



COUNTY OF BECKER

Economic Development Authority

915 Lake Ave., Detroit Lakes, MN 56501

telephone: 218-846-7330

Website: www.co.becker.mn.us

Becker County Childcare Provider Emergency Assistance Grant

The grant award to be provided to the Grantee by Becker County is subject to the following terms and conditions:

Must be a licensed childcare provider in good standing in Becker County.

- Certified Child Care Centers
- Child Care Centers; and
- Family Child Care Providers

By signing and submitting this grant agreement, the business owner agrees to be subject to a random audit by Becker County for accuracy. If it is determined that false or misleading information is provided on the Becker County Business Relief Grants application, the Business will be required to repay Becker County the entire grant amount.

Grantee acknowledges the funds may only be used for the following eligible expenses for costs incurred due to business interruption to the grantee due to COVID-19 related restrictions and closures and not used as a revenue replacement:

- Rent or mortgage payments, utilities, facilities maintenance, improvements, or insurance.
- Personal protective equipment, cleaning and sanitation supplies and services or training.
- Professional development related to health and safety practices.
- Professional development that enhances program quality.
- Purchases of or updates to equipment and supplies to respond to COVID-19.
- Goods and services necessary to maintain or resume childcare services.
- Mental health supports for children and employees.
- Reimbursement for any of the uses above, paid between Jan. 1, 2021 and the date of application, to address losses incurred during the COVID-19 pandemic that have not been covered by other state, federal or local funding sources.
- Family/Group Family Day Care: 9502.0415 ACTIVITIES AND EQUIPMENT.
- Child Care Centers; Center Based Care: 9503.0060 FURNISHINGS, EQUIPMENT, MATERIALS, AND SUPPLIES.

Grantee acknowledges that the funds cannot be used for expenditures for which the Grantee has received any other emergency COVID-19 supplemental funding (whether state, federal, County, or private in nature) for that same expense. Grantee accepts responsibility for complying with this agreement's terms and conditions and will exercise full control over the grant and the expenditure of grant funds.

Grantee accepts they have that legal authority to execute the agreement and accept the grant funds on behalf of the applicant. Becker County reserves the right to discontinue, modify or withhold any payments to be made under this grant award or to require a total or partial refund of any grant funds, if, in Becker County's sole discretion, such action is necessary.

Grantee agrees to indemnify and hold harmless the County, its directors, officers, and employees, for any funds it receives under this grant that the federal government, the State, or the County determines was not used for eligible expenditures and, therefore, must be repaid. Within 30 days of receipt of written notice and demand from the County for any such funds, grantee shall repay such funds to the County.

Grantee's deposit, negotiation or endorsement of a check will constitute its agreement to the terms and conditions set forth above. However, for Becker County's files, please have the enclosed copy of this agreement reviewed and signed where indicated by an authorized officer of Grantee and then returned to the County. Grantee may wish to have this agreement reviewed by legal counsel.

Provide Number of Children Attending Full Time (greater than 30 hrs./wk.) _____

Provide Number of Children Attending Part Time (less than 30 hrs./wk.) _____

Calculus Used for Family/Group Family Day Care (Includes After School/Summer Programs):

of Children Full Time x \$100/child ; # of Children Part Time x \$30/child

Center Based Care Calculus:

of Children Full Time (\$200/infant, \$150/toddler, \$100/preschool child)

On behalf of Grantee, I understand and agree to the foregoing terms and conditions of the Becker County Childcare Provider Emergency Assistance Grant, and hereby certify my authority to execute this agreement on Grantee's behalf.

Signature/Date: _____

Signers Name (Print): _____

Business Name (Print): _____

Required Documents to Accompany Application:

- Signed W-9 Form
- Copy of Provider Childcare License/#

Option to Receive Grant Payment via ACH: If you would like your check directly deposited into your bank account, please fill out and include attached ACH form on page 3 of this application. Please note that if you request the ACH option, your first check will still be mailed to you (warrant check) until you become fully initialized into the County system.

Please mail the completed application to:
ATTN: Shannon Jemelka
Becker County Human Services
712 Minnesota Ave.
Detroit Lakes, MN 56501

For questions about the grant program/application please contact Shannon Jemelka who can be reached by telephone at 218-847-5628 and or by email at shannon.jemelka@co.becker.mn.us



Mary E. Hendrickson
 Becker County Auditor-Treasurer
 915 Lake Avenue
 Detroit Lakes, MN 56501-3403
 (218) 846-7311

New Setup
 Change
 Cancel

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF VENDOR PAYMENTS

Vendor Information

Payee/Vendor Name			
Street Address	City	State	Zip Code
Contact Name		Contact Phone #	
Email Address for Remittance Notification (Required)			

Banking Information

Type of account (check one)	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Institution Name	Financial Institution Address
Routing Number	Account Number

I, the undersigned, authorize Becker County, Detroit Lakes, MN, to deposit payments directly to the account indicated and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account or to reverse any transaction that is in error. This authorization will remain in force until Becker County receives written notice of cancellation from the vendor and the County has reasonable time to act upon it.

Authorized Signature: _____

Date: _____

Printed Name: _____

Attach or scan a voided check to this form and mail/email to:

Becker County Auditor-Treasurer
 Attn: ACH
 915 Lake Avenue
 Detroit Lakes, MN 56501-3403
 Phone: (218) 846-7311 Email: auditor@co.becker.mn.us

<i>Office Use Only:</i>	
Becker County Vendor #: _____	
Received: _____	
Effective: _____	
Completed By: _____	