MASSACHUSETTS
Department of
Early Education and Care

EEC Commonwealth Cares for Children (C3)

May Application

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Family Child Care Program Application

Instructions

Welcome to the Massachusetts Commonwealth Cares for Children (C3) application.

Applications submitted in November are used to determine regular monthly C3 payments to provide stability and predictability to the field. Programs are strongly encouraged to recertify on a monthly basis. All recertifications must be submitted within the quarter to receive payments for the months within that quarter.

Getting started with your monthly C3 application

Each program site must complete an individual application to be considered for funding. Multi-site agencies can use their existing LEAD logins to submit program applications, but an application must be completed for each individual program site.

Programs should complete the full application to request funds and then must confirm key application information each month to continue receiving monthly payments for the duration of the fiscal year. For more information on the plan and timing for data collection, click here.

If you have trouble completing the application, please contact support.

Program Information

[Auto-Populated from LEAD Portal]

Provider Details

Program Provider Number:

Provider Name:

Provider Type:

Licensed Capacity:

Provider Address:

Please indicate the month that you are applying to start your monthly payments. Please note that your site must be open and have enrolled children during the month for which you are applying to start your monthly payments and all information provided in your application must be correct for that month. Once you have submitted the application for your first month, you will be asked to recertify the information for each following month.

In what language would you like to receive grant email communications?

a) English
b) Spanish
c) Portuguese
d) Chinese (simplified)

Primary Contact Details

Email address:

Phone number:

Title:

Demographics

EEC is collecting the following information on FCC Operators.

Gender: How do you identify?

a) Female
b) Male
c) Non-binary
d) Prefer to self describe below: please self describe
e) Prefer not to disclose

Race/Ethnicity: How would you describe your race/ethnicity? Please check all that apply.

Note: We ask about race and ethnicity in compliance with M.G.L. Chapter 6A Section 109. Answering this question is optional and your answer will have no impact on your C3 funding. We are committed to protecting your privacy and ensuring the confidentiality of any personally identifiable information you choose to share. We will ensure any information that is reported will be shared in a way that prevents identification of any individuals.

a) American Indian or Alaska Native
   Navajo Nation; Blackfeet Tribe of the Blackfeet Indian Reservation of Montana; Native Village of Barrow Inupiat Traditional Government; Nome Eskimo Community; Aztec; Maya; Other
b) Asian
   Chinese; Japanese; Filipino; Korean; Vietnamese; Asian Indian; Laotian; Cambodian; Bangladeshi; Hmong; Indonesian; Malaysian; Pakistani; Sri Lankan; Taiwanese; Nepalese; Burmese; Tibetan; Thai; Other
c) Black or African American
   African American; Jamaican; Haitian; Nigerian; Ethiopian; Cape Verdean; Somali; Other
d) Latino
   Mexican; Puerto Rican; Cuban; Salvadoran; Dominican; Colombian; Guatemalan; Other
e) Middle Eastern or North African
   Lebanese; Iranian; Egyptian; Syrian; Iraqi; Israeli; Other
f) Pacific Islander
   Native Hawaiian; Guamanian; Samoan; Fijian; Tongan; Chamorro; Marshallese; Other
g) White or Caucasian
h) Other, please specify
i) Prefer not to answer

<u>Primary C3 Submitter Contact Details</u>

Please confirm if the person listed below is the staff member primarily responsible for submitting C3 recertifications. If the information is incorrect please enter the appropriate contact person.

Name:
Email Address:
Phone Number:

I confirm that the details added under the Primary C3 Submitter Contact Details are correct.

Operating Hours and Fee Schedule

Please review your hours of operation and tuition fees and update them, if needed.

What is the total number of hours your program is open and serving children per week?

a) My program is open and serving children less than 25 hours per week.
b) My program is open and serving children 25 hours per week or more.

Provider Fees and Schedules

Purpose of this information:

- Ensure up to date information for families available in the Child Care Search.
- For C3 funding purposes, programs are required to enter a Full Year, School Year, or Summer Schedule so EEC can validate hours of operation.
- Allows EEC to analyze tuition rates and understand trends and impacts on the child care market.

Directions: Please add or edit the schedule(s) that best describes when your program is open and enrolling children. For each schedule type, please enter the tuition rate and hours of operation. Your program may have more than one schedule type.

Add Schedule: Full Year Schedule, School Year Schedule, Summer Schedule, Temporary Schedule, Emergency Schedule, Evening Schedule, AM/PM Schedule, Weekend Schedule

Fee Schedule

Age Group:
Rate and Schedule Type
Fee Amount

Days and Hours of Operation

Day:
Start Time:
End Time:

I have reviewed my hours of operations and fee schedule and it is accurate to the best of my knowledge.

