


ARPA Child Care Stabilization Subgrant

Installment 2 Certification

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**DIVISION OF
Early Learning**
LEARN EARLY. LEARN FOR LIFE.

[Log On]

WELCOME TO FLORIDA'S EARLY LEARNING PROVIDER SERVICES PORTAL

Provider Services Logon

Account Information

User name (must be a valid email address)

Enter User Name

The User name field is required.

Password

Enter Password

The Password field is required.

[Forgot my password](#)
[Change my password](#)

Not yet registered?
[Click here to register a new provider account.](#)

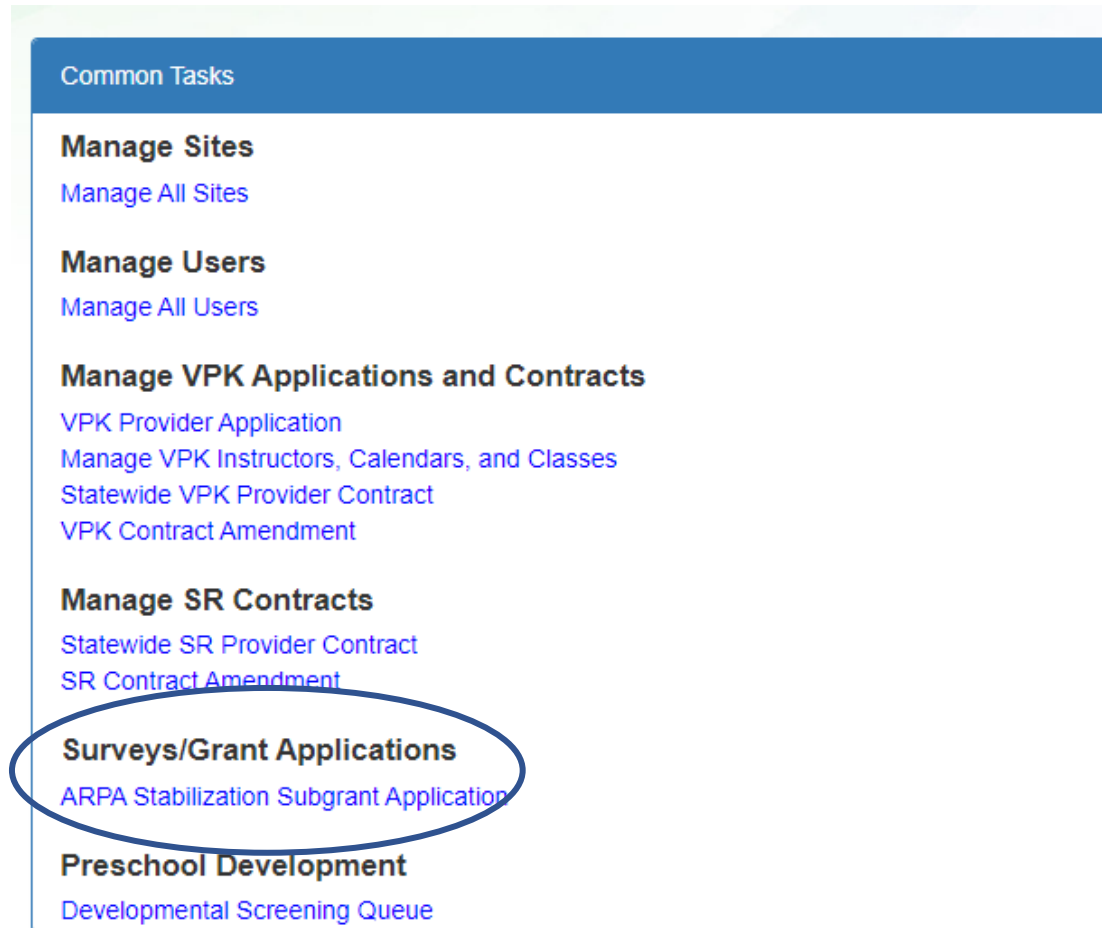
ARPA Grants

- The ARPA Child Care Stabilization Grant is intended to help stabilize the childcare workforce
- Create opportunities for materials, minor repairs, workforce support, etc.
- ARPA Grants will be awarded in 3 installments
 - Each installment will be paid in 90-day intervals that are dependent on the payment day of the previous installment
 - Updates to the ARPA application are required prior to each installment payout
 - Updates to applications verify how providers are using the grant funding, allow for tracking of the grant funding and provide opportunities for audits of the grant funding

Time for the Installment 2- Email Notification

- The following email will be sent 80 days after your original ARPA Grant was approved:
 - [PROVIDER], it's time to complete the American Rescue Plan Act (ARPA) Child Care Stabilization Subgrant Installment 2 Survey. This survey MUST be completed for you to receive the second payment for the Subgrant (based on your early learning coalition's review and approval). Failure to complete the survey in a timely manner may result in a payment delay

Accessing Your ARPA Grant- Installment 2



You can access the Installment 2 Certification Survey by either clicking on the pop-up that appears when logging into the portal OR selecting the ARPA Stabilization Subgrant Application from your DEL Portal home screen

Getting Started- Installment 2

Installment 2 must be submitted and approved to receive payment

- Second Installment Certification Survey must be submitted within the 90-day period from 1st installment payment date

Early Learning/Child Care Provider – ARPA Child Care Stabilization
Subgrant: Installment 2 Certification

Status: Submitted

 Print

✓ Early Learning/Child Care Provider – ARPA Stabilization Subgrant Application was submitted on [REDACTED]

Instructions

- Providers must complete and submit the following subgrant certification for review and approval to receive the second installment of its awarded ARPA Child Care Stabilization Subgrant.

