



MA EEC

Prestador – Guia do usuário



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Login


Login



The Department of Early
Education and Care



Department of
Early Education and Care
The Commonwealth of Massachusetts



LEAD - EEC Provider Licensing Portal

The LEAD Portal is for EEC Licensed and Funded Programs to apply for and renew their license, respond to visits and investigations, submit transactions, access their Child Care Search information, and apply for grant funding.

Login

* Username

Username

* Password

Password

☐ Remember me [Forgot Password?](#)

Login

Click the Support Ticket link if you are having a problem logging into your account.

[Support Ticket](#)



Instruções

Acesse https://eeclead.force.com/EEC_Login

1. Digite seu nome de usuário LEAD e senha
2. Clique em **Login**



Principais itens

- Se você esqueceu sua senha, clique em **Forgot password? (Esqueceu a senha?)** e siga as etapas para redefinir sua senha
- Se você esqueceu seu nome de usuário ou se tiver problemas para fazer login em sua conta, clique em **Support Ticket (Tíquete de suporte)**

Página inicial

Early Education Care

1 Home Training Support JR

Welcome Josh Rosenburgh
Welcome to the Early Education Care portal.

Program Licensing
Apply for, Renew and Manage your program licensing activities and more.

CURRENT STATUS
Licensed

Staff Roster →

View Licensing

Child Care
View, update or manage child care profile page information

LAST UPDATED
20/05/2021

Update Program Profile

Grant Management 2

Instruções

1. Depois de fazer login, você acessará a página inicial
2. Role para baixo até encontrar o Grants Management Card (Cartão de gerenciamento de subsídios)



Principais itens

Clicar no botão View Grants (Visualizar subsídios) abrirá o sistema e o painel de gerenciamento de subsídios

Página inicial

Early Education Care

Home Training Support

JR

program licensing activities and more.

profile page information

CURRENT STATUS
Licensed

Staff Roster →

View Licensing

LAST UPDATED
20/05/2021

Update Program Profile

Grant Management
Apply for EEC Grants, track your approvals and manage related interactions

View Grants

Instruções


Clique no botão **View Grants (Visualizar subsídios)** no cartão **Grants Management (Gerenciamento de subsídios)**



Principais itens


Clicar no botão View Grants (Visualizar subsídios) abrirá o sistema e o painel de gerenciamento de subsídios

Página Grants (Subsídios)


 Early Education Care


Welcome Josh Rosenburgh

Please select the program you would like to log into from the options below.


Search Provider 


Search..

 **Bright Future Child Care**
121, street apt., Boston, NV 02203
TYPE : Large Group


PROVIDER STATUS
 Current


Log in

 **Rosenburgh, Josh**
test, Abington, MA 12121
TYPE : Family Child Care

PROVIDER STATUS
 Current

Log in

 **Test Kritika GSA**
22, 2, dd, Boston, MA 20222
TYPE : Large Group

PROVIDER STATUS
 Current

Log in

Instruções

Clique no botão **Log in** do programa desejado e você será redirecionado para a página **EEC ARPA Grants (Subsídios EEC ARPA)**

