



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
PO BOX 716
TRENTON, NJ 08625-0716

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CAROLE JOHNSON
Commissioner

NATASHA JOHNSON
Assistant Commissioner

Family Child Care Provider Stabilization Grant
Payment Agreement

Name of Program:

Owner/Sponsor Name:

Address: City: Zip:

If you are awarded a Stabilization Grant, you will be subject to the terms and conditions below. In accordance with Coronavirus Relief Fund requirements, _____ hereby accepts a payment in the amount of \$_____ and agrees to:

- 1. Complete and return all required documents in the time period specified.
2. Utilize the grant funding for the purpose(s) noted in the grant application, as it specifically relates to the purchase of materials, supplies and/or equipment, sanitizing services, or repairs to meet heighten health standards and additional expenses related to COVID-19 for the child care program.
3. Utilize the purchase and/or services exclusively for the center, site and/or location identified on the application.
4. Allow staff (DFD or designee) access to your facility to conduct an on-site inspection and verify purchase and/or services used with COVID-19 funds.
5. Funds must be used for costs incurred between September 1, 2020 and December 18, 2020 and must be used for COVID-19 related expenses. For a cost to be "incurred" under this award, performance of a COVID-required service or delivery of a COVID-related good must occur during that period and be necessary due to the ongoing public health emergency.
6. Submit receipts and documentation showing proof of purchase, service and/or repairs made during the time period above and no later than December 30, 2020.
7. Return any unspent funds to the Division of Family Development or its designee no later than December 30, 2020.
8. Any funds expended for any other purposes other than noted in the grant application are unallowable. Unallowable expenses must be repaid no later than December 30, 2020.
9. I authorize the NJDHS to provide information submitted in this application to other State entity/entities for Duplication of Benefits (DOB) analysis purposes, and I authorize the NJDHS to review information submitted by other State entities regarding an applicant for DOB analysis purposes.
10. In accepting these funds, the agency/provider hereby certifies that it has not received reimbursement and/or funds for the expenses for which it has applied from any other source including, but not limited to, commercial or private insurance, or COVID-19 relief funding, or other public funds.

My signature below represents my understanding and acknowledgement of the terms and conditions subject to my acceptance of this payment:

Director/Owner Signature

Date

Please return this form, along with your application and affidavit for funding consideration to Programs for Parents at FCC@programsforparents.org.