

Traducciones realizadas por The Imagine Institute y Voices of Tomorrow bajo el Contrato de Asistencia Técnica de la Subvención de Estabilización de Cuidado Infantil

Cómo completar una solicitud de Subvención de Estabilización del Cuidado Infantil en WA Compass

Para que el proveedor pueda presentar la solicitud, debe tener una licencia abierta en regla.

Si tiene preguntas sobre la Subvención de Estabilización del Cuidado Infantil, comuníquese con:

Imagine Institute

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

teléfono: 206-492-5249

correo electrónico: CCSG@imaginewa.org

Voices of Tomorrow (al servicio de proveedores de cuidado infantil de África Oriental)

<https://voicesoftomorrow.socialsolutionsportal.com/apricot-intake/eb24b194-5588-4594-a0a5-3f8573356bf6> teléfono: (206) 278-8290

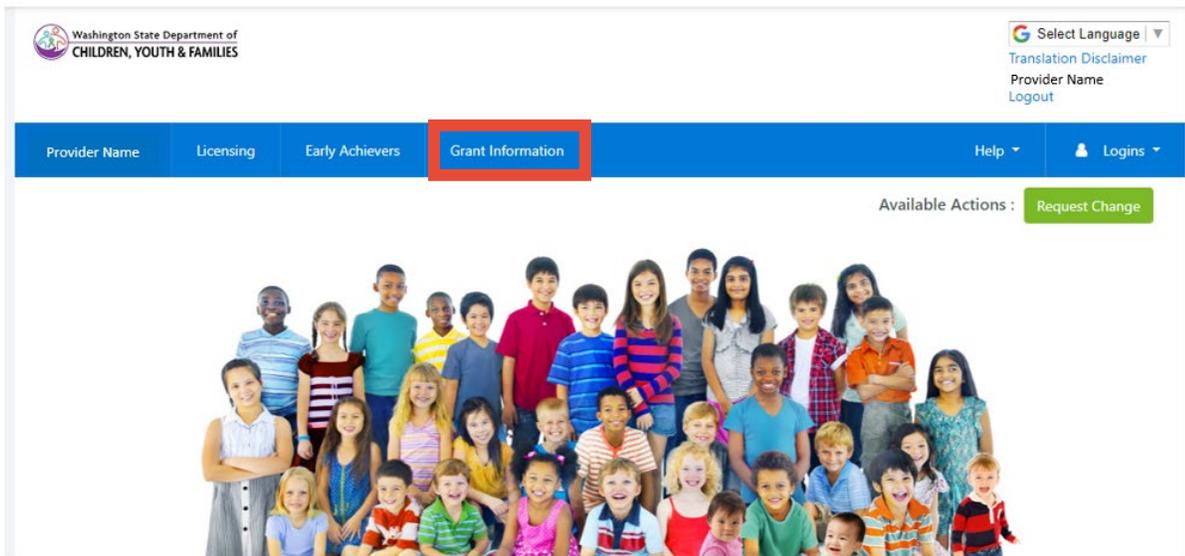
correo electrónico: childcaresupport@tomorrowvoices.org

Bandeja de entrada del correo electrónico de la Subvención de Estabilización: dcyf.stabilizationgrant@dcyf.wa.gov.

Para soporte del portal de proveedores, comuníquese con: dcyf.providerportal@dcyf.wa.gov o 1-866-627-8929.

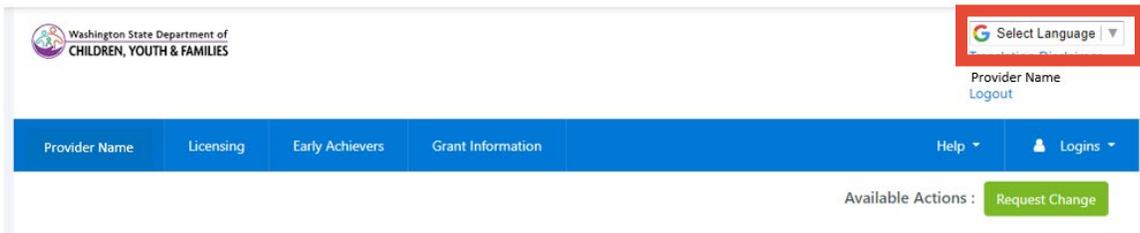
Para completar una solicitud de Subvención de Estabilización del Cuidado Infantil en el portal de proveedores, siga los pasos a continuación

