce amount of my grant award. This must go above and beyond what is currently provided. If I am a licensed family home with no other employees, I will use my workforce amount to increase my own compensation. \*

I have reviewed and updated all staff records associated with my facility in MERIT, and I have end-dated all employees who are no longer working at my facility. All staff records in MERIT are now accurate and up-to-date. \*

I will provide enrolled families relief from fees to the extent possible, and prioritize families who are struggling to pay when providing such relief. \*

I will stay open and able to care for children through the 2021-22 school year calendar of my local school district, and will make every effort to continue to serve children past that time. \*

I agree to keep all receipts from purchases made with this grant money for five years. \*

I understand that DCYF may ask me to provide these receipts from expenses or purchases made with money from this grant and, if I cannot provide these receipts and documentation when asked, I will be required to repay part or all of the grant money to the State of Washington. \*

Cancel

Submit

9. Guji "Gudbi".

I will stay open and able to care for children through the 2021-22 school year calendar of my local school district, and will make every effort to continue to serve children past that time. \*

I agree to keep all receipts from purchases made with this grant money for five years. \*

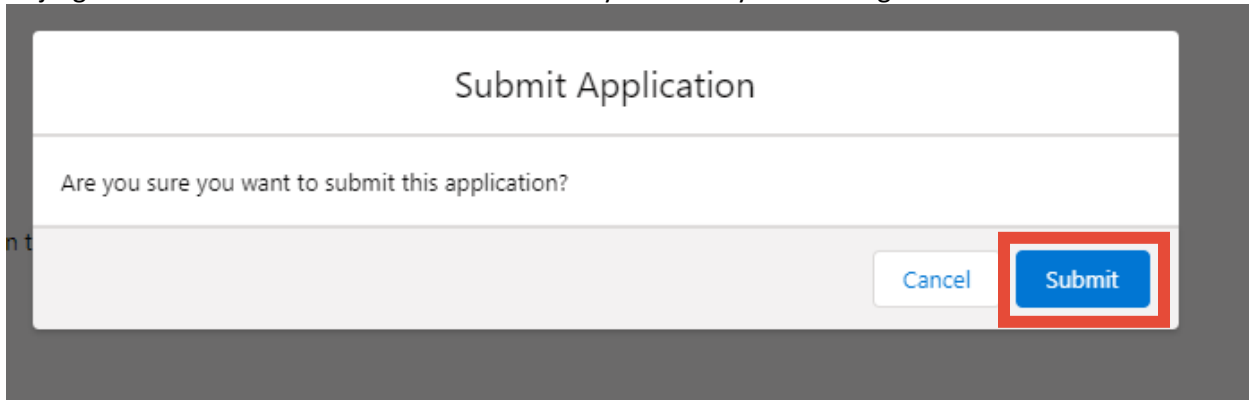
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Cancel

