

**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA)  
and  
Child Enrollment Acknowledgement Form**

County: Provider Name:

NJCCIS # OOL License#:

Email Address: Phone #

*As of March 2021 please inform of the following:*

Total Number of Children Enrolled: Number Receiving Subsidy:

Did you receive a Stabilization Grant? Yes No

Please check all applicable expenses and inform how you plan to use the supplemental payment:

**COVID 19 Expense**

**Supplemental Payment Plan**

Waive Full or Partial Subsidy Rate Difference Cost of Care

PPE Supplies (Gloves, Masks, Shoe Cover, thermometer, Sneeze Guards)

Sanitizing and Cleaning Supplies/Services

Air Sanitizer/Purifier Equipment

Touch-less Sensor Installation (door, water, hand dryer, etc.)

Toys

Carpet Replacement or Cleaned

Other:

Name: Title:

Signature: Date: