



CITY OF PERRIS

Childcare Assistance Program (CAP)

Facility Interest Form

The City of Perris was awarded funds from the American Rescue Plan Act (ARPA) to provide COVID-19 relief efforts to assist with temporary financial assistance for childcare services for up to (3) three months. Please complete this Facility Interest Form if your licensed facility is interested in becoming a City approved licensed childcare facility for the Childcare Assistance Program (CAP). Return the completed form with the required documents to the City of Perris Community Services - Public Health Division located at **101 North D St. Perris, CA 92570** or electronically to cap@cityofperris.org.

PLEASE PRINT CLEARLY

Facility: _____ Date: _____

Facility Address: _____

Childcare Provider License #: _____

City: _____ State: CA Zip Code: _____

Contact Name: _____

Contact Title: _____

Phone Number () _____ Email: _____

1. Do you currently have a waitlist for families? Yes No

If so, how long is the waitlist _____

2. Is the facility providing services through Riverside Office of Education? Yes No

3. Is the facility currently using ARPA funds to cover tuition costs? Yes No

4. On average how many children does your organization have in one day? _____

5. What is your facilities capacity? _____

6. Do you have additional copayment fees aside from childcare costs? Yes No

If so, what type of fees _____

In addition to the completed interest form the City of Perris requires interested childcare facilities to submit the following documents:

Childcare Facility License Schedule of Fees Proof of Insurance Policy & Guidelines W-9 Form