



# Child Care Stabilization Grant Application – Family, Friend, and Neighbor (FFN) License- Exempt Providers

## Provider Information

Provider Name

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Social Service Payment System  
(SSPS) Number

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STARS ID Number

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Provider Mailing Address

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Mailing Address Line 2

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City

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State

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Zip Code

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Provider Phone Number:

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Provider Email Address:

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## Eligibility Criteria

License-exempt FFN providers who have served at least one child on subsidy in four of the last six months or two of the last three months and claim for subsidy through the Social Service Payment System (SSPS) at time of application are eligible.

## Grant Amounts

The FFN Stabilization Grant consists of **program amount + add-ons**.

### **Program Amount:**

The program amount for FFN is \$750.

### **Verifiable Add-Ons:**

Providers who meet certain verifiable criteria may be eligible to receive an additional “add-on” amount on top of their program amount. These verifiable add-on amounts are stackable, and each add \$250 to the total grant amount.

- Operating in Child Care Deserts +
- Serving or located in Communities of Color+
- Serving or located in marginalized, low-income communities+
- Supporting racial equity+
- Located in area with high COVID impact+

+ see definitions [here](#)

## Child Care Stabilization Grant Application – Family, Friend, and Neighbor (FFN) License- Exempt Providers

### Application Questions

Please answer all questions below to apply for a FFN Stabilization Grant.

1. Are you currently caring for or able to care for children?  Yes  No
2. How many children are you caring for at the time of this application?
3. What ages of children are you serving? (check all that apply)  
 Infants     Toddlers     Preschool     School-age

5. **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

### Spend Plan

<input type="checkbox"/>	Maintaining or increasing your wages and benefits	Health and nutrition activities
<input type="checkbox"/>	Copayment or fee waivers for families receiving care	Vaccination access
<input type="checkbox"/>	Rent or mortgage costs	Personal protective equipment
	Utilities, maintenance costs	Cleaning or sanitizing supplies and services
<input type="checkbox"/>	Mental health supports for children or yourself	Training related to health/safety practices
<input type="checkbox"/>	Internet access	Equipment and supplies for COVID-19
<input type="checkbox"/>	Food	Goods/services (diapers, school supplies, etc.)

### Operating Costs

Please select the range that most accurately depicts monthly operating costs for you to care for children (please note that this is not the amount of the grant that you are applying for).

- \$0 – \$100     \$101 – \$300     Greater than \$300

## General Terms and Conditions

The DCYF Child Care Stabilization Grant funds must be spent within one year of award, within the categories agreed to above.

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

Yes

When open and available to provide child care services, I will implement policies that follow local/State guidance and to the “greatest extent possible” implement the Center for Disease Control (“CDC”) guidelines.

Agree

I will not decrease my wages or benefits or furlough myself so that I am able to continue to care for children

Agree

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

Agree

I have reviewed and updated my record in MERIT. My personal information and health and safety information is now accurate and up-to-date.

Yes

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.

Agree

I agree to keep all receipts from purchases and expenses made with this grant money for 5 years.

Agree

I understand that DCYF may ask me to provide these receipts for 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.

Yes

Email to: [dcyf.stabilizationgrant@dcyf.wa.gov](mailto:dcyf.stabilizationgrant@dcyf.wa.gov)

or