

Attachment J – SAG Application (Sample)

<https://hipaa.jotform.com/230264946292056>

Page 1

Welcome to the new and improved [Request for Grant Applications \(RFGA\): Special Accommodations Grant \(SAG\)](#) application process. Vermont Specialized Licensed Child Care Programs and Registered Family Child Care Homes are eligible to apply for these grant funds.

Specialized child care programs must be in good standing with Vermont child care licensing regulations and may apply on behalf of a child/or children with specialized needs that require additional support to remain enrolled in their child care program. Child care programs may apply for funds to increase staff skills through consultation and training, purchase adaptive equipment or materials, or hire an individual assistant to ensure the child's needs can be met within their child care program.

Child care programs should complete the SAG application in partnership with the child's team. The child's team may include the child's parent/caregiver and the professionals supporting the child's successful inclusion within the child care program.

Important Application Process Steps:

1. Read the [RFGA for SAG](#), which provides details about timelines, eligibility requirements, required documentation, and grant specifications. You will also find the full list of questions asked within this application to help you prepare. See attachment J.
2. Meet with the parent/guardian to review and sign the [Children's Integrated Services \(CIS\) SAG Parent/Guardian Consent Form](#). The consent form should specify the people on the child's team that will contribute information to support this application request (i.e., the provider completing the letter of support on behalf of the child). A copy of the signed form must be included with your application.
3. Please email the following [SAG Service/Health Provider Letter of Support form](#) to a service/health provider that can speak to the child's needs. When the service/health provider completes the form, it will automatically be sent to the Child Development Division and added to your application.

Required Attachments

- **CIS SAG Parent/Guardian Consent Form** – Required to be uploaded for each child named in the application.
- **SAG Service/Health Provider Letter of Support Form** – Only needs to be upload into the application if the provider did not submit through the JotForm process and provided you with the PDF version of the form.
- **Child(ren)'s Plan(s)** - (e.g., IEP, One Plan, 504, Treatment Plan) updated within the last six (6) months. Please submit a screening or assessment if the child does not have a plan.
- **Certificate of Insurance** – Must be consistent with the requirements outlined in Attachment C, Section 8 (Insurance), and any additional insurance requirements set forth elsewhere in the RFGA.
- **W-9 IRS** – Must be signed within the last six (6) months.

- **Unique Entity ID (UEI)** – Applicants are required to have a UEI assigned by registering on SAM.gov.
 - If you have requested a UEI but have not yet received it, you will need to provide a copy of the email from SAM.gov showing that you have requested the UEI and/or the help desk email confirmation regarding any follow-up on the issuance of a UEI.
 - If your UEI is in process, please upload a signed and dated [Certification of Suspension and Debarment](#).
 - If you have a UEI, but your SAM registration is not active, please upload a signed and dated [Certification of Suspension and Debarment](#).

Questions & Technical Support

Please review the [RFGA and Frequently Asked Questions \(FAQs\)](#). The RFGA will explain what you will need to have ready to complete the SAG application. If you still have questions or need technical support, please contact AHS.DCFCDDSAG@vermont.gov.

Page 2 – Before You Proceed with the Application

- The application could take 30 to 60 minutes to complete.
 - You can Save and continue later at any time by clicking the Save button at the bottom of the page. In order to save, you will be required to create a JotForm account (if you don't already have one) using an existing Google or Facebook account, or your email.
- Please have the **Required Attachments** (see previous page) saved to your computer and ready to upload into this application.
- Please verify the following:
 - I have read and reviewed the RFGA (Requisition # **CDD-SAG-02-08-23**) – If not checked, message will display that says “You cannot move forward with this application until you have reviewed the [RFGA](#).”.
 - I have a completed CIS Parent/Guardian Authorization Consent Form for each child to be named in this application. – If not checked, message will display that says “You cannot move forward with this application until you have received parent/guardian consent for each child named in the application. To get consent, please have the parent(s)/guardian(s) complete the [CIS Parent/Guardian Authorization Consent Form](#)”.

Page 3 – Organization/Program Information

Point of Contact

Responsible for answering questions regarding this application information.