Program Enrollment Information

The questions below are related to program enrollment and tuition supports. Please update as needed.

This information will also be used to help EEC report on enrollment patterns statewide.

How many children were enrolled in your program on the first of the month by age?

Age	**# of Children Enrolled Part-time (less than 25 hours per week)** *(If you have children enrolled in care for less than 25 hours per week, all of those enrolled children should appear in the part-time column here.)*	**# of Children Enrolled Full-time (25 hours or more per week)** *(If you have children enrolled in care for 25 hours or more per week, all of those enrolled children should appear in the full-time column here.)*
Infants (0-15 Months)		
Toddlers (15 Months – 2 Years, 9 Months)		
Preschoolers (2 Years, 9 Months – Kindergarten)		
School-age		
Total # of children enrolled on the first of the month	*Auto-calculates from above*	*Auto-calculates from above*

Not including EEC child care financial assistance (state subsidies), what types of support does your program offer to reduce tuition costs for the families you serve?

a) No, we do not provide financial supports to families
b) Reduced tuition to families based on family income, for example through scholarships or a sliding fee scale
c) Reduced tuition to families working in particular professions (not including your own educators and staff)
d) Reduced tuition for your program staff
e) Reduced tuition for siblings
f) Reduced tuition for veterans or active military personnel
g) Accept other externally funded scholarships or grant programs (such as employer, municipal, tribal, philanthropically funded) or other local financial assistance
h) Other, please specify *(This can include other ways you support reducing tuition for families including participating in the Commonwealth Preschool Partnership Initiative*

(CPPI), Boston's Universal Pre-K Program or other program/initiatives that offset costs for eligible families.)

[Only for programs that selected an option other than "No, we do not provide financial supports to families"] Not including children receiving EEC child care financial assistance (state subsidy), how many children in your program are currently receiving a discount of 50% or more of your standard tuition rate, due to the supports indicated in the previous question? Please enter the number of part-time children and full-time children receiving these discounts separately below.
Note: For example, if your part-time preschool tuition rate is $1,000 a month and two part-time children receive a discount of $500, you should input 2 children in the "part time" box below. If your full-time preschool tuition rate is $1,600 a month and two children receive a discount of $800, you should input 2 children in the "full time" box below.

Number of PART-TIME children receiving a discount of 50% or more *(Reminder: Part-time includes children enrolled in your program for less than 25 hours per week.)*	**Number of FULL-TIME children receiving a discount of 50% or more** *(Reminder: Full-time includes children enrolled in your program for 25 hours per week or more.)*

Please complete the following table to provide details about the scholarships received by children indicated above. Please also attach documentation of family payments of fees reflecting these scholarships, sliding tuition scale, or other tuition discount here. (Hover text) "Please upload the most recent paid invoice for each child verifying payment at the reported rate. **All personal information should be redacted.** Please also include any publicly available documents that describe the program supporting the discount, such as the scholarship, sliding fee scale, etc., if available."

Participant #	**Full tuition for child's schedule and age**	**Discounted Tuition**	**% Discount**
	[weekly or monthly rate]	[weekly or monthly rate]	*Auto-calculates*
[button to upload documents for each participant verifying payment amount]			

Not including children receiving EEC child care financial assistance (state subsidy), do you offer child care tuition discounts to your staff's children?

a) Yes
b) No

[Only for programs that selected "Yes" to "Do you offer tuition discounts to staff's children?"] How many children of your staff are currently receiving child care tuition discounts, not including children receiving EEC child care financial assistance (state subsidy)?

[Only for programs that selected “Yes” to “Do you offer tuition discounts to staff’s children?”] How much of a child care tuition discount do you offer your educators/assistants/staff? Please check all that apply if this varies by staff.

a) 1 to 24%
b) 25% to 49%
c) 50% to 75%
d) 75% to 99%
e) Full tuition is covered

Staff Information

EEC would like to understand how this funding is being used to invest in staff. All salary information will be used to evaluate the impact of the C3 program on educator compensation across the Commonwealth.

Do you have any EEC Regular or Certified FCC assistants that work with you in your program?

a) Yes
b) No

[Only for programs that selected "Yes" to "Do you have any FCC assistants..."] How many EEC Regular or Certified assistants work with you in your program? Please do not count volunteers or interns.

Please fill out the following information for each assistant that works for you.

