

# Payment Program #1: Providing Care for Essential Workforce Families

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my use of program funds.
- If I receive funding for **Program 1 – Providing Care for Essential Workforce Families** I agree to the following:
- I have prioritized and provided care for essential workforce families related to the State of Emergency.
- I have read and understand the health and safety recommendations outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds for payroll purposes and other allowable expenses which include but are not limited to:
  - Parent reimbursement for cost of care
  - Mortgage/rent
  - Utilities
  - Materials/supplies for cleaning and sanitation
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Payroll registers and timesheets
  - Mortgage/rent statements
  - Utility statements
  - Original invoices and/or receipts for purchases of materials/supplies
- Documentation to support employee wage increases
- Documentation to support parent reimbursement for cost of care (cancelled check, money order, parent payment ledger or other documentation supporting parent reimbursement)
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- **I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.**

# Payment Program #2:

## Incentive Pay

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my use of program funds.
- If I receive funding for **Program 2 – Incentive Pay** I agree to the following:
- I have prioritized and provided care for essential workforce families related to the State of Emergency.
- I was open and providing care for essential workforce families during the period in which I am applying
- I have read and understand the health and safety recommendations outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds to increase pay during the State of Emergency for current employees, myself as an individual educator, or myself as a family provider.
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Employee payroll registers or other payroll system substantiation of payrate increase
  - Communications/notification to employees of wage increase or personnel policy explaining wage increase
  - Documentation of how I determined the amount of the wage increase I paid to for all employees
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to three (3) years after I receive the funds.
- **I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.**

# Payment Program #3:

## Support for Temporarily Closed Child Care Programs

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- I understand that the Department of Children and Families may monitor and review my use of program funds.
- If I receive funding for **Program 3 – Support for Temporarily Closed Child Care Programs** I agree to the following:
- My child care program was/is temporarily closed due to the COVID-19 pandemic during the time period in which I am applying.
- I plan to reopen within 30 days of receiving funding or within 30 days of the ending of Safer at Home order, whichever is later.
- If I am unable to open within 30 days as stated above, I will send an email to [dcfmbcovid19@wisconsin.gov](mailto:dcfmbcovid19@wisconsin.gov) for further instructions.
- I have read and understand the health and safety recommendations outlined by DCF: <https://dcf.wisconsin.gov/files/press/2020/covid/bbb-faq.pdf>
- I will use the funds to for the following purposes to ensure the program is able to reopen 30 days after receiving funding or within 30 days of the ending of Safer at Home order, whichever is later
  - Pay staff incentives and/or payroll in order to return to work
  - Supplement staff salaries for those who remained on payroll during temporary closure
  - Full or partial parent reimbursement for tuition paid during State of Emergency
  - Mortgage/rent
  - Utilities
  - Materials/supplies for cleaning and sanitation
- I will keep all original, supporting documentation related to how this funding was spent, including but not limited to:
  - Payroll registers and/or employee timesheets
  - Mortgage/rent statements
  - Utility statements
  - Original invoices and/or receipts for purchases of materials/supplies
  - Documentation to support employee wage increases
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes for up to three (3) years after I receive funding.
- **I understand that DCF may require repayment of funds disbursed if terms and conditions are not met.**