

EEC Commonwealth Cares for Children (C3)

Monthly 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.

CCFA Voucher Agreement Attestation

If you have an available spot in your child care program and a family receiving EEC child care financial assistance expressed interest in enrolling, would you be willing to work with a Child Care Resource and Referral (CCR&R) agency to enter into a voucher agreement?

(This attestation is only an acknowledgement of willingness to establish a voucher agreement and accept participants who receive Child Care Financial Assistance. Providers are not required to have a voucher agreement in place at this time.)

[] Yes, if my program has an available spot and a family receiving EEC child care financial assistance expressed interest in enrolling, I am willing to work with a Child Care Resource and Referral (CCR&R) agency to enter into a voucher agreement if my program does not already have one in place.

[] No, if I have an available spot in my program and a family receiving EEC child care financial assistance expressed interest in enrolling, I would not be willing to work with a Child Care Resource and Referral (CCR&R) agency to enter into a voucher agreement.

[] My program is unable to enter into a voucher agreement, and I would like to request an administrative review for an exemption.

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 / Center Directors.

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: How would you describe your race? Please check all that apply.

a) American Indian or Alaska Native
b) Asian
c) Black or African American

d) Native Hawaiian or Pacific Islander
e) White
f) Prefer not to disclose
g) Other, please specify

Ethnicity: Are you of Hispanic/Latino/Spanish origin?

a) Hispanic or Latino
b) Not Hispanic or Latino
c) Prefer not to disclose

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.

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*

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]

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

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

a) Savings
b) Checking

W9 Details [Auto-populated from LEAD Portal]

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:

Review & Summary

Center-Based Child Care Program Application

Instructions

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[] No, if I have an available spot in my program and a family receiving EEC child care financial assistance expressed interest in enrolling, I would not be willing to work with a Child Care Resource and Referral (CCR&R) agency to enter into a voucher agreement.

[] My program is unable to enter into a voucher agreement, and I would like to request an administrative review for an exemption.

Program Information

Provider Details [Auto-Populated from LEAD Portal]

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. [Auto-Populated from LEAD Portal]

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

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Name:

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Total # of children enrolled on the first of the month	*Auto-calculates from above*	*Auto-calculates from above*

Attestation

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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 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

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Exempt payee code (if any)

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Taxpayer Address

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Contact Details

Email Address

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☐ 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