Provider Number (e.g. P-123456)	Average Hours per Week	Hourly Wage	Upload Documentation of Assistant's Schedule	Upload Proof of Payment

Attestation

By signing this application, I am certifying that I will meet all requirements of the C3 program throughout the period during which I receive this funding, including the following:

A. I am currently open and actively enrolling children.
B. I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities.
C. I will ensure that copayments and tuition payments remain affordable for families enrolled in the child care program and will avoid unnecessary increases in tuition.
D. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider) I will ensure that compensation, including salaries and benefits, is sufficient to support reasonable living standards and that increases in compensation are available to support educators who increase their professional skills.
E. I will not use C3 funds as a basis for royalty payments or any other payments to a corporate entity.
F. I understand if evidence of misrepresentation or fraud is found EEC has the right to hold or cease payment and recoup funds.
G. I understand if there are unaddressed non-compliances EEC has the right to hold or cease C3 funds until they are addressed.

Banking Information

[Auto-populated from LEAD Portal/Initial Application]

Account Details

To provide payments, we need to gather some information from you about your payment preferences and banking information.

How would you like to receive your payment? Please be advised that electing paper checks instead of EFT may delay payments due to processing and mailing.

a) Check (by mail)
b) EFT (electronic funds transfer)

Account Holder Information

Legal Name

Account Holder Address

Which address do you want your payment to be received?

Enter the account holder's Tax Identification Number (9 digit EIN or SSN).

a) Employee Identification Number (EIN)
b) Social Security Number (SSN)

Current Financial Institution

Financial Institution Name

Routing Number

Confirm Routing Number

Account Number

Confirm Account Number

Account Type

b) Savings
b) Checking

W9 Details

[Auto-populated from LEAD Portal/Initial Application]

Taxpayer Information

For security purposes, programs will need to provide information in order to receive payment. The questions in this section are from the IRS W9 form. The IRS W9 form has directions for filling out specific questions beginning on page 2 of the form.

Identification Details

Name

Business Name, if different from above

Taxation Details

What is the federal tax classification of your program?

a) Individual/sole proprietor or single-member LLC
b) C Corporation
c) S Corporation
d) Partnership
e) Trust/estate
f) Limited liability company
g) Other

Exemptions

Note: Codes apply only to certain entities, not individuals. Applies to accounts maintained outside the U.S.

Exempt payee code (if any)

Exemption from FATCA Report (if any)

Taxpayer Address

Is the legal name on the W9 different from your legal name and address on your bank account information?

Contact Details

Email Address

Phone Number

Taxpayer Identification Number (TIN)

Which type of Identification number you are holding? *Note: Depending on the tax classification of your program, you should provide a social security number or employee identification number to ensure your program is able to receive payment. If you have not created an Employee Identification Number for your business, you should provide your*

Social Security Number. For full directions on how to provide this information, please click here.

b) Social Security Number
b) Employee Identification Number

Under penalties of perjury, I certify that:

☐ The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me)
☐ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding
☐ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding
☐ I am a U.S. citizen or other U.S. person.
☐ The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

Signature of a U.S. Person:

Review & Summary

Center-Based Child Care Program Application

Instructions

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Programs should complete the full application to request funds and then must confirm key application information each month to continue receiving monthly payments for the duration of the fiscal year. For more information on the plan and timing for data collection, click here.

If you have trouble completing the application, please contact support.

Program Information

[Auto-Populated from LEAD Portal]

Provider Details

Program Provider Number:

Provider Name:

Provider Type:

Licensed Capacity:

Provider Address:

Please indicate the month that you are applying to start your monthly payments. Please note that your site must be open and have enrolled children during the month for which you are applying to start your monthly payments and all information provided in your application must be correct for that month. Once you have submitted the application for your first month, you will be asked to recertify the information for each following month.

In what language would you like to receive grant email communications?

a) English
b) Spanish
c) Portuguese
d) Chinese (simplified)

Primary Contact Details

Email address:

Phone number:

Title:

Primary C3 Submitter Contact Details

Please confirm if the person listed below is the staff member primarily responsible for submitting C3 recertifications. If the information is incorrect please enter the appropriate contact person.

Name:

Email Address:

Phone Number:

I confirm that the details added under the Primary C3 Submitter Contact Details are correct.

Operating Hours and Fee Schedule

Please review your hours of operation and tuition fees and update them, if needed.

What is the total number of hours your program is open and serving children per week?

a) My program is open and serving children less than 25 hours per week.
b) My program is open and serving children 25 hours per week or more.

Provider Fees and Schedules

Purpose of this information:

- Ensure up to date information for families available in the Child Care Search.
- For C3 funding purposes, programs are required to enter a Full Year, School Year, or Summer Schedule so EEC can validate hours of operation.
- Allows EEC to analyze tuition rates and understand trends and impacts on the child care market.

