

How to Complete a FFN Stabilization Grant Application

For Assistance in filling out the FFN Stabilization Grant Application, Contact:

Imagine Institute

<http://www.imaginewa.org/CCSG-Support>

phone: 206-492-5249

email: CCSG@imaginewa.org

Voices of Tomorrow (serving East African child care providers)

<https://voicesoftomorrow.socialsolutionsportal.com/apricot-intake/eb24b194-5588-4594-a0a5-3f8573356bf6>

phone: (206) 278-8290

email: childcaresupport@tomorrowvoices.org

Stabilization Grant email inbox: dcyf.stabilizationgrant@dcyf.wa.gov.

To Complete an FFN Stabilization Grant Application, Follow the Steps Below

1. Click on the [application link](#).
2. Enter in your information.

DCYF Child Care Stabilization Grant Application - License Exempt Family, Friend, & Neighbor (FFN)

Date *

Provider Information

Provider Name *

Social Service Payment System (SSPS) *

STARS ID Number *

Provider Mailing Address Line 1 *

Street Address Line 2 (Optional)

City *



Washington State Department of
CHILDREN, YOUTH & FAMILIES

3. Read the information on eligibility and grant amounts.

Provider Phone Number *

Provider Email Address *

Eligibility Criteria

License-exempt FFN providers who have at least one child on subsidy on 4 of the last 6 months or 2 of the last 3 months and claim for subsidy through the Social Service Payment System (SSPS) at time of application are eligible.

Grant Amounts

The FFN Stabilization Grant consists of program amount + add-ons.
The Program Amount for FFN is \$750.00

Verifiable Add-Ons

Providers who meet certain verifiable criteria may be eligible to receive additional "add-on" amounts on top of their program amount. These verifiable add-on amounts are stackable, and each add \$250.00 to the total grant amount.

- + Child Care Deserts
- + Serving or located in Communities of Color
- + Located in marginalized, low-income communities
- + Supporting racial equity
- + Located in areas with high COVID impact

Application Questions

Please answer all questions below to apply for a FFN Stabilization Grant.



4. Read and answer the application questions. **The questions are for DCYF data, and your answers will not change the amount you are eligible to receive.**

Application Questions

Please answer all questions below to apply for a FFN Stabilization Grant.

Are you currently caring for or able to care for children? *

- Yes No

How many children are you caring for at the time of this application? *

What ages of children are you serving? Select all that apply *

- Infants
 Toddlers
 Preschool
 School -age

Spend Plan: How will you spend the Child Care Stabilization Grant? (select all that apply) *

- Cleaning or sanitizing supplies and services
 Copayments or fee waivers for families
 Food
 Health and nutrition activities
 Internet access
 Maintaining/increasing your wages/benefits
 Mental health supports for children or yourself
 Personal protective equipment
 Equipment and supplies for COVID - 19
 Rent or mortgage costs
 Training related to health/safety practices
 Utilities, maintenance costs
 Vaccination access
 Goods/services (diapers, school supplies, etc.)



5. Answer the question about your monthly cost to care for children

Operating Costs

Please select the range that most accurately depicts your costs to offer care each month? *

- \$0 - \$100 \$101 - \$300 Greater than \$300

General Terms and Conditions

The DCYF Child Care Stabilization Grant funds must be spent within one year of award, with the categories agreed to above.



6. Read and agree to all terms and conditions

General Terms and Conditions

The DCYF Child Care Stabilization Grant funds must be spent within one year of award, with the categories agreed to above.

I certify that the information I have provided on this application is true and correct. *

Yes

When open and available to child care services, I will implement policies that follow local/state guidance and to the "greatest extent possible" implement the Center of Disease Control (CDC) guidelines. *

Agree

I will not decrease my wages or benefits or furlough myself so that I am able to continue to care for children. *

Agree

I will provide enrolled families relief from fees to the extent possible, and prioritize families who are struggling to pay when providing such relief.

Agree

I have reviewed and updated my record in MERIT. My personal information and health and safety information is now accurate and up-to-date. *

Yes

I will stay open and able to care for children through the 2021-22 school year calendar of my local school district, and will make every effort to continue to serve children past that time.

Agree



7. Select “send me a copy of my responses”

I agree to keep all receipts from purchases and expenses made with this grant money for 5 years. *

Agree

I understand that DCYF may ask me to provide these receipts for purchases made with money from this grant, and if I cannot provide these receipts and documentation when asked, I will be required to repay part or all the grant money to the State of Washington.

Yes

Send me a copy of my responses

Submit

[Privacy Notice](#) | [Report Abuse](#)

8. Enter your email address

Send me a copy of my responses

Email address

Submit

[Privacy Notice](#) | [Report Abuse](#)



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9. Click "submit".

Send me a copy of my responses

Email address

Submit

[Privacy Notice](#) | [Report Abuse](#)



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10. Successful Submission screen will appear.

Thank you for applying for the DCYF FFN Stabilization Grant. Your application has been submitted.

For more information and support, including frequently asked questions and contact information for technical assistance, please visit <https://www.dcyf.wa.gov/coronavirus-covid-19/early-learning/stabilization-grant-ffn>

If you have other questions about the grant, please email dcyf.stabilizationgrant@dcyf.wa.gov.

11. Check your email for a copy of your submission.

