

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
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MEMORANDUM

TO: Licensed Child Care Providers

FROM: Office of Child and Family Services

DATE: September 4, 2020

SUBJECT: Coronavirus Relief Fund Reimbursement

On July 17, 2020, the Governor announced its investment of federal Coronavirus Relief Funds (CRF) to support child care providers throughout Maine. The Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) has received \$8.4 million to administer a program that provides child care providers with reimbursement for COVID-19 related business expenses.

CRF Eligibility Criteria:

- All licensed providers who are open and providing child care by September 8, 2020 are eligible to apply.
- CRF must be used to reimburse COVID-19 related business expenses incurred between March 15, 2020 and September 28, 2020, regardless of whether the provider was open and providing care during this period.
- Expenses submitted for reimbursement cannot have been covered by other COVID-relief funding sources such as FEMA, Payroll Protection, CARES Act, etc.
- The total amount of reimbursement cannot exceed the following amounts:
 - Family: \$950
 - Small Facility: \$5,000
 - Center-Based: \$9,200

CRF Application Process:

- Licensed Child Care Providers will need to complete the application found here: <https://www.maine.gov/dhhs/child-care-provider-covid-19-assistance-application>
- The application period will be from Friday September 4, 2020 to Monday, September 28, 2020 at 5 p.m.
- Providers who do not submit a completed application by the deadline will not be eligible for the reimbursement.
- Providers must have an accurate Vendor Code (VC) on file to receive payments.
- Providers must complete the request for reimbursement within the application for the two periods, 3/15/20-6/30/20 and 7/1/20-9/28/20, in order to align with federal CRF reporting requirements.
- Providers with multiple facilities must complete separate applications for each site.
- Checks will be issued as soon as possible after October 5, 2020.
- For audit purposes, receipts and records related to how funds are spent must be retained by providers for a minimum of five (5) years and provided to OCFS upon request.
- Providers will be required to participate in audit and subrecipient monitoring at the request of the Department.
- All payments received are considered reportable income.
- Following the completion of the application, and prior to the issuance of funds, providers will receive an award letter indicating the exact amount that has been approved for reimbursement and the conditions of the award.

Detailed instructions on how to complete the application are below. Please review them carefully prior to beginning the application.

For more information or questions, please contact Katharyn Zwicker at Katharyn.b.zwicker@maine.gov. Please use "CRF Application" on the subject line.

Coronavirus Recovery Funds (CRF) Reimbursement Completing the Application

Katharyn Zwicker – Prevention Coordinator

Katharyn.b.Zwicker@maine.gov

**Department of Health and Human Services (DHHS)
Office of Child and Family Services (OCFS)**



Coronavirus Relief Funds (CRF)

On July 17, 2020, Governor announced its investment of federal Coronavirus Relief Funds (CRF) to support child care providers throughout Maine. The Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) received \$8.4 million to administer a program to provide child care providers with reimbursement for COVID-19 related business expenses.



All licensed child care providers open and providing child care by September 8, 2020, are eligible to apply.

Application Opens:

Thursday, September 4, 2020

Application Closes:

Monday, September 28, 2020 - 5:00PM

CRF must be used to reimburse COVID-19 related business expenses incurred between March 15, 2020 and September 28, 2020, regardless of whether the provider was open and providing care during this period.

Expenses submitted for reimbursement cannot have been covered by other COVID-relief funding like FEMA, Payroll Protection, CARES Act, etc.

Total CRF reimbursement cannot exceed these amounts:

Family:	\$950
Small Facility:	\$5,000
Center-based:	\$9,200

All Licensed Child Care Providers must...

- Complete and submit the application by 5:00PM, Monday, September 28, 2020. **Note:** No extensions or exceptions given.
- Complete a separate application for each location; if more than one.
- Have an accurate Vendor Code on file. **Note:** If you received one or more of these payment types: OCFS CARES Act funding **and/or** Child Care Subsidy Program reimbursement you have a vendor code.
- Retain, for a minimum of five (5) years, for audit purposes, receipts and records related to how funds are used by you the provider; and provide to OCFS upon request.
- Participate in audit and subrecipient monitoring at the request of the Department.

IMPORTANT

- Providers must complete the request for reimbursement within the application for the two periods that align with federal CRF reporting requirements; 3/15/20-6/30/20 and 7/1/20-9/28/20.
- All funds (payments) received are considered reportable income.
- Following the completion of the application, and prior to issuance of payment, providers will receive an award letter indicating the exact amount approved for reimbursement and conditions of the award.
- Payments will be issued as soon as possible, after Monday, October 5, 2020. **Note:** This does not mean that you will receive your payment on October 5, 2020.

Information needed to complete the application.