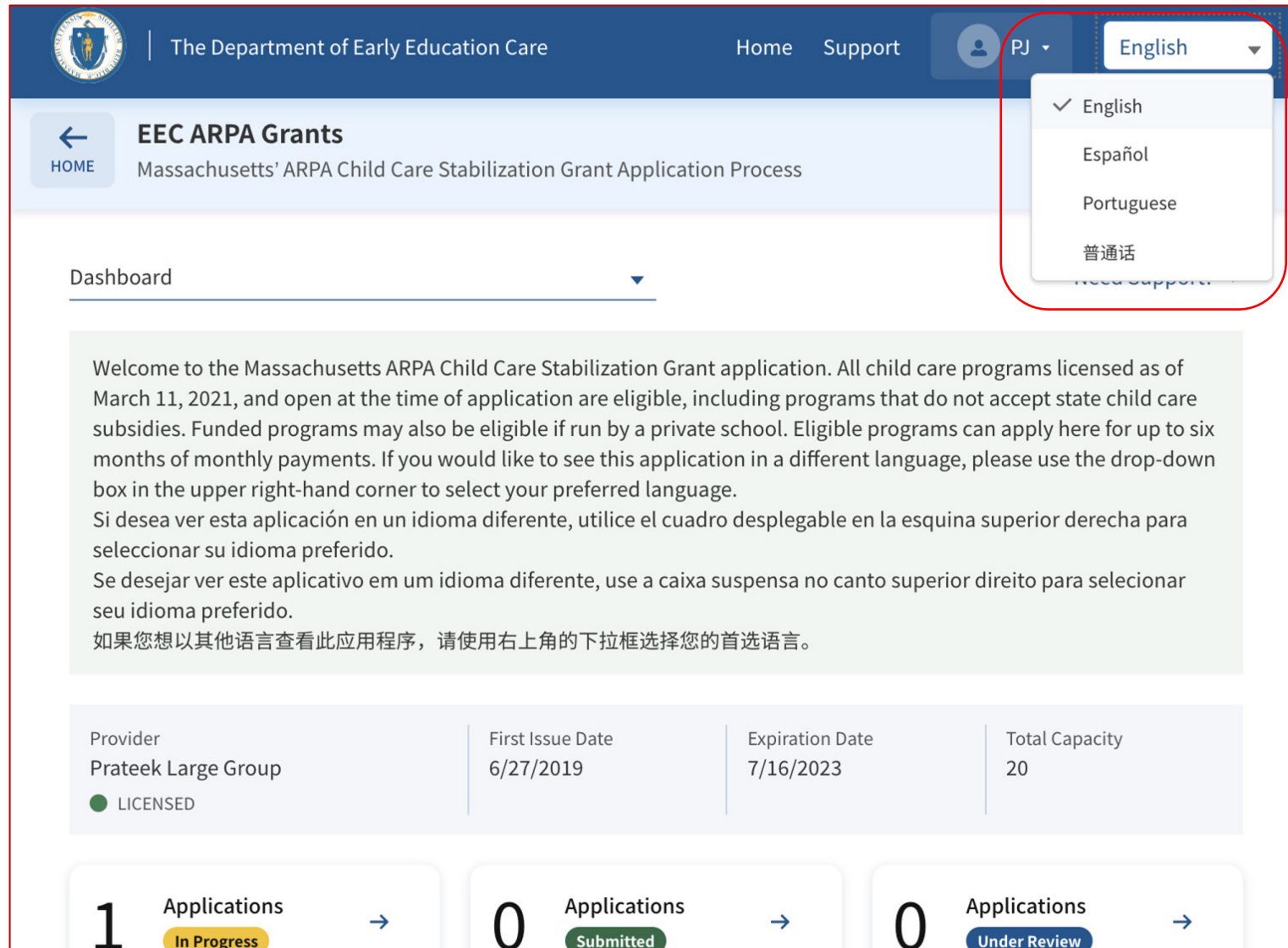


Principais itens

Se estiver registrado em muitos programas, busque pelo prestador utilizando a barra de pesquisa



Painel – Idiomas disponíveis



The screenshot shows the 'EEC ARPA Grants' page for the Massachusetts' ARPA Child Care Stabilization Grant Application Process. A red box highlights the language selection dropdown menu in the top right corner, which is currently set to 'English'. The dropdown menu lists four options: English (selected), Español, Portuguese, and 普通话.

EEC ARPA Grants
Massachusetts' ARPA Child Care Stabilization Grant Application Process

Dashboard

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021, and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly payments. If you would like to see this application in a different language, please use the drop-down box in the upper right-hand corner to select your preferred language.

Si desea ver esta aplicación en un idioma diferente, utilice el cuadro desplegable en la esquina superior derecha para seleccionar su idioma preferido.

Se desejar ver este aplicativo em um idioma diferente, use a caixa suspensa no canto superior direito para selecionar seu idioma preferido.

如果您想以其他语言查看此应用程序，请使用右上角的下拉框选择您的首选语言。

Provider	First Issue Date	Expiration Date	Total Capacity
Prateek Large Group ● LICENSED	6/27/2019	7/16/2023	20

1 Applications
In Progress →

0 Applications
Submitted →

0 Applications
Under Review →

Instruções


A solicitação de subsídio EEC ARPA está disponível em inglês, espanhol, português e mandarim. Clique na caixa suspensa no canto superior direito para selecionar o idioma de sua preferência




Principais itens

Essa mensagem também é exibida em vários idiomas, para ajudar os candidatos a trocar o idioma, se necessário. Na lista suspensa, você pode selecionar os idiomas inglês, espanhol, português e mandarim

Painel

The Department of Early Education Care

HomeSupport

PJ

English

Dashboard

Need Support?