- Point of Contact's Name
- Point of Contact's Job Title
- Point of Contact's Phone Number
- Point of Contact's Email

Organization/Program Information

- Are you applying for more than one regulated child care program?
 - Yes

- Licensee Organization Name - Enter the name of the organization or person who receives the funds/owns the program, if different from the Program Name.
 - Please enter the following for each regulated child care program you are including as part of this application.
 - Program Name
 - License/Certificate #
 - Program Type
 - Head Start Program
 - Current STARS Rating
 - No
 - Child Care Program Name - Enter your program name as listed in BFIS or CDDIS. If you are a registered family child care home provider, list your own name (e.g., Jane Doe).
 - License/Certificate # - The license number can be found on your license certificate that is posted on the wall in the program.
 - Program Type
 - Afterschool Child Care Program (ASP)
 - Center Based Child Care and Preschool Program (CBCCPP)
 - Licensed Family Child Care Home (FCCH)
 - Registered Family Child Care Home (FCCH)
 - Head Start Program?
 - Yes
 - No
 - Current STARS Rating
 - 1 Star
 - 2 Star
 - 3 Star
 - 4 Star
 - 5 Star
- Organization/Program's Physical Address
- Organization/Program's Mailing Address (if different than physical)
- State of Vermont Vision Supplier ID - Please see the FAQs for instructions of how to locate.
- VT Business ID # - If you are unsure of your ID #, you can search for it on the Vermont Secretary of State's website at <https://bizfilings.vermont.gov/online/BusinessInquire/>.

Page 4 - Child(ren) Information

- How many children are part of this application?
 - 1
 - 2
 - 3
 - 4

Child & Family Information

- Please upload the signed CIS Parent/Guardian Consent Form for child 1.
- Child 1 Name
- Child 1 Date of Birth
- Child 1 Primary Physical Address
- Parent/Legal Guardian's Name
- Is the parent/legal guardian's primary physical address different than the child's?
 - Yes - Parent/Legal Guardian's Primary Physical Address
 - No
- Phone Number
- Email
- Does this child/family have an open or custody case with the Family Services Division (FSD)?
 - Yes
 - FSD Social Worker's Name
 - FSD Social Worker's Phone Number
 - FSD Social Worker's Email
 - No
- Does the child/family receive Child Care Financial Assistance?
 - Yes
 - Under what primary service need?
 - Self Employed
 - Parent with special health needs
 - Looking for work
 - Attending school or training
 - Working
 - Child with special health needs
 - Family support
 - Protective services
 - No
- Does the child/family have medical insurance?
 - Medicaid
 - Private
 - Both Medicaid and Private
 - Uninsured
- Has this child been supported previously by SAG funding in your program?
 - Yes
 - Date of Last Grant Received
 - No
- Is this the child's first time in a child care setting?
 - Yes
 - No
 - Unsure

Child's Schedule

- Is this child currently attending your program?
 - Yes - When did this child begin attending your program?
 - No, unable to access without additional supports (Please explain)
- Please provide information on the number of hours the child attends your program or another program during the week. (Please note: Each field must be filled. Enter zeros as needed.)

	Monday	Tuesday	Wednesday	Thursday	Friday
Universal PreK Hours* (Act 166)					
Early Care and Education Hours (Not inclusive of Universal PreK hours)					
Afterschool Hours					
Total Hours					

- Have you reduced the child's enrollment hours or days due to difficulty meeting the child's needs?
 - Yes
 - No (Please explain)

Learning About the Child

- Please upload the Service/Health Provider Letter of Support if it was not submitted by the provider through the JotForm process (<https://hipaa.jotform.com/230244351146042>).
- Does the child have a current medical, developmental, or mental health condition?
 - Yes - Please specify the child's diagnosis.
 - No, the child does not have a diagnosis.
 - Unsure
- Has the child's diagnosed medical, behavioral, and/or developmental needs impacted the child's placement within your program (e.g., reduced hours, additional staffing, safety concerns)?
 - Yes – Please explain.
 - No
- Has the child previously been required to leave a child care setting due to the program's inability to meet the child's needs?
 - Yes – Please explain.
 - No
 - Unsure
- How often are there concerns about safety related to the child's participation and access to the classroom, including safety for themselves, their peers, or staff?
 - All of the time – Please explain.
 - Most of the time – Please explain.

- Half of the time – Please explain.
- Less than half of the time – Please explain.
- Never
- Describe the challenges the child experiences in the program (e.g., what is happening, how often, etc.).
- Is the child currently able to engage in developmentally appropriate relationships with peers?
 - All of the time
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - Not at this time – Please explain.
- Is the child currently able to form developmentally appropriate relationships with adults?
 - All of the time
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - Not at this time – Please explain.
- Is the child currently able to self-regulate their behavior in a developmentally appropriate way (e.g., with adult support)?
 - All of the time
 - Most of the time – Please explain.
 - Half of the time – Please explain.
 - Less than half of the time – Please explain.
 - Not at this time – Please explain.
- What strategies has your program tried to put in place to address the child's safety, behavior, and/or health concerns?
- How long has the program been managing the challenges/trying strategies?
 - Less than 3 months
 - 3 to 6 months
 - 6 to 12 months
 - 12+ months