- Child Care Provider first and last name
- Child Care Provider email address
- Child Care Provider mailing address
- Program Name (EX: Certificate of Licensure, next slide)
- Program License Number (EX: Certificate of Licensure, next slide)
- Program Type (EX: Certificate of Licensure, next slide)
 - Family child care
 - Small facility
 - Center based
- Program Vendor Code (VC) – Yes or No question

Note: If you received one or more of these payment types: OCFS CARES Act funding **and/or** Child Care Subsidy Program reimbursement, you have a VC.



STATE OF MAINE

Department of Health & Human Services

Certificate of Licensure

Program Type  CHILD CARE FACILITY or Family Child Care Provider

This is to certify that the licensed entity named below is hereby granted this License in accordance with Maine law.

ISSUED TO:

Program Name and
Address are Found Here

ID. #: License Number - 6 digits

TYPE: FULL

EFFECTIVE FROM: 05/09/2019 TO 05/09/2021

CHILD CARE

CAPACITY 49 AGE 0 - 12 SEX Both



Capacity shown here
determines Small Facility
(12 and under) or Center-
based (over 12)

Commissioner, Department of Health & Human Services

COMPLETING THE APPLICATION

Dates to Remember

Application Opens: Friday, September 4, 2020

Application Closes: Monday, September 28, 2020 – (5:00PM)

Note: No exceptions or extensions given.

Application Questions

Question 1: Enter your 6 digit license number (EX: Certificate of Licensure, next slide)

Question 2: Click Yes or No – Do you have a Vendor Code (VC)

Note: If you received one or more of these payment types: OCFS CARES Act and/or Child Care Subsidy Program reimbursement you have a VC.

Question 3: Enter the name of your program (EX: Certificate of Licensure, next slide)

Question 4: Enter your program type (EX: Certificate of Licensure, next slide)

- Family child care
- Small facility
- Center-Based



STATE OF MAINE

Department of Health & Human Services

Certificate of Licensure

Program Type  CHILD CARE FACILITY or Family Child Care Provider

This is to certify that the licensed entity named below is hereby granted this License in accordance with Maine law.

ISSUED TO:

Program Name and
Address are Found Here

ID. #: License Number - 6 digits

TYPE: FULL

EFFECTIVE FROM: 05/09/2019 TO 05/09/2021

CHILD CARE

CAPACITY 49 AGE 0 - 12 SEX Both



Capacity shown here
determines Small Facility
(12 and under) or Center-
based (over 12)

Commissioner, Department of Health & Human Services

Application Questions

Question 5: Type in your

- First and last name
- Email address

Question 6: Type in your complete mailing address

Question 7: Click Yes or No - *As of Monday, September 8, 2020, will your program be open and providing child care to children?*

Application Questions

Question 8: Click Yes or No - *Have you applied for, OR are you receiving funding, from any other COVID-19 relief fund?*

*Examples
of other
COVID-19
relief funds.*

- FEMA (Federal Emergency Management Agency)
- Small Business Administrative Loan Forgiveness
- Payroll Protection
- CARES Act (June and August grants from OCFS)
- Other

Question 9: If you answered yes to Question 8: In the box provided, explain how much you money received from each source and what the funds were used to cover. **Note:** If you answered no – go to Question 10.

Steps to Completing Question 10

Note: When completing the section starting with Question 10, do not report any COVID-19 related expenses that you already applied for or received other funding to cover (see question #9)

- **IMPORTANT:** There are two (2) time periods you will use to request reimbursement. They align with federal CRF reporting requirements.

Period 1: 03/15/2020-06/30/2020

Period 2: 07/01/2020-09/28/2020

Note: Eligible expenses are restricted to the specific time period for which costs or expenses are incurred or consumed.

- There are two steps to completing each of the time periods in the a. through g. expenditure categories.
- The FINAL STEP: After you've completed categories a. through g. in each of the time periods: add up your expenses and enter the total in the box provided.

The next slides will guide you through the process.

a. Additional Administrative Expenses due to COVID (materials, equipment, etc.)

Step 1: In the first box, write a detailed description of the specific items and amounts you are seeking reimbursement for:

- a. Additional Administrative Expenses due to COVID (materials, equipment, etc.)

Step 2: In the second box, write the total reimbursement amount requested for that category:

- a. Total Reimbursement requested for Additional Expenses due to COVID (materials, equipment, etc.)