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021, and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly payments. If you would like to see this application in a different language, please use the drop-down box in the upper right-hand corner to select your preferred language.

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Provider	First Issue Date	Expiration Date	Total Capacity
Prateek Large Group	6/27/2019	7/16/2023	20

LICENSED

1ApplicationsIn Progress→

0ApplicationsSubmitted→

0ApplicationsUnder Review→

Available Grants

Instruções

No painel, você encontrará:

- Solicitações em andamento - solicitações que foram iniciadas e salvas, mas não enviadas
- Solicitações enviadas - solicitações que foram enviadas
- Solicitações sob análise - solicitações enviadas e atualmente sob análise



Principais itens

O Painel de subsídios indicará o número de solicitações de subsídios em andamento, enviadas ou em análise



Envio da solicitação (Subsídios do Centro)

Subsídios disponíveis

Dashboard

My Applications

Need Support?

Log a Ticket

PHONE
[833-600-2074](tel:833-600-2074)

EMAIL
eecgrantsupport@mtxb2b.com

Available Grants

✓ You are currently eligible for grants [Apply Today](#)

START DATE	DUE DATE	STATUS
7/1/2021	12/31/2021	Open

Description

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly stipends. Applications will be accepted on a rolling basis. Programs should complete the full application to request funds and then confirm or update application information each month to continue receiving monthly payments. Programs should apply for this grant during the first month in the grant period (beginning in July 2021) that they are open and serving families. For example, programs that are not open in the summer should submit their application to start in September.

If you would like to see this application in a different language, please use the drop-down box in the upper right-hand corner to select your preferred language.

Si desea ver esta aplicación en un idioma diferente, utilice el cuadro desplegable en la esquina superior derecha para seleccionar su idioma preferido.

Se desejar ver este aplicativo em um idioma diferente, use a caixa suspensa no canto superior direito para selecionar seu idioma preferido.

如果您想以其他语言查看此应用程序，请使用右上角的下拉框选择您的首选语言。

To complete the application, you will need

- Your program ID
- Enrollment information as of the first of the current month
- Staffing information, including salary, benefits and additional stipends
- Scholarship information
- Monthly expenses (optional)

Instruções

Clique em **Apply Today (Solicitar hoje)** na seção **Available Grants (Subsídios disponíveis)**



Principais itens

Observe que, depois de iniciar uma solicitação, o botão “Solicitar hoje” será desativado, mas se você rolar para a parte inferior da tela poderá ver todas as solicitações em andamento e retornar a elas clicando em continuar

Instruções

Home Support

← ARPA DASHBOARD EEC ARPA Grants EEC ARPA Child Care Stabilization Funding Application

1 Instructions

2 Program Information

3 Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Instructions

Welcome to the Massachusetts' ARPA Child Care Stabilization Grant Funding Application. Eligible programs can apply here for up to 6 months of monthly funding. All licensed programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. If you would like to review the application process before completing the full application, a summary can be found [here](#).

Getting started with your grant application

Each program site must complete an individual application to be considered for funding. Multi-site agencies are able to 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 application information each month to continue receiving monthly payments for the duration of the grant period. Programs are able to update information on a monthly basis as needed and monthly funding may be adjusted based on new information provided.

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

Who is Eligible for the EEC ARPA Child Care Stabilization Grants?

- All programs licensed by EEC as of March 11, 2021 and open to serve children at the time of the application are eligible for this funding. Programs will not be penalized for a temporary COVID-related emergency closure that occurs during the grant period. Programs that do not offer services for families over the summer will be eligible during the month they open for services.
- Funded programs approved by EEC by March 11, 2021 and run by private schools that otherwise meet the conditions above will also be eligible for this funding.

Completing the application

Prior to completing the full application we recommend you ensure you have the necessary information available. This includes:

Need Support?

[Log a Ticket](#)

Instruções

1. Depois de clicar em **Apply Today (Solicitar hoje)**, você será redirecionado para a página **Instructions (Instruções)**
2. Leia todas as instruções que ajudarão a começar a sua solicitação de subsídio



Principais itens

Leia as instruções para entender os fundamentos do programa de subsídios e o que você precisará para preencher sua solicitação



Instruções

1

Instructions

2

Program Information

3

Operation Hours

4

Capacity Information

5

Staff Information

6

Equity Adjustment

7

Attestation

8

Banking Information

9

W9 Details

10

Review and Summary

summary can be found here.