Child's Support Team

- Please list the additional supports.
 - Program (See list below)
 - *Programs may include:
 - CIS Early Intervention
 - CIS Family Support
 - CIS Nurses
 - CIS Child Care Coordinator
 - CIS Early Childhood and Family Mental Health Consultant
 - Early Childhood Special Education (formally EEE)
 - School-Age Special Education
 - Mental Health Services/Counseling
 - Head Start/Early Head Start

- Children’s Personal Care Services
- DCF – FSD
- Speech and Language Pathologist
- Occupational Therapists
- Deaf and Hard of Hearing Specialists
- Home Health Autism Consult
- Applied Behavior Analysis (ABA) Services
- Personal Care Assistance (PCA)
- Name of Service Provider working with the child
- How often is the service provided at your child care program?
 - Never
 - Weekly
 - Bi-weekly
 - Monthly
- Where else are services provided for this child? (ex. child's home, public school, professional office, etc.)
- How would you describe your involvement with the child’s support team (ex., service providers, family, community partners, public school) around the resources needed to support the child in care?
 - Excellent – Please explain.
 - Adequate – Please explain.
 - Nonexistent – Please explain.
- Please upload a copy of the child’s plan (ex., IEP, One Plan, 504, Treatment Plan) updated within the last six (6) months. Please submit a screening or assessment if the child does not have a plan.

Page 6 – Child 2

Same questions as Page 5.

Page 7 – Child 3

Same questions as Page 5.

Page 8 – Child 4

Same questions as Page 5.

Page 9 - Funding Request Details

Programs may apply for a minimum of four (4) weeks through six (6) months based on the identified need in the application and available funding. Proposed grant start dates cannot be before the current RFGA round submission deadline. Please see FAQs for further details.

- What type of SAG funding are you applying for? (Please select all that apply.)
 - Adaptive Equipment or Materials
 - Specialized Training/Consultation
 - Individual Aide Services

Associated Costs: Adaptive Equipment or Materials

- Please list specific equipment/materials. These must be specific to the child's needs (i.e., age appropriate).
 - Name of Item (ex. high backed swing with rope)
 - Place of Purchase (ex. website address)
 - Cost of Equipment/Materials Being Requested (ex. 124.95)
- Total Amount Requested for Equipment/Materials (Not to exceed \$1,000.00)
- How will the equipment or materials support the program in meeting the child(ren) plan goals for successful inclusion in the program?
- How will you use these materials or equipment to support and benefit other children in your program?

Specialized Training/Consultation

- Please list the specific trainings/consultations.
 - Name of Specialized Training/Consultation
 - Date of Training/Consultation
 - Name of Instructor/Consultant
 - # Of Staff Participating
 - Cost of Training/Consultation
- Total Amount Requested for Training/Consultation (Not to exceed \$1,000.00)
- How will the training/consultation support the program in meeting the child(ren) plan goals for successful inclusion in the program (i.e., training descriptions, why the consultant was selected, expertise of the instructor)?

Individual Aide Services

Please Note: If hiring an individual aide, you must issue an offer of hire within 60 days from the grant award notification.

- Hourly rate for personnel
- Number of hours per week
- Number of Weeks
- Fringe Benefits
- Indirect Rate - Not to exceed 10% overhead costs.
- Total Amount Requested for Individual Aide Services
- Proposed Start Date
- Proposed End Date
- Who would be directly responsible for supervising the individual(s) hired with these funds?
- How will the individual assistant support the child's success in meeting the Child's Plan (One Plan/IEP/ treatment plan or program goals) for successful inclusion in the program?

-
- How do these additional supports increase inclusive practices in your child care program for all children?
 - Total SAG Funding Amount Requested From CDD

SAM.Gov Information

- Does your program have a SAM Unique Entity ID (UEI)?
 - Yes
 - SAM Unique Entity ID (UEI)
 - No
 - Have you requested a UEI at SAM.gov but not yet received the UEI?
 - Yes - If you have requested a UEI, but have not yet received it, you will need to attach a copy of the email from SAM.gov showing that you have requested the UEI and/or the help desk email confirmation regarding any follow-up on the issuance of a UEI.
 - No - The application cannot go further until a UEI is entered or an email showing a UEI has been requested and uploaded. Please visit <https://sam.gov/content/home> and select Get Started button in the Register Your Entity or Get a Unique Entity Id section in order to request a UEI.
- Does your program also have an active SAMS Registration? Please see SAM.gov for information on the difference between a UEI and an active registration.
 - Yes
 - No - If you do not have an active SAMS registration or it is in process, please upload a Signed Certification of Suspension and Debarment. See <http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=57422> for the form.
 - In process - If you do not have an active SAMS registration or it is in process, please upload a Signed Certification of Suspension and Debarment. See <http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=57422> for the form.

Risk Assessment

- What type of accounting system do you use for your business/organization?
 - Automated
 - Manual
 - Combination (Automated & Manual)
- Does your business or organization have an accounting system that allows you to completely and accurately track the receipt and disbursements of funds related to this grant award?
 - Yes
 - No
- Does your business or organization maintain policies which include procedures for assuring compliance with the terms of grant and contract awards?
 - Yes
 - No
- Does your business or organization have a system in place that will account for 100% of each employee's time, including 100% of each employee's time associated with this award?
 - Yes
 - No

- Did your business or organization have one or more audit findings in your last single audit regarding program non-compliance? A single audit is an organization-wide financial statement and federal awards' audit of a non-federal entity that expends \$750,000.00 or more in federal funds in one fiscal year.
 - Yes
 - No
 - Not Applicable - my business or organization did not meet the federal funding threshold for a single audit during any of the last three fiscal years and therefore has not had a single audit in the last three fiscal years.
- Did your business or organization have one or more audit findings in your last single audit regarding significant internal control deficiency?
 - Yes
 - No
 - Not Applicable - my business or organization did not meet the federal funding threshold for a single audit during any of the last three fiscal years and therefore has not had a single audit in the last three fiscal years.

Exceptions to the Standard State Granting/Contracting Provisions

- Are any exceptions to the Standard State Granting/Contracting Provisions (noted on page 15 – **STATE AND AGENCY CUSTOMARY CONTRACTING PROVISIONS** of the RFGA) being proposed?
 - Yes - If exceptions to the Standard State Granting/Contracting Provisions are being proposed, please explain.
 - No

Certificate of Insurance

The Certificate of Insurance must include the following minimum coverages:

- Workers Compensation
- General Liability and Property Damage
 - The policy shall be on an occurrence form and limits shall not be less than:
 - \$1,000,000 Each Occurrence
 - \$2,000,000 General Aggregate
 - \$1,000,000 Products/Completed Operations Aggregate
 - \$1,000,000 Personal & Advertising Injury
- Must have the State of Vermont listed as the Certificate Holder. Any State of Vermont address is allowable. Here is an example of one that may be used: State of Vermont, 280 State Drive, Waterbury, VT 05671
- Must include the State of Vermont and its agencies, departments, officers, and employees listed as additional insureds for general liability.

Upload a copy of your Certificate of Insurance

W-9 Form

- Upload a current W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>) for the child care or afterschool program. Must have an original signature and be dated within the last six months.

Page 11 – Certification & Submission

By submitting this application, you certify to the following:

- The information provided on this application is true and accurate.
- I understand that the information provided on this application may be verified by other programs, such as Child Care Licensing, prior to a grant award being issued.
- I agree that, as the Applicant, I must repay the grant or portion of the grant to the CDD if any grant funds received are based on incorrect representations made on this application or to the State related to this application.

Signature

Name

Job Title

Email

Submission Confirmation/Thank You Page

Your {form_title} submission has been received for {licenseeOrganization}.


Submission ID: {id}

If you want a copy of your entire submission, you must print/save the PDF version below. The confirmation email you receive will not contain any HIPAA-related information. **Please Note** - If you print or save the PDF, you are responsible for ensuring HIPAA compliance.

Feedback Survey: We want to hear from you! Please complete our [quick three \(3\) question survey](#) and tell us how this NEW application process worked for you.

Attachment K – Request for Extension (Sample)

<https://hipaa.jotform.com/230335650597055>



VERMONT
DEPARTMENT FOR CHILDREN AND FAMILIES
CHILD DEVELOPMENT DIVISION

Request For Extension

Special Accommodations Grant (SAG)

The Request for Extension form must be submitted 45 days before the end of the grant award period. The Request for Extension will allow a program to be considered to extend the grant award period to spend down the award funding (e.g., delay in hiring the 1:1 assistant), or they can request additional funding to continue the 1:1 assistant support for an additional six (6) months.

Programs requesting additional funding must have successfully submitted invoices on behalf of their current SAG grant for the previous four (4) months before completing this form. Funding will be approved at the State's discretion.

If you have questions about completing this form, please contact AHS.DCFDCDSAG@vermont.gov.

Grant Number: *

Current Start Date of Grant *

Current End Date of Grant *

Certification

Sign Here



First Name

Last Name