Directions: Please add or edit the schedule(s) that best describes when your program is open and enrolling children. For each schedule type, please enter the tuition rate and hours of operation. Your program may have more than one schedule type.

Add Schedule: Full Year Schedule, School Year Schedule, Summer Schedule, Temporary Schedule, Emergency Schedule, Evening Schedule, AM/PM Schedule, Weekend Schedule

Fee Schedule:
Age Group:
Rate and Schedule Type
Fee Amount

Days and Hours of Operation
Day:
Start Time:
End Time:

I have reviewed my hours of operations and fee schedule and it is accurate to the best of my knowledge.

Program Enrollment Information

The questions below are related to program enrollment and tuition supports. Please update as needed.

This information will also be used to help EEC report on enrollment patterns statewide.

How many children were enrolled in your program on the first of the month by age?

Age	**# of Children Enrolled Part-time (less than 25 hours per week)** *(If you have children enrolled in care for less than 25 hours per week, all of those enrolled children should appear in the part-time column here.)*	**# of Children Enrolled Full-time (25 hours or more per week)** *(If you have children enrolled in care for 25 hours or more per week, all of those enrolled children should appear in the full-time column here.)*
Infants (0-15 Months)		
Toddlers (15 Months – 2 Years, 9 Months)		
Preschoolers (2 Years, 9 Months – Kindergarten)		
School-age		
Total # of children enrolled on the first of the month	*Auto-calculates from above*	*Auto-calculates from above*

How many classrooms do you have open right now by age?
Note: Mixed-age classrooms should be counted by the youngest age group served. For example, an infant/ toddler classroom would be included in the count of classrooms serving infants, not toddlers.

Age	**Number of Classrooms**
Infants (0-15 Months) *Count all classrooms that enroll infants, even if other ages are enrolled as well*	
Toddlers (15 Months – 2 Years, 9 Months) *Count all classrooms that enroll toddlers, even if other ages are enrolled as well*	
Preschoolers (2 Years, 9 Months – Kindergarten) *Count all classrooms that enroll preschoolers, even if other ages are enrolled as well*	

School-age *Count all classrooms that enroll school-age children, even if other ages are enrolled as well*	
Total Classrooms	*Auto-calculates from above*

Not including EEC child care financial assistance (state subsidies), what types of support does your program offer to reduce tuition costs for the families you serve?

a) No, we do not provide financial supports to families
b) Reduced tuition to families based on family income, for example through scholarships or a sliding fee scale
c) Reduced tuition to families working in particular professions (not including your own educators and staff)
d) Reduced tuition for your program staff
e) Reduced tuition for siblings
f) Reduced tuition for veterans or active military personnel
g) Accept other externally funded scholarships or grant programs (such as employer, municipal, tribal, philanthropically funded) or other local financial assistance
h) Other, please specify *(This can include other ways you support reducing tuition for families including participating in the Commonwealth Preschool Partnership Initiative (CPPI), Boston's Universal Pre-K Program or other program/initiatives that offset costs for eligible families.)*

[Only for programs that selected an option other than "No, we do not provide financial supports to families"] Not including children receiving EEC child care financial assistance (state subsidy), how many children in your program are currently receiving a discount of 50% or more of your standard tuition rate, due to the supports indicated in the previous question? Please enter the number of part-time children and full-time children receiving these discounts separately below.
Note: For example, if your part-time preschool tuition rate is $1,000 a month and two part-time children receive a discount of $500, you should input 2 children in the "part time" box below. If your full-time preschool tuition rate is $1,600 a month and two children receive a discount of $800, you should input 2 children in the "full time" box below.

Number of PART-TIME children receiving a discount of 50% or more *(Reminder: Part-time includes children enrolled in your program for less than 25 hours per week.)*	**Number of FULL-TIME children receiving a discount of 50% or more** *(Reminder: Full-time includes children enrolled in your program for 25 hours per week or more.)*

Please complete the following table to provide details about the scholarships received by children indicated above.

Please also attach documentation of family payments of fees reflecting these scholarships, sliding tuition scale, or other tuition discount here. (Hover text) "Please upload the most recent paid invoice for each child verifying payment at the reported rate. **All personal information should be redacted.** Please also include any publicly available documents that describe the program

supporting the discount, such as the scholarship, sliding fee scale, etc., if available." [Auto-populated from initial application]

Participant #	Full tuition for child's schedule and age	Discounted Tuition	% Discount
	[weekly or monthly rate]	[weekly or monthly rate]	*Auto-calculates*
[button to upload documents for each participant verifying payment amount]			

Not including children receiving EEC child care financial assistance (state subsidy), do you offer child care tuition discounts to your staff's children?

a) Yes
b) No

[Only for programs that selected "Yes" to "Do you offer tuition discounts to staff's children?"] How many children of your staff are currently receiving child care tuition discounts, not including children receiving EEC child care financial assistance (state subsidy)?