1. Inicie sesión en el portal de proveedores de WA Compass.
2. Haga clic en la pestaña “Información de la subvención”:

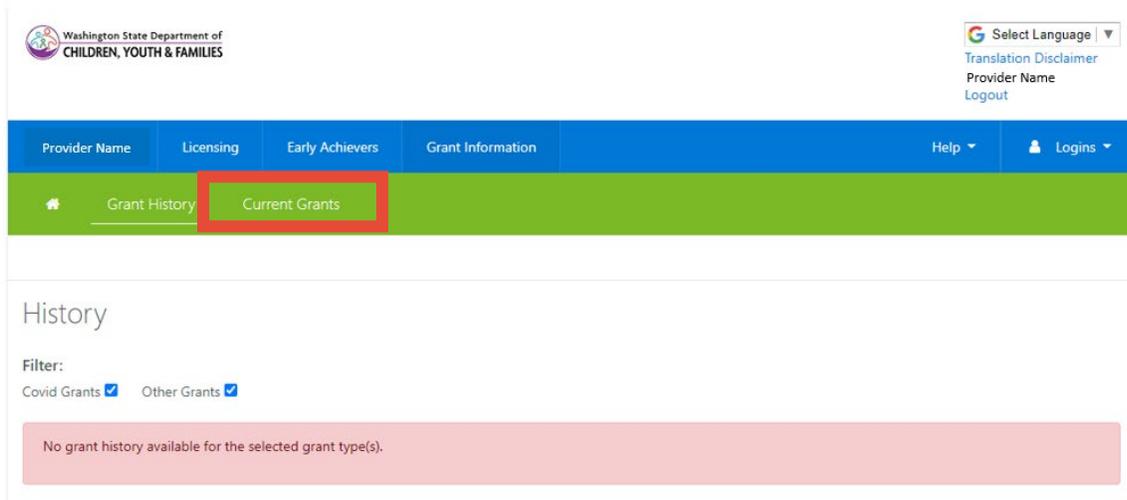


PORTAL PARA PROVEEDORES: CÓMO COMPLETAR UNA SOLICITUD DE SUBVENCIÓN DE ESTABILIZACIÓN DE CUIDADO INFANTIL

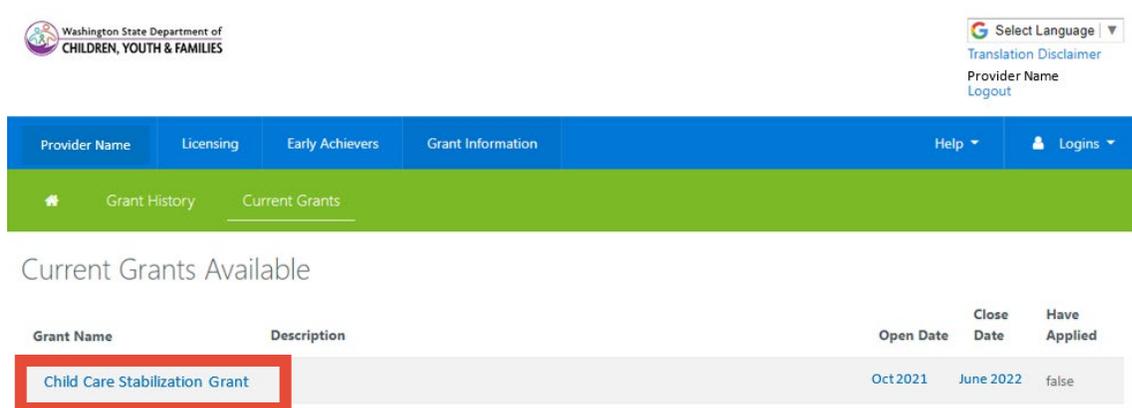
3. Seleccione su idioma, si desea ver la página en un idioma que no sea inglés.



4. Haga clic en “Subvenciones actuales”.



5. “Subvenciones actuales” muestra todas las oportunidades de subvenciones que están abiertas actualmente, con una casilla de verificación para mostrar si un proveedor ya la ha solicitado o no. Haga clic en “Subvención de Estabilización del Cuidado Infantil”.



6. Solicitud abre en una nueva ventana.

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. Lea y responda a todas las preguntas de la solicitud. Estas preguntas son para datos del DCYF y sus respuestas no cambiarán la cantidad de la subvención que su centro es elegible para recibir.

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. Lea y acepte todos los términos y condiciones.

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. Haga clic en "Enviar".

