

**Workforce Retention Grant Attestations for Programs**

The following attestations must be completed by the program in the application.

- I agree that the program is open/ operating and has at least one child actively enrolled. If a SACC program, I agree that I will be operational and serving at least one child in person on the first full week of local school instruction, but in no instance later than 9/20/23.
- I agree that retention bonus payments to eligible staff will be equal to the amounts listed in the per staff amounts in this SOI Section III. Grant Award Amounts.
- I agree that I have confirmed with all eligible staff included on my application that no other programs have already applied and included that staff in their application or that the staff have not already received a retention bonus under this grant.
- I agree that all staff indicated on my grant application are currently working at my physical program location for an average of 15 hours per week (10 for SACCs) in eligible titles, child caring roles per SOI Section VII. Staff Eligibility Requirements and have state and federal taxes withheld from their paycheck.
- I agree to provide all staff bonus funds directly to my eligible staff at the required levels and pay at least 50% of the retention bonus to all eligible staff within 45 days and the remaining funding of the payment within 90 days of receiving the staff retention funds. If I operate a SACC program that is applying during a planned school break, I agree payments will be issued to eligible SACC program staff within 45 days after resuming operations during the school calendar year or returned to OCFS if the program does not resume operations as outlined herein.
- I agree to submit all Expense Report forms as required by OCFS by the deadlines given.
- I agree that if a staff person rejects the bonus payment, the payment amount will be used for recruitment activities and will be reported to OCFS in the expense report.
- I agree that if a staff person leaves between the first retention bonus payment and second retention bonus payment, the funds will be used for recruitment activities and reported in the OCFS Expense Report.



- I agree to maintain all child care program eligibility requirements as outlined in Section IV throughout the grant period and if my program status changes, I agree to contact my regulator immediately to report those changes. I agree that if my program goes inactive or closes within 45 days of receiving any grant payment, I must return 100% of the Workforce Retention and recruitment Grant funds in that payment.
- I agree to accept families receiving funding through the Child Care Assistance Program (subsidy), though providers will not be required to maintain families receiving subsidy throughout the duration of the grant if the families chose another provider.
- I agree to provide my employees with any needed documentation for their application or for continued receipt of any public benefits including providing letters, payroll records or other assistance, to demonstrate their income and grant payments received under this SOI.
- I agree to the terms and conditions in Appendix A, Standard Clauses for New York State Contracts.
- My child care program agrees to maintain compliance with applicable laws and regulations.
- I understand that at any time, I may be asked to produce records for verification including receipts and proof of payment purposes upon audit of any Workforce Retention funds.
- I agree to provide information and supporting documents as requested.
- I agree to provide, for audit purposes, access to the child care program for which this application is submitted, information and documentation related to the application and use of funds, and access to interview child care staff members in connection with this application and the use of funds received.
- I must retain supporting documentation for a period of five years and promptly submit them to OCFS upon request.
- I understand that providing false or inaccurate information on the application or improper use of funds will result in the return or repayment of funds.
- I agree to repay funds as required by OCFS.
- I agree to report the use of funds received to OCFS or its agents upon request.



- I agree I will not reduce typical salary or benefits to staff of my child care program for the duration of the grant payment term. For each staff person of the child care program, I agree to pay at least the same amount in typical weekly wages and maintain the same benefits (such as health insurance and retirement, if applicable) or the duration of this workforce retention grant.
- I agree to prevent any involuntary furlough of employees from the date of application submission through the duration of the grant period.
- I agree that I cannot use Workforce Retention Grant funds to pay for expenses expressly covered by another external source, or to supplant other federal or state funds issued.
- I understand I must spend all Workforce Retention Grant funds by September 1, 2024.
- I have read and agree to the terms and conditions and am an authorized person to submit the application.