[Only for programs that selected "Yes" to "Do you offer tuition discounts to staff's children?"] How much of a child care tuition discount do you offer your educators/assistants/staff? Please check all that apply if this varies by staff.

a) 1 to 24%
b) 25% to 49%
c) 50% to 75%
d) 75% to 99%
e) Full tuition is covered

Staff Information

EEC would like to understand how this funding is being used to invest in staff. All salary information will be used to evaluate the impact of the C3 program on educator compensation across the Commonwealth.

Please report on the total number of Full-time Equivalent staff (FTEs) currently working in a given role and the salary ranges by role.

Note: Please consider full time as >30 hours/week; for staff working fewer than full time hours calculate their FTE as the percentage of full time worked (i.e. if full time is 36 hours/ week, someone working 18 hours would be counted as a .5 FTE). If a staff member is working in multiple roles, please divide their time accordingly across the two roles (i.e. if Teacher/ Director is full time but works half their time as a teacher and half their time in the director role, each of these roles would be assigned a .5 FTE for this person). Note: We are not asking for the number of people in each role. For example, if you have two half-time Assistant Teachers, this would count as 1 FTE.

If serving infants, toddlers, or preschoolers:

Role	FTE	Lowest Hourly Wage	Highest Hourly Wage
Assistant Teachers/Aides			
Teachers/Lead Teachers			
Center Director			
Assistant Leader			
Group Leader			
Site Coordinator			
Program Administrator			

Attestation

By signing this application, I am certifying that I will meet all requirements of the C3 program throughout the period during which I receive this funding, including the following:

A. I am currently open and actively enrolling children.
B. I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities.
C. I will ensure that copayments and tuition payments remain affordable for families enrolled in the child care program and will avoid unnecessary increases in tuition.
D. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider) I will ensure that compensation, including salaries and benefits, is sufficient to support reasonable living standards and that increases in compensation are available to support educators who increase their professional skills.
E. I will not use C3 funds as a basis for royalty payments or any other payments to a corporate entity.
F. I understand if evidence of misrepresentation or fraud is found EEC has the right to hold or cease payment and recoup funds.
G. I understand if there are unaddressed non-compliances EEC has the right to hold or cease C3 funds until they are addressed.

Banking Information

[Auto-populated from LEAD Portal/initial application]

Account Details

To provide payments, we need to gather some information from you about your payment preferences and banking information.

How would you like to receive your payment?

a) Check (by mail)
b) EFT (electronic funds transfer)

Account Holder Information

What legal name and address would you like to use?

a) I would like to use my program's legal name and address
b) I would like to use my umbrella's legal name and address

Legal Name/DBA Name

Account Holder Address

Which address do you want your payment to be received?

Enter the account holder's Tax Identification Number (9 digit EIN or SSN).

a) Employee Identification Number (EIN)
b) Social Security Number (SSN)

Current Financial Institution

Financial Institution Name

Routing Number

Confirm Routing Number

Account Number

Confirm Account Number

Account Type

a) Savings
b) Checking

W9 Details

[Auto-populated from LEAD Portal/initial application]

Taxpayer Information

For security purposes, programs will need to provide information in order to receive payment. The questions in this section are from the IRS W9 form. The IRS W9 form has directions for filling out specific questions beginning on page 2 of the form.

Identification Details

Name

Business Name, if different from above

Taxation Details

What is the federal tax classification of your program?

a) Individual/sole proprietor or single-member LLC
b) C Corporation
c) S Corporation
d) Partnership
e) Trust/estate
f) Limited liability company
g) Other

Exemptions

Note: Codes apply only to certain entities, not individuals. Applies to accounts maintained outside the U.S.

Exempt payee code (if any)

Exemption from FATCA Report (if any)

Taxpayer Address

Is the legal name on the W9 different from your legal name and address on your bank account information?

Contact Details

Email Address

Phone Number

Taxpayer Identification Number (TIN)

Which type of Identification number you are holding? *Note: Depending on the tax classification of your program, you should provide a social security number or employee identification number to ensure your program is able to receive payment. If you have not created an Employee Identification Number for your business, you should provide your*

Social Security Number. For full directions on how to provide this information, please click here.

a) Social Security Number
b) Employee Identification Number

Under penalties of perjury, I certify that:

☐ The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me)
☐ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding
☐ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding
☐ I am a U.S. citizen or other U.S. person.
☐ The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

Signature of a U.S. Person: