**APPLICATION FOR**

[Insert applicant name here]

**Travis County**

**Stabilization Grant**

**Issue Date**

November 10, 2020

**Application Submission Deadline**

November 24, 2020

Time: 11:59 p.m. CT

**Grant Disbursement Date**

December 2020

**APPLICANT INFORMATION**

**Provider Name:**

**License/Operation #:**

**Provider Type:**

**Provider Address:**

**Provider County:**

**Provider Phone:**

**Owner Name:**

**Owner Phone:**

**Owner Email:**

**Director Name:**

**Director Phone:**

**Director Email:**

**Are you contracted with Workforce Solutions Capital Area?**

**What is your current operational status?**

**If closed, when do you plan to reopen?**

**# of Infant Classrooms (0-17 months)?**

**# of Toddler Classrooms (18-24 months)?**

**# of PreSchool Classrooms (3-5 years)?**

**# of School-Age Classrooms (6-12 years)?**

**Total # of Staff (including admin, caregivers, etc)?**

**TEXAS RISING STAR INFORMATION**

**Are currently a Texas Rising Star provider?**

**If yes, what is your Star level?**

**If no, have you reviewed the Texas Rising Star guidelines at: https:texasrisingstar.org/providers?**

**How soon would you like to become certified as a Texas Rising Star 2 star?**

**COVID-19 IMPACT INFORMATION**

**Did you serve any children referred by Workforce Solutions Child Care Services Capital Area for any period of time between September 1, 2019 and September 1, 2020?**

**Have you been impacted by COVID-19 related disruptions and meet both of the following: have incurred, current or anticipated costs related to COVID-19 and have less than 3 months of working funds or operating reserve?**

**Have you been impacted by COVID-19 related disruptions and meet at least one of the following: decrease in the number of full-time direct care staff due to COVID-19 (in all sites if more than one location) from March 1, 2020 to present or decrease in the number of children enrolled due to COVID-19 from March 1, 2020 to present?**

**Do you have safety measures in place to mitigate the spread of COVID-19 that meet or exceed the City of Austin Mayor’s recommended COVID-19 safety guidelines?**

**DISCLOSURES**

**Have you participated in any illegal activities?**

**Have you participated in any political or lobbying activities?**

**Have you been suspended or debarred from doing work with the federal government?**

**APPLICANT SIGNATURE**

**AUTHORIZED REPRESENTATIVE:**

**Name:**

**Title:**

**Phone:**

**Fax:**

**Email:**

**SIGNATURE OF AUTHORIZED REPRESENTATIVE:**

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**DATE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPPORTING DOCUMENTATION**

\*Your application must include a statement of need related to economic injury due to COVID-19; supporting documentation and listing of eligible expenses since March 1, 2020.