Note: Be sure to pay attention to the period of time given and only request funds for the expense category or categories that apply to you.

b. COVID-19 Testing and Contact Tracing

Step 1: In the first box, write a detailed description of the specific items and amounts you are seeking reimbursement for:

b. COVID-19 Testing and Contact Tracing:

Step 2: In the second box, write the total reimbursement amount requested for that category:

b. Total Reimbursement requested for COVID-19 Testing and Contact Tracing:

c. Additional Food Costs due to COVID-19

Step 1: In the first box, write a detailed description of the specific items and amounts you are seeking reimbursement for:

c. Additional food costs due to COVID-19:

Step 2: In the second box, write the total reimbursement amount requested for that category:

c. Total Reimbursement requested for Additional Food Costs due to COVID-19:

d. Additional Payroll Expenses due to COVID (Overtime, Hazard Pay, etc.)

Step 1: In the first box, write a detailed description of the specific items and amounts you are seeking reimbursement for:

d. Additional Payroll Expenses due to COVID-19 (Overtime, Hazard Pay, etc.):

Step 2: In the second box, write the total reimbursement amount requested for that category:

d. Total Reimbursement requested for Additional Payroll Expenses due to COVID-19
(Overtime, Hazard Pay, etc.):

e. Personal Protective Equipment (masks, face coverings, etc.)

Step 1: In the first box, write a detailed description of the specific items and amounts you are seeking reimbursement for:

e. Personal Protective Equipment (masks, face coverings, etc.):

Step 2: In the second box, write the total reimbursement amount requested for that category:

e. Total Reimbursement requested for Personal Protective Equipment (masks, face coverings, etc.):

f. Additional Public Health Expenses due to COVID (cleaning supplies, janitorial costs, etc.)

Step 1: In the first box, write a detailed description of the specific items and amounts you are seeking reimbursement for:

f. Additional Public Health Expenses due to COVID-19 (cleaning supplies, janitorial costs, etc.):

Step 2: In the second box, write the total reimbursement amount requested for that category:

f. Total Reimbursement requested for Additional Public Health Expenses due to COVID-19 (cleaning supplies, janitorial costs, etc.):

g. Additional Cost of Unemployment Benefits due to COVID

Step 1: In the first box, write a detailed description of the specific items and amounts you are seeking reimbursement for:

g. Additional Cost of Unemployment Benefits due to COVID:

Step 2: In the second box, write the total reimbursement amount requested for that category:

g. Total Reimbursement requested for Additional Cost of Unemployment Benefits due to COVID:

STEP 3

For Period of Time 03/15/2020 – 06/ 30/2020

Add the totals of all the categories a. – g. for which you are requesting reimbursement.

Enter the total reimbursement requested for the **Period of Time 03/15/2020 – 06/ 30/2020**
in the box provided.

IMPORTANT IMPORTANT IMPORTANT

**You need to repeat the same process for the
Period of Time 07/01/2020 – 09/ 28/2020.**

Now, add the totals of the two periods of time.

Enter the combined total of funding you are seeking reimbursement for in the box provided.

Question 11: By checking the box, you are attesting to the following...

- **Independent Capacity:** The Provider is an independent contractor for whom no Federal or State Income Tax will be withheld by the Department, and for whom no retirement benefits, workers' compensation protection, survivor benefit insurance, group life insurance, vacation and sick leave, liability protection, or similar benefits available to State employees will accrue.
- **Employment and Public Access:** State of Maine contracts for services are subject to statutory conditions related to nondiscrimination in employment, 5 M.R.S. § 784, and access to public records, 5 M.R.S. § 1816-A(4). Provider has read and does agree to the terms of these conditions.
- **State Held Harmless:** The Provider will indemnify, defend, and save harmless the Department, its officers, agents and employees from any and all claims, costs, expenses, injuries, liabilities, losses and damages of every kind and description resulting from or arising out of the performance of this Contract by the Provider, its employees, agents, or subcontractors. This indemnification does not extend to a claim that results solely and directly from (i) the Department's negligence or unlawful act, or (ii) action by the Provider taken in reasonable reliance upon an instruction or direction given by an authorized person acting on behalf of the Department in accordance with this Contract. Nothing in this Contract shall be construed as a waiver of the privileges or immunities of the State, its governmental entities, or its employees.
- **Funds provided under this Agreement to community agencies for social services are subject to the audit requirements contained in the Maine Uniform Accounting and Auditing Practices for Community Agencies (MAAP), Uniform Guidance 2CFR Part 200.501, and may further be subject to audit by authorized representatives of the Federal Government.**

By checking this box, I certify the information that I provided is accurate and I agree to the terms and conditions.

Authorized Signatory Name:

Today's Date:

CRITICAL – CRITICAL - CRITICAL

To submit your completed application, **press** the **Send Application** button.



- The **Send Application** button must be pressed for the completed application to be submitted.
- A confirmation screen will appear.
- You will also receive an email confirming completion of the application to keep on file.

Questions?

For more information or questions, please contact
Katharyn Zwicker at
katharyn.b.Zwicker@maine.gov

Write “**CRF Application**” in the Subject Line

