**Which Grant did you receive?**

 COVID-19 Early Care and Education Initiative (ECEI) Grant Program (Ages 0-5)

 COVID-19 Early Care and Education Initiative (ECEI) Grant Program (School Age)

**Business Information**

**General Information**

**Business Type**

 Center

 Family

Business Name 

Business Phone Number

**Business Address**

Street Address



City

State

Zip

Number of Full Time Employees 

Number of Part Time Employees 

**Select all that apply**

 Valid Maryland EXCELS

 In good standing with the State of Maryland

 Business still operating in Montgomery County



**Select your preferred language if not English**

[Select Language​](about:blank)

Recognizing that the COVID-19 pandemic is causing an unprecedented financial hardship for many Montgomery County residents, this report is required as part of the acceptance of the **COVID-19 Early Care and Education Initiative (ECEI) Grant Program**and  **COVID-19 Early Care and Education Initiative (ECEI) School-age Grant Program**

\* The information provided should reflect your CURRENT operations and only for Montgomery County facilities that were submitted on your application.

**Which Grant did you receive?**

 COVID-19 Early Care and Education Initiative (ECEI) Grant Program (Ages 0-5)

 COVID-19 Early Care and Education Initiative (ECEI) Grant Program (School Age)

**Business Information**

**General Information**

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Business Phone Number

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Street Address



City

State

Zip

Number of Full Time Employees 

Number of Part Time Employees 

**Select all that apply**

 Valid Maryland EXCELS

 In good standing with the State of Maryland

 Business still operating in Montgomery County

**Business Representative Information (i.e. Executive Director or Site contact person)**

**Business Representative Name**

First Name

Last Name

Business Representative Phone Number

Business Representative Email

**Business Fiscal Information**

Business CVRS (County Vendor Registration System) ID 

Provide amount from the grant spent on the items below

**Facilitates (e.g. rent/mortgage, property taxes, maintenance/repairs, utilities, security, etc...)**



**Payroll/Benefits (e.g. salaries, taxes, life insurance, medical insurance, etc...)**



**Programmatic (e.g. non-capital equipment-furniture, toys, rugs; consumables-paints, crayons, paper; food)**



**Administrative (e.g. account, Professional Development, license renewals, accreditation fees, technology, office supplies)**



**Personal Protective Equipment (e.g. gloves, masks, cleaning supplies, thermometers, shoe covers, Plexiglass shields)**



**Other**



**Child(ren) Information**

**General Information**

Total number of children served (0-5) 

Total number of children served that are Montgomery County residents (Age 0-5) 

What is the number of children served with special needs 

**Child(ren) Information**

**General Information**

Total number of children served (0-5) 

Total number of children served that are Montgomery County residents (Age 0-5) 

What is the number of children served with special needs 

**Children Served in Facilities located in Targeted zip code (Only Children 0-5 year old)\***

**Complete only if the facility on your application(s) is in the zip codes below.**

Number of children at your location in zip code 20877 

Number of children at your location in zip code 20886 

Number of children at your location in zip code 20902 

Number of children at your location in zip code 20866 

Number of children at your location in zip code 20906

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**State Subsidy Children Served by Age Group (Provide the number for each group below)**

Infant/Toddler (0-2 years) 

Preschool (2-5 years) 

Top of Form

**WPA Subsidy Children Served by Age Group (Provide the number for each group below)**

Infant/Toddler (0-2 years) 

Preschool (2-5 years) 

Bottom of Form

Top of Form

**Number of Children Served who are Montgomery County Residents by Age Group**

Infant/Toddler (0-2 years) 

Preschool (2-5 years) 

Bottom of Form

**Document Upload (Types of documents JPEG, PDF, Word document, Excel)**

**Upload File(s) - Current - Fiscal Documents - Expense Reports, Receipts, etc.**

**Upload File(s) - Current - Maryland EXCELS Certificate (if applicable)**

**Upload File(s) - Current - Maryland Childcare License/Registration**

Bottom of Form