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. *

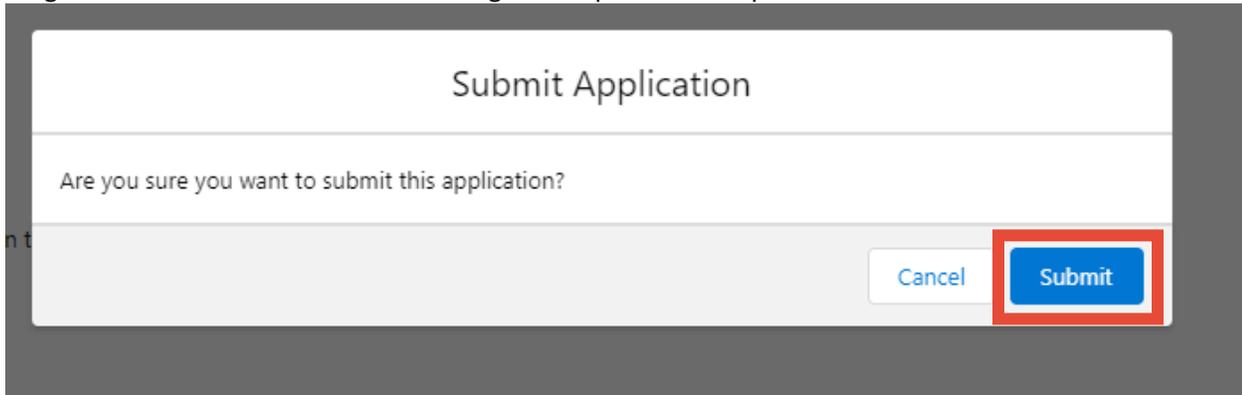
Cancel

Submit

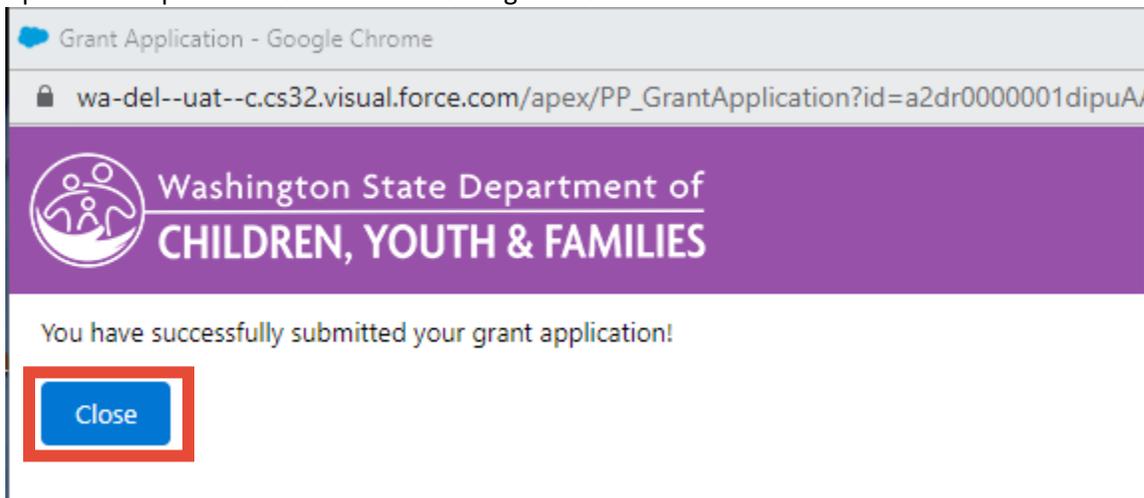


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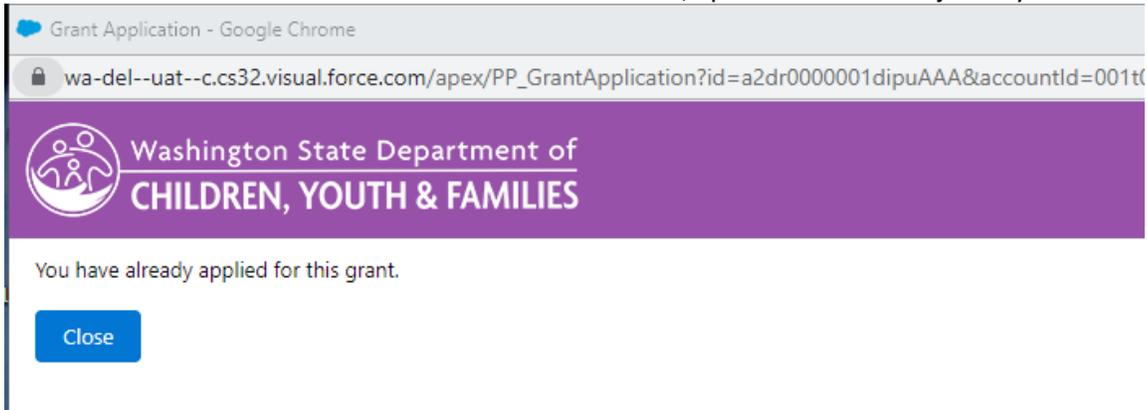
10. Haga clic en “enviar” de nuevo si está seguro de que está listo para enviar la solicitud.



