

Child Care Workforce Stabilization Grant Application (Form CCWS-A)

Section 1: Grant Information- Attach a copy of facility's W-9 and Form CCWS-E

Name of Applicant: Deborah Wilkins Provider ID: 5000 05899

Telephone Number: (256) 533-4115 Email Address: debwilkins22@gmail.com

Facility Name: Deborah's Daycare and Kindergarten

Licensee Name: Deborah Wilkins License Number: L45000090

Facility Physical Address: 2402 Hammonds Ave

City: Huntsville County: Madison Zip Code: 35816

Complete only if mailing address is different from physical address:

Facility Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race of Applicant: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial	Is the Applicant Hispanic or Latino?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Gender of Applicant: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Number of Full-Time Staff Positions on the Facility's Payroll to Receive Bonus (Full-Time is defined as working more than 25 hours per week) 1

Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus (Part-Time Staff is defined as working 16 to 25 hours per week) 1

Was the child care facility licensed on or before March 11, 2021?  Yes  No

The provider is licensed, regulated or registered and meets Child Care and Development Fund health and safety requirements on the date of the application.  Yes  No

Is the child care facility currently in good standing with the Department (not on adverse action, including probation, revocation, or suspension)?  Yes  No

Does the child care facility serve children who are private-pay?  Yes  No

Does the child care facility serve children who are participating on the Child Care Subsidy Program?  Yes  No

Does the child care facility serve children enrolled in the DHR Early Head Start-Child Care Partnership Program?  Yes  No

Does the program exclusively serve First Class Pre-K, Head Start or Early Head Start (non DHR funded)? (If YES, the program does not qualify.)  Yes  No

Does the program have combined programs and funding sources such as Early Head Start, First Class Pre-K, Head Start? Staff working in First Class Pre-K, Head Start or Early Head Start (non DHR funded) classrooms are ineligible.  Yes  No

Is your child care facility currently open and operating for in-person services at the time you are submitting this application (not including temporary closures consistent with the ordinary course of business)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you commit to remain open and operating for a period of one (1) year from the date of receiving the grant award (not including temporary closures consistent with the ordinary course of business)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Choose payment method: Check = CK or Direct Deposit= DD To receive DD you must obtain and complete a DD form from your regional agency.	<input checked="" type="checkbox"/> CK <input type="checkbox"/> DD

**Section 2: Acknowledgement of Terms, Certifications, and Signature**

By submitting this Application and/or accepting funds distributed pursuant to this Application, the undersigned certifies and agrees:

- To be bound by any and all terms set forth in this Application and to use any and all funds distributed pursuant to this Application in the manner set forth below;
- To submit payroll documentation i.e. bank statements, check stubs, payroll expenditures etc. 14 days after the disbursement of the bonuses;
- When open and providing services, to implement policies in line with guidance and orders from corresponding state and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC);
- To continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for the duration of the subgrant for each employee (including lead teachers, aides, and any other staff who are employed to work in transportation, food preparation, or other type of service) and to not involuntarily furlough employees from the date of submission of this Application through the duration of the subgrant period;
- To provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment if able to do so;
- This Application does not create a contractual relationship with the State of Alabama or any of its Agencies and any failure to distribute funds pursuant to this Application does not create a cause of action nor does it carry any appeal rights;
- To only expend the funds in a manner as defined in this Application Guidance and to expend the total payment approved within 30 days of receipt of each disbursement;
- To keep detailed, accurate, and truthful accounting records of the receipt, use, and disbursement of all funds received pursuant to this Application;
- To allow the Department or its representatives unlimited access to audit and examine any and all records related to the funds disbursed pursuant to this Application, including, but not limited to, all records, reports, distributions, account ledgers, balance sheets, bank records, credit card statements, electronic payment records, receipts, or other documents related to the receipt and distribution of funds pursuant to this Application; failure to provide accurate documentation will be construed as filing a false statement;
- To allow the Department or its representatives to interview any employee or agency in relation to funds disbursed pursuant to this Application;
- That any funds received pursuant to this Application are subject to repayment, reclaim and recapture if (a) the funds are not used in the manner provided for and set forth in this Application, or (b) if access to records or information as set forth in the preceding paragraphs is refused or denied by the person(s) or entity receiving funds pursuant to this Application or (c) if any information provided in the Application is found to be false or misleading; any agency action in requesting or demanding repayment, reclaim, and/or recapture is a final determination and is not subject to appeal;
- That if funding is reduced or restricted prior to distribution by legislative action, federal or state allocations, or executive action, the amount distributed under this Agreement will be reduced or eliminated accordingly;
- That this Agreement does not and will not violate any conflict of interest provisions in any respect and agrees not to employ an individual that would result in a violation of this law;
- Will not use any funds disbursed under this application for lobbying or any other prohibited use;
- To comply with Executive Order No. 11246, as amended and as supplemented by U.S. Department of Labor regulations (41 CFR, Part 60-1, et. seq.), which prohibits discrimination based on race, creed, color, religion, national origin, sex, or age;
- The information included in this Application is true and correct; and the person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application.
- Certify acceptance of any subgrants must be to supplement, not supplant existing funding streams.