Section 1: General Application

- This information will populate from your original application
 - Verify that it is correct
 - If you do not have an active 2022-2023, you will be required to create one in order to receive your Second Installment payment
 - Hover over the 'i' symbol if you are unsure what the field is requiring

Section 1: General Applicant

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable): *

License or Exemption #: * ⓘ

EFSM Provider ID: * ⓘ


Is your program operating under the same license number as listed above? * 

Yes No

If no, explain change



If your license number has changed, an explanation must be provided. Changes in your license or exemption may disqualify you from additional payments

What is the current status of your program? * 

Open
 Temporarily closed due to public health, financial hardship, or other reasons relating to the Coronavirus Disease 2019 (COVID-19) public health emergency.

Please provide details about the temporary closure and planned reopening date:



If your program has permanently closed, your program is no longer eligible for further ARPA installment payments. If temporarily closed, a reopen plan is required for review

Permanently Closed

Have you had a contract terminated for cause with the local early learning coalition since initial approval? *

Yes No



This only applies if the ELCHC has terminated your contract

Have you implemented policies in line with guidance and orders from federal, state and local authorities to the greatest extent possible? * 

Yes No



For guidance on those policies, please see the ARPA spending guide within your application.

Have you reduced staff or reduced staff salaries/benefits since initial application? * 

Yes No

If yes, explain change



A reduction in staff, salaries/benefits may result in disqualification for ARPA funding. If you have reduced staff, salaries/benefits, an explanation is required

Have you provided relief from copayments and tuition payments for struggling families, to the greatest extent possible? * 

Yes No



This section does include relief from state-mandated School Readiness co-payments and the difference between the reimbursement rate and private pay tuition

Section 3: How You Spent Your Funds


You will be required to enter the amount of funding spent in each category from the 1st installment grant.

- Funding must be spent in the below category
- You can refer to the ARPA Child Care Stabilization Subgrant Spending and Documentation Guide for examples of each category
- Documentation of how you spent the funding must be kept and will be required upon request from the ELCHC
- The category report for the second installment may be different from the 1st installment




Section 3. Funds Utilization ▼

Subgrant funds may only be used for the following categories. Please enter an amount spent for each category. Expenditures are not required for every category. If no funds were spent in a category, enter zero (\$0).

Category * 	Amount Spent
Personnel/Benefits, Other Personnel Costs (Do NOT include Workforce Investment costs, see category below)	\$ <input type="text"/>
Rent or Mortgage, Business Operating Costs and Facility Expenses	\$ <input type="text"/>
PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices	\$ <input type="text"/>
Purchases of or updates to equipment and supplies to respond to COVID-19	\$ <input type="text"/>
Goods and services necessary to maintain or to resume child care services	\$ <input type="text"/>
Mental health supports for children and employees	\$ <input type="text"/>
Workforce Investment	\$ <input type="text"/>
Copayment or Tuition Waivers	\$ <input type="text"/>
	Total \$ <input type="text"/>

Have funds been used or do you plan to use funds for business expenditures prior to March 11, 2021? * 

Yes No

Subgrant Awarded: * <input type="text"/>	Amount Paid to Date: *  <input type="text"/>
Amount Spent: *  <input type="text"/>	Balance Remaining: *  <input type="text"/>

Section 3: Guidance

- In this section, you will be required to report on how you spent the grant money from the first installment payment. The category that you spent the funding in may be different from what you reported on the original application. It is important to be as accurate as possible. You are required to keep documentation as to how you spent the ARPA funding. This can be requested by the ELCHC at any time. Some examples of supporting documentation may include payroll/benefits information, receipts for purchases, bank statements, invoices, etc.
- The amount of ARPA subgrant awarded is your total amount from your original application. This amount will be paid in three installments. This section is reporting on the grant funding spending from the first installment and the request for approval for the second installment. Once you have entered the amount spent in each of the categories, you will see the amount spent and balance remaining numbers change to reflect how much is left in your total grant amount that will be paid within the next two installments.

Affirm and Be Done!

Continue to confirm your ARPA Installment 2 Certification survey. Your application/survey will be submitted to the ELCHC for review. Once approved, you will receive your second installment payment within 30 days.

Question? Contact Grants@elchc.org

Provider Affirmation

The following signature affirms that I will continue to adhere to the initial subgrant application. I attest to the fact that the information I provide in this certification is true and accurate and understand if my certification is incomplete or incorrect it will be returned to me.

Signature of Authorized Provider Representative

Signature _____ Date _____

Printed Name _____ Title _____

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.