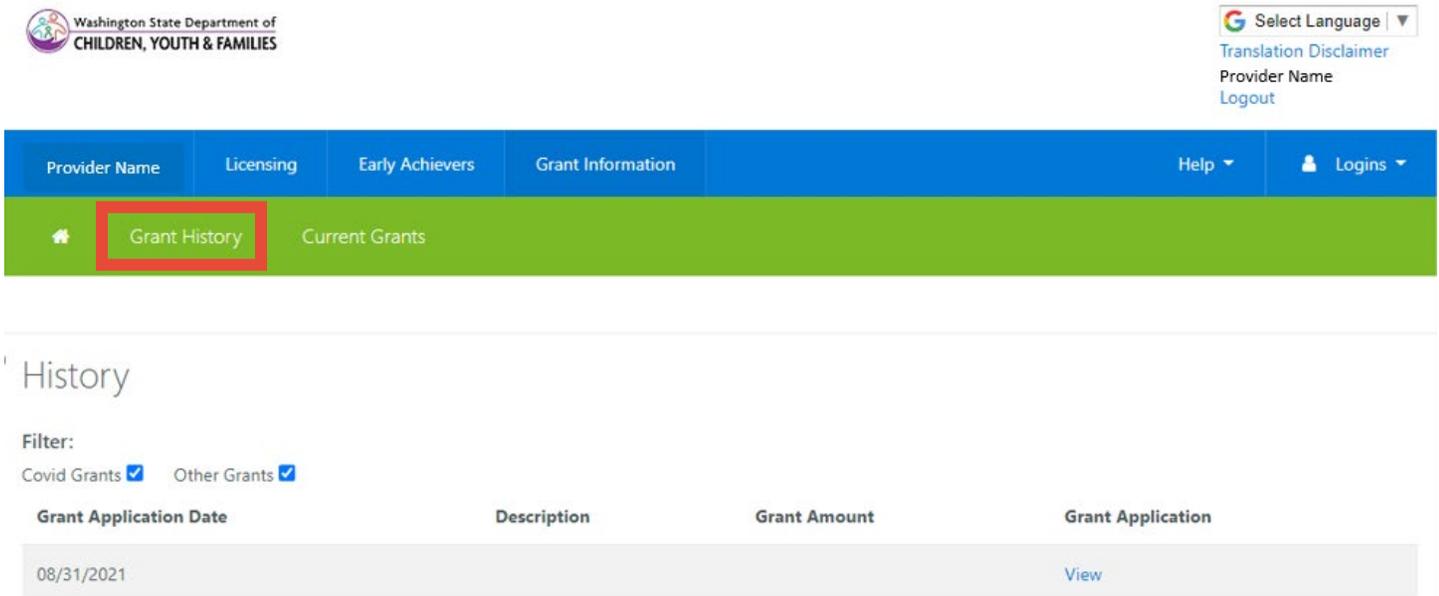
11. Aparecerá la pantalla de envío exitoso. Haga clic en “cerrar”.



12. Si intenta volver a hacer clic en la solicitud de subvención, aparecerá un mensaje de “ya la ha solicitado”.



13. Haga clic en “Historial de subvenciones” para ver la solicitud de subvención que presentó.



14. Haga clic en "Ver" para abrir un PDF de la solicitud de subvención presentada.

Washington State Department of CHILDREN, YOUTH & FAMILIES

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Provider Name Licensing Early Achievers Grant Information Help Logins

Grant History Current Grants

History

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Covid Grants Other Grants

Grant Application Date	Description	Grant Amount	Grant Application
08/31/2021			View

15. Haga clic en "Descargar como PDF" para guardar una copia de su solicitud.

Download **Download as PDF**

Washington State Department of CHILDREN, YOUTH & FAMILIES

DCYF Child Care Stabilization Grant

Eligibility Criteria

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