Getting started with your grant application

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Completing the application

Prior to completing the full application we recommend you ensure you have the necessary information available.

This includes:

- Your program ID
- Enrollment information as of the first of the current month
- Staffing information, including salary, benefits and additional stipends
- Scholarship information
- Monthly expenses (optional)
- Banking and tax information

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

eecgrantsupport@mtxb2b.com

2

1

Cancel

Next

Instruções

1. Clique em **Next (Avançar)** para continuar
 - ou -
1. Clique em **Cancel (Cancelar)** para cancelar o processo de envio da solicitação



Principais itens

Não há itens principais



Informações do programa

Home Support

Instructions

2 Program Information

3 Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Program Information

* indicates required field

Provider Information

PROVIDER DETAILS

Program Provider - Number ¹ P-255907

Provider Name Prateek Large Group

Licensed Capacity (If your licensed capacity is incorrect, please complete a appeal form [here](#) to request a change). 2

Provider Type Large Group

Licensed Capacity 40

PROVIDER ADDRESS

Street Address Apt/Suite City

new st 2 Boston Road

State ZIP Code

MA 21212

* Monthly funding amounts will be calculated based on the information submitted in your application. You will have an opportunity to confirm or update your application information for each of the following months. Please indicate the month that you are applying to start your monthly grant. Please note that your site must be open to serve children during the month for which you are applying to start your monthly grant 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. Monthly funding amounts will be re-calculated if any updates are made in future months.

Select an Option

Need Support?

Log a Ticket

PHONE 833-600-2074

Instruções

Os campos somente para leitura foram preenchidos automaticamente, com base nas informações recebidas do LEAD:

- Detalhes do prestador
- Capacidade licenciada por faixa etária
- Endereço do prestador



Principais itens

- Se a sua capacidade licenciada estiver incorreta, clique no link sublinhado (que diz "here [aqui]") acima do campo "Licensed Capacity (Capacidade licenciada)" para ser redirecionado ao formulário de recurso
- Todos os campos com * são obrigatórios



Informações do programa

The screenshot shows the 'Program Information' section of a web form. On the left is a sidebar with steps 1-10: 1. Instructions (checked), 2. Program Information (active), 3. Operation Hours, 4. Capacity Information, 5. Staff Information, 6. Equity Adjustment, 7. Attestation, 8. Banking Information, 9. W9 Details, 10. Review and Summary. The main form has a header 'Program Information' and a note '* indicates required field'. It is divided into 'Provider Information' and 'Provider Address'. The 'Provider Information' section has a tooltip that reads: 'Provider numbers are required for all applicants as a unique identifier. This provider number was pre-populated based on your information in LEAD. You can find your program provider # on the EEC website childcare search tool here: https://eeclead.force.com/EEC_ChildCareSearch (If your licensed capacity is complete a appeal form here).'. The form fields include 'Program Provider - Number' (with a blue 'i' icon), 'Provider Name', 'Large Group' (set to 40), 'Street Address' (new st 2), 'Apt/Suite', 'City' (Boston Road), 'State' (MA), and 'ZIP Code' (21212). At the bottom, there is a note about monthly funding amounts and a 'Select an Option' dropdown. A 'Need Support?' section at the bottom left includes a 'Log a Ticket' link and a phone number: 833-600-2074.

Instruções

Observe que há ícones azuis, com a letra “i”, por toda a solicitação. Se você passar o mouse sobre esses ícones, poderá ver informações adicionais sobre como responder a essa pergunta específica



Principais itens

O Program Provider Number (Número do prestador do programa) é um identificador exclusivo. Clique no link a seguir para encontrar seu número de prestador do programa:

https://eeclead.force.com/EEC_ChildCareSearch



Informações do programa

Instructions

2 Program Information

3 Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Provider Information

PROVIDER DETAILS

Program Provider - Number

P-255907

Provider Name

Prateek Large Group

Licensed Capacity (If your licensed capacity is incorrect, please complete a appeal form [here](#) to request a change).

