



## Orange County CARES Act II Child Care Family Grant

Orange County Government has received another allocation from the COVID-19 CARES Act Grant and has designated part of that funding to assist parents of *primarily* school-age children (grades Kindergarten through age 12) due to school closings and modified schedules. In addition, parents of non-school-age children who have experienced an increase in childcare costs due to the COVID-19 pandemic may also be considered for assistance under this program on a case by case basis.

Each month, parents can complete this application to be considered for funding assistance for **INCREASED** childcare costs during the school year as long as the designated funding is available. This program is for any parent utilizing a childcare provider within the borders of Orange County, regardless of being licensed or not. Payments will be made to providers, who are in-turn expected to pass the cost relief to the parents. It is up to each program how this is to occur, and each provider must submit how they are intending to allocate these funds to each parent's account with the first submission. (see Provider instructions below) Grant requests will only cover the difference between previous regular childcare fees and the current COVID-related childcare expenses.

### **Parent Instructions:**

Parents will complete the attached application and sign that all information is correct. One application per family is requested. Applications will be for the preceding month. (Example: parents will be requesting grant assistance at the beginning of October for August/September) All information is required to be considered a complete application each month. Providing incorrect information regarding reimbursement amounts will subject parents to reimburse the County any funds provided on their behalf.

### **Provider Instructions:**

Providers will collect applications from requesting parents and sign, verifying that the information is true and correct. Providers will then need to complete the provided cover sheet and total the amount being requested to allow Orange County staff to cross check all information. The cover sheet and parent applications then need to be bundled in a sealed envelope and delivered to the Office on Youth by the 20<sup>th</sup> of each month through December, or as funds are available, at:

Child Care Grant Subsidy  
Attn: Michelle Goodwin  
146 Madison Road, Suite 205  
Orange, VA 22960

*\*The first month's package must include a completed W9 from the participating provider (not individual parents), official fee schedule from the provider, and explanation as to how the grant funds will be credited to the parents.*



## Orange County CARES Act II Child Care Family Grant Checklist

Please be sure each item is completed to ensure that your application is approved for payment. Incomplete or non-legible applications will not be considered.

### Parents:

Complete **ALL** personal information:

- Parent(s) Name
- Phone Number – to be used if questions arise
- Mailing Address
- Responsible Party Social Security Number(s)
- Child Care Provider Name and Phone Number
- Check which weeks you are requesting reimbursement
- Complete related financial information for each week requesting relief
- Initial all statements to show knowledge and understanding of each.
- Sign and date the Parent Request Form
- Tuned in to childcare provider by the 10<sup>th</sup> of the month

### Childcare Providers:

Please check which submission this package represents, and subsequent information requested:

- First Relief Submission Package MUST include:
  - Completed W9
  - Official Fee Schedule
  - Explanation as to how grant funds will be credited to program parents
  - Complete all program information
  - Initial all statements to show knowledge and understanding of each.
  - Sign and date the Provider Verification Form
  - Bundle all program applications and complete the provided cover sheet
  - Deliver grant package to the Office on Youth by the 20<sup>th</sup> of the month
  
- Second, Third, Fourth Submission Package MUST include:
  - Complete **ALL** program information on each request form:
  - Initial all statements to show knowledge and understanding of each.
  - Sign and date the Provider Verification Form
  - Bundle all program applications and complete the provided cover sheet
  - Deliver grant package to the Office on Youth by the 20<sup>th</sup> of the month



# Orange County CARES Act II Child Care Family Grant Application Parent Request Form

**PLEASE PRINT**

Parent Name(s):			Phone:		
Address:			Responsible Party Social Security Number(s):		
City:	State/ZIP:				
Child(ren) Name(s):		Date of Birth	Age	School Attending	
Childcare Provider Name:			Phone:		
<b>Check all that apply</b>	<b>Requesting Relief for:</b>	<b>Previous Weekly Cost:</b>	<b>Current Weekly Cost:</b>	<b>Weekly Increase Amount:</b>	
	Aug. 24 <sup>th</sup> – 28 <sup>th</sup> , 2020				
	Aug. 31 <sup>st</sup> – Sept. 4 <sup>th</sup> , 2020				
	Sept. 7 <sup>th</sup> – 11 <sup>th</sup> , 2020				
	Sept. 14 <sup>th</sup> – 18 <sup>th</sup> , 2020				
	Sept. 21 <sup>st</sup> – 25 <sup>th</sup> , 2020				
	Sept. 28 <sup>th</sup> – Oct. 2 <sup>nd</sup> , 2020				
			<b>Total Request Period Increase:</b>		

Please read over the following statements and initial that you have read and understand each:

\_\_\_ I am applying for the INCREASED AMOUNT of childcare expenses I am incurring due to COVID-19 due to:

Needing full-day care on virtual learning days, or

Needing childcare for the first time due to COVID-19, or

Other: \_\_\_\_\_

\_\_\_ I am NOT receiving any other childcare subsidy – including DSS, assistance, or reduced rate at this time.

\_\_\_ I understand that falsifying this application subjects me to be required to pay back any of these grant funds received on my behalf. I further understand the Orange County Treasurer’s Office shall have the power to collect these funds through the Virginia Individual Income Tax refunds, or other means necessary if deemed necessary.

\_\_\_ I understand funds are limited and payments are not guaranteed each month for the amount requested and this grant is only offered through December 31, 2020, or until funds are depleted, whichever comes first.

\_\_\_ I understand that funds are paid retroactively and therefore it is up to the provider and parent/guardian to determine how the funds will be applied to childcare accounts.

\_\_\_ I understand I that this form is due to my childcare provider by the 10<sup>th</sup> of each month to allow for proper review and processing and late submissions will not be considered.

***My signature below indicates that I have completed this form accurately and understand all of the provisions of this grant request.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Orange County CARES Act II  
Child Care Family Grant Application  
Provider Verification Form**

**PLEASE PRINT**

Provider/Site Name:

Family Name:

Please read over the following statements and initial that you have read and understand each:

- I understand that these grant funds received shall be passed on to the parents as a relief for INCREASED childcare expenses based on your submitted plan to provide relief as requested on Page 1 of this packet.
- I certify that this family is not receiving any discount or reduction in childcare fees through my program that should disqualify them from this grant request. (Ex. Reduction in fees, other subsidy – including DSS, etc.)
- I understand this program is only offered through December 31, 2020, or until funds are depleted, whichever comes first.
- I understand funds will be received via check from the County of Orange and are for services already provided to parents.
- I also understand that forms must be returned to the Orange County Office on Youth by the 20<sup>th</sup> of each month, or next business day, for processing at:

Child Care Grant Subsidy  
Attn: Michelle Goodwin  
146 Madison Road, Suite 205  
Orange, VA 22960

***My signature below certified the information provided by the parent and myself is correct to the best of my ability.***

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_