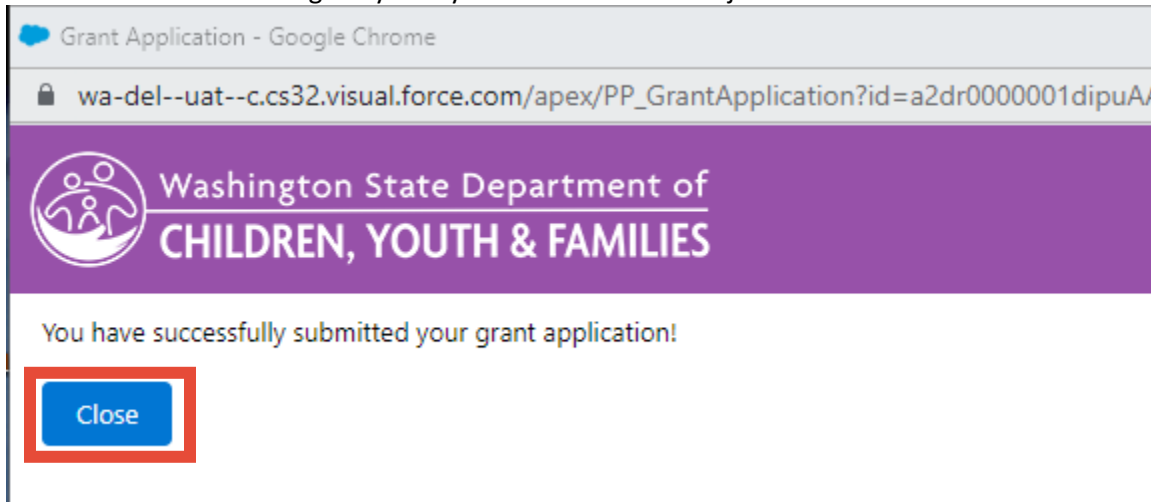
Submit



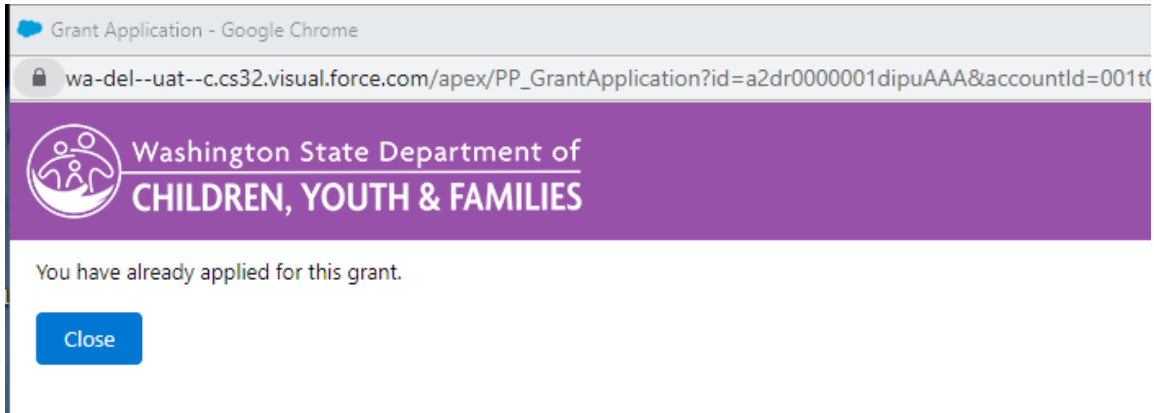
10. Guji “gudbi” mar labaad haddii aad hubto inaad diyaar u tahay inaad soo gudbiso



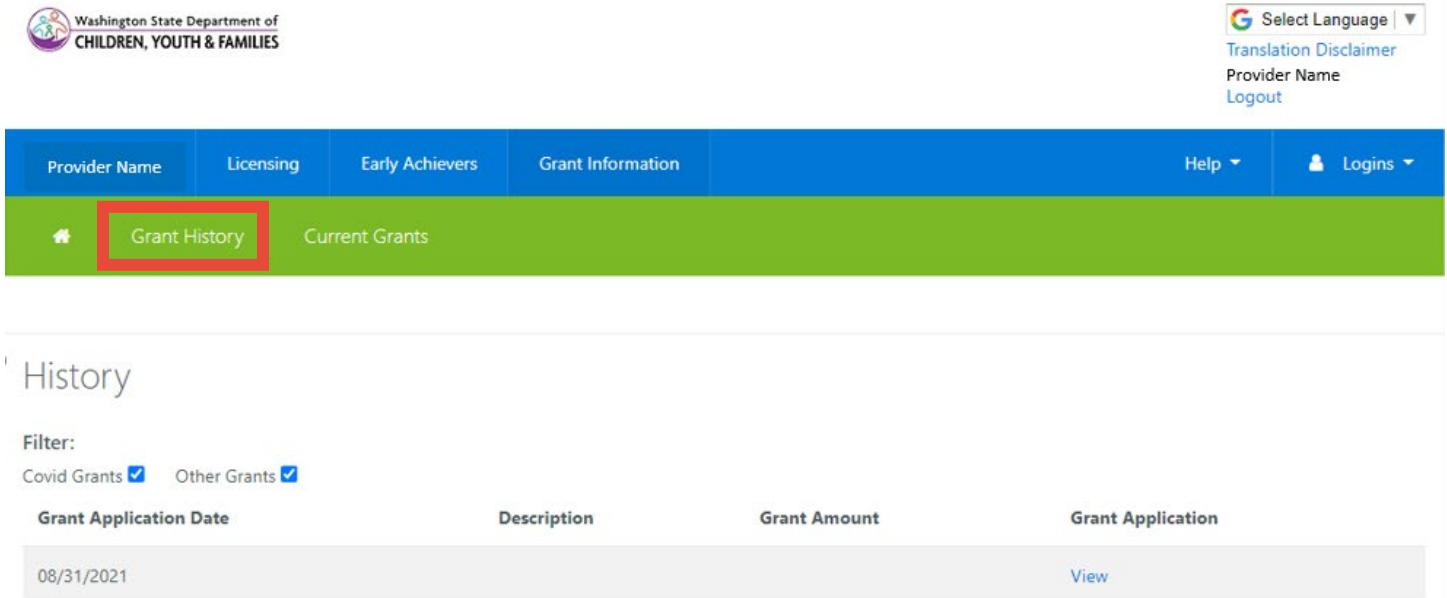
11. Shaashadda Gudbinta ee guulaysan ayaa soo bixi doonta. Guji “xir”.



12. Haddii aad isku daydo inaad mar labaad gujiso dalabka deeqda, farriin “aad hore u codsatay” ayaa soo muuqan doonta.



13. Guji “Grant History” si aad u aragto arjiga deeqda ee aad soo gudbisay.



14. Guji "Arag" si aad u furto PDF dalabka deeqda la soo gudbiyey

Washington State Department of CHILDREN, YOUTH & FAMILIES

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### History

Filter: Covid Grants  Other Grants

Grant Application Date	Description	Grant Amount	Grant Application
08/31/2021			<a href="#">View</a>

15. Guji "Soo dejiso sida PDF" si aad u kaydiso nuqulka codsigaaga

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