**NM Home Visiting COVID Relief Grant**

**Grant Description:**

Attention All NM Home Visiting Programs: The Early Childhood Education and Care Department is providing COVID relief funding to programs.

**Application Deadline: DATE, May 7, 2021 at 12 p.m.**

* Awards will be distributed based on available funding, interest, and the number of contracted families.
* Awards can be used to cover anticipated and previously incurred COVID-related expenses and costs as of July 1, 2020.
* Awards will be issued through a grant with a purchase order.
* Awards must be fully expended by June 30, 2021.
* Estimated awards are approximately $300 per contracted family.

**Funding is available for the following**:

1. Materials and equipment to support telehealth
2. Health and Safety such as PPE for programs and families
3. COVID-related economic hardships such as under enrollment due to COVID restrictions
4. Family engagement activities and other family supports

**Program Name:**

Person Completing Application:

Counties served:

Current Number of contracted families:

Current Number of home visiting staff:

Current number of other program staff:

CEO/Director Name (Print Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funds Requests**

Please describe how you will use the funds, including a brief justification of need

By signing below, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the information in here is true and correct.

Name of Fiscal Agent/Fiscal Manager:

E-Signature of Fiscal Agent/Fiscal Manager: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_