Signature:



Date:

12/9/21



**Child Care Workforce Stabilization Grant Supplemental Application  
(Form CCWS-B)**

**Section 1: Grant Information**

Name of Applicant:	<u>Deborah Wilkins</u>	Provider ID:	<u>5000005899</u>
Telephone Number:	<u>(256) 533-4115</u>	Email Address:	<u>debwilkins22@gmail.com</u>
Facility Name:	<u>Deborah's Daycare and Kindergarten</u>	License Number:	<u>L45000090</u>
Licensee Name:	<u>Deborah Wilkins</u>	Facility Physical Address:	<u>2402 Hammonds Ave</u>
City:	<u>Huntsville</u>	County:	<u>Madison</u>
		Zip Code:	<u>35816</u>
<i>Complete only if mailing address is different from physical address:</i>			
Facility Mailing Address:	_____		
City:	_____	State:	_____
		Zip Code:	_____
Number of Full-Time Staff Positions on the Facility's Payroll to Receive Bonus (Full-Time is defined as working more than 25 hours per week)	<u>1</u>		
Number of Part-Time Staff Positions on the Facility's Payroll to Receive Bonus (Part-Time Staff is defined as working 16 to 25 hours per week)	<u>1</u>		

**Section 2: Acknowledgement of Terms, Certifications, and Signature**

By submitting this Application Amendment and/or accepting funds distributed pursuant to this Application Amendment, the undersigned certifies and agrees:

- To be bound by any and all terms set forth in the original Application and to use any and all funds distributed pursuant to this Application in the manner set forth below;
- The information included in this Application is true and correct;
- The person whose signature is below is the applicant/owner/licensee or the authorized designee with the authority to sign the Application.

Signature:  Date: 12/9/21

Please include an updated CCWS Form E with this document



**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Deborah Wilkins**

2 Business name/disregarded entity name, if different from above  
**Deborah's Daycare and Kindergarten**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) **\_\_\_\_\_**  
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
 Other (see instructions) **\_\_\_\_\_**  
 Exempt payee code (if any) **\_\_\_\_\_**  
 Exemption from FATCA reporting code (if any) **\_\_\_\_\_**

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3).  
 Exempt payee code (if any) **\_\_\_\_\_**  
 Exemption from FATCA reporting code (if any) **\_\_\_\_\_**

5 Address (number, street, and apt. or suite no.) See instructions.  
**2402 Hammonds Ave**

6 City, state, and ZIP code  
**Huntsville, AL**

7 List account number(s) here (optional)

Requester's name and address (optional)  
*(Applies to accounts maintained outside the U.S.)*

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	4	2	3	-	9	2	-	3	6	7	5
Employer identification number	63	-	0	9	8	7	6	4	9		

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person **Deborah Wilkins** Date **12/9/18**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.