



PAYCHECK PROTECTION PROGRAM

INSTRUCTIONS

The Department of Elementary and Secondary Education (DESE) is working to support child care providers affected by COVID-19. DESE will provide a single payment to child care providers who operated and incurred staffing expenses during the period of January 1, 2023 to June 30, 2023. This is available to eligible providers as identified in the terms and conditions.

SUBMIT the completed form online at: <https://sites.google.com/dese.mo.gov/missouri-ccrf/home>

EMAIL the completed form to: ChildCareRelief@dese.mo.gov

MAIL the completed form to: Missouri Department of Elementary and Secondary Education, Office of Childhood, P.O. Box 480, Jefferson City, MO 65102

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

If you provide any “personal information” as defined in Section 105.1500, RSMo, concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, you understand and agree that you are voluntarily choosing to seek a state contract and providing such information for that purpose. The Department of Elementary and Secondary Education will treat such personal information in accord with Section 105.1500, RSMo, unless such information is subject to disclosure pursuant to federal or state law.

ADMINISTRATION (NAME OF ENTITY OPERATING CHILD CARE FACILITY)

INTERNAL REVENUE SERVICE (IRS) TAX FILING TYPE (CHECK ONE)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual/sole proprietor |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> State or local government |
| <input type="checkbox"/> LLC | |

OWNER/BOARD PRESIDENT/CHAIRPERSON/MANAGING MEMBER NAME

MISSOURIBUYS SYSTEM ID

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

COUNTY

FEDERAL EMPLOYER IDENTIFICATION NUMBER

FACILITY INFORMATION

The following information is required in order for DESE to collect and complete required federal reporting on ARPA Stabilization funds distribution.

NAME OF PERSON RESPONSIBLE FOR DAILY OPERATIONS (OWNER/DIRECTOR)

GENDER IDENTITY OF OWNER/DIRECTOR (CHECK ONE)

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Female | <input type="checkbox"/> No response |

ETHNICITY OF OWNER/DIRECTOR (CHECK AS MANY AS APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |

LEGAL NAME OF FACILITY

FACILITY/PROVIDER DVN

FACILITY ADDRESS (STREET, CITY, STATE, ZIP CODE)

COUNTY

FACILITY/PROVIDER EMAIL

FACILITY/PROVIDER PHONE NUMBER

PROVIDER TYPE (CHECK ONE)

- Unlicensed subsidy provider
- Licensed subsidy provider
- Licensed non-subsidy provider (training records must be attached to this application)

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

APPLICATION TYPE: PAYCHECK PROTECTION PROGRAM

REQUIREMENTS

Must be registered with MissouriBUYS. To register, go to <https://missouribuys.mo.gov/registration>.

Attach current Certificate of No Tax Due letter. To request a letter, complete the Form 943 at <https://dor.mo.gov/forms/943.pdf>.

Attach E-Verify Box A, B, or C. To access the form, go to <https://earlyconnections.mo.gov/media/pdf/e-verify>.

MAXIMUM ALLOWABLE AMOUNT

The maximum amount to be paid to providers under this opportunity is based on the number of claimed child care staff members multiplied by \$5,200. Refer to the chart below to determine the maximum number of child care staff members you may claim based on your facility size.

Current Facility Size	Maximum Number of Allowable Claimed Child Care Staff Members	Maximum Assumed Qualifying Expenses (Based on \$5,200 per claimed child care staff member)
6 or Fewer	Up to 1	\$5,200
7 – 10	Up to 4	\$20,800
11 – 30	Up to 12	\$62,400
31 – 50	Up to 24	\$124,800
51 – 100	Up to 45	\$234,000
101 – 150	Up to 60	\$312,000
151+	Up to 75	\$390,000

CLAIMED CHILD CARE STAFF MEMBERS

List all claimed child care staff members you employed during the period of January 1, 2023 to June 30, 2023. "Child care staff members" include the child care provider, staff involved in the direct care of children, food preparation staff, and/or transportation staff.

Total Child Care Staff Members Claimed _____ x \$ 5,200 = \$ _____ requested

____ A separate sheet is attached with additional child care staff member names (if applicable).

Name of Child Care Staff Member	Missouri Professional Development (MOPD) ID
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

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ATTESTATION

I am submitting this application in effort to solicit funds to assist with child care staffing expenses in my facility.

By inserting my initials, I confirm that I have read and understand the following statements.

_____ 1. I will implement policies in line with COVID-19 guidance and orders from the state of Missouri, local authorities, and, to the greatest extent possible, will implement policies in line with guidance from the Centers for Disease Control and Prevention (CDC) for the duration of this grant period.

_____ 2. I will pay the same amount, or greater amount, in wages/benefits for child care staff members, and I will not furlough employees involuntarily from the date of application submission through the duration of this grant period.

_____ 3. To the extent possible, I will provide relief from co-payments and tuition payments for families enrolled, and will prioritize relief for families struggling to make either type of payment. If I am unable to provide relief from co-payments and tuition payments for all families I serve, I will prioritize doing so for families most in need of relief and target families earning below 85% of the State Median Income for the duration of this grant period.

_____ 4. I and/or my facility have not previously received reimbursement for the funds being requested through any other COVID-19 related funds, including any federal Paycheck Protection Plan, local CARES Act funding, or other any other funding opportunity through the Department of Health and Human Services, DESE, or any other local, state, or federal government.

_____ 5. I and/or my facility operated at least two (2) months during the period of January 1, 2023 to June 30, 2023 July 1, 2022 to December 31, 2022, and continue to operate at the time of this application (not including temporary, COVID-19 related closures).

_____ 6. I certify under the penalties of perjury set forth in Section 575.040, RSMo, by applying for these funds, the statements made in this Application and Attestation, and any supporting documents submitted with the Application, are true and correct to the best of my knowledge.

_____ 7. I attest that the information I am submitting is true and accurate and I understand that DESE will rely on this information as a material representation.

_____ 8. I agree to repay DESE any funds issued as a result of inaccurate records or payments made to me in error.

_____ 9. I have read and understood the [Terms and Conditions](#) applicable to this opportunity.

CHILD CARE PROVIDER NAME (PLEASE PRINT)		
EMAIL		
AUTHORIZED SIGNATURE		DATE OF SIGNATURE
THIS SECTION TO BE COMPLETED BY DESE		
REVIEWED BY		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
DATE	AMOUNT	REASON DENIED