Provider Type

Large Group

40

PROVIDER ADDRESS

Street Address

new st 2

Apt/Suite

City

Boston Road

State

MA

ZIP Code

21212

* Monthly funding amounts will be calculated based on the information submitted in your application. You will have an opportunity to confirm or update your application information for each of the following months. Please indicate the month that you are applying to start your monthly grant. Please note that your site must be open to serve children during the month for which you are applying to start your monthly grant 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. Monthly funding amounts will be re-calculated if any updates are made in future months.

Select an Option

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

Select an Option

PRIMARY CONTACT DETAILS

Need Support?

Log a Ticket

PHONE

[833-600-2074](tel:833-600-2074)

EMAIL

Instruções

O primeiro campo que você precisa selecionar é o mês para o qual você está solicitando. Indique o mês para o qual você está preenchendo o seu pedido de subsídio inicial. Cada mês após a solicitação inicial exigirá que você recertifique ou atualize as informações enviadas na solicitação de subsídio do primeiro mês



Principais itens

O seu programa **deve estar aberto** para atender crianças no mês para o qual você está enviando sua solicitação de subsídio inicial, e todas as informações fornecidas devem estar corretas para o mês que você está solicitando. Os prestadores que estiverem abertos e atenderem aos critérios de elegibilidade podem solicitar subsídio a partir de julho



Informações do programa

home Support

Instructions

2 Program Information

3 Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

State MA ZIP Code 21212

* Monthly funding amounts will be calculated based on the information submitted in your application. You will have an opportunity to confirm or update your application information for each of the following months. Please indicate the month that you are applying to start your monthly grant. Please note that your site must be open to serve children during the month for which you are applying to start your monthly grant 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. Monthly funding amounts will be recalculated if any updates are made in future months.

Select an Option

July, 2021

August, 2021

September, 2021

October, 2021

November, 2021

December, 2021

gr grant email communications ?

er

* Title

DEMOGRAPHICS

EEC is federally required to collect the following information on FCC Operators / Center Directors:

* Gender: How do you identify?

Select an Option

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

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

Need Support?

Log a Ticket

PHONE 833-600-2074

EMAIL

Instruções

1. Clique no menu suspenso e selecione o primeiro mês de custeio para o qual você está se candidatando em sua solicitação inicial de subsídio
2. Os programas devem solicitar este subsídio para o primeiro mês do período do subsídio (julho de 2021) em que estiverem abertos e atendendo famílias. Por exemplo, programas que não abrem no verão devem enviar sua inscrição para começar em setembro



Principais itens

Os candidatos elegíveis podem se inscrever para até seis meses de custeio, a partir de julho

Os candidatos elegíveis para custeio a partir de julho devem escolher julho como o primeiro mês para a solicitação de subsídio



Informações do programa

The screenshot shows the 'Program Information' step of an EEC grant application. On the left is a sidebar with 10 steps: 1. Instructions (checked), 2. Program Information (active), 3. Operation Hours, 4. Capacity Information, 5. Staff Information, 6. Equity Adjustment, 7. Attestation, 8. Banking Information, 9. W9 Details, and 10. Review and Summary. The main form area is divided into three sections: 1. Language selection: 'In what language would you like to receive your grant email communications?' with a dropdown menu set to 'English'. 2. Primary Contact Details: Fields for '* Email address', '* Phone Number', and '* Title'. 3. Demographics: A section titled 'DEMOGRAPHICS' with a note 'EEC is federally required to collect the following information on FCC Operators / Center Directors:'. It includes a gender dropdown, a race section with checkboxes for American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White, Prefer not to disclose, and Other; and an ethnicity dropdown. At the bottom right are 'Previous' and 'Save and Next' buttons. A 'Need Support?' section at the bottom left provides a 'Log a Ticket' link, phone number (833-600-2074), and email address (eecgrantsupport@mtxb2b.com). Red numbers 1, 2, 3, and 4 are overlaid on the form to indicate the sequence of steps.

1. In what language would you like to receive your grant email communications ?
English

2. PRIMARY CONTACT DETAILS
* Email address * Phone Number * Title

3. DEMOGRAPHICS
EEC is federally required to collect the following information on FCC Operators / Center Directors:
* Gender: How do you identify?
Select an Option
* Race: How would you describe your race? Please check all that apply.
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Prefer not to disclose
☐ Other
* Ethnicity: Are you of Hispanic/Latino/Spanish origin?
Select an Option

4. Previous Save and Next

Need Support?
Log a Ticket
PHONE
833-600-2074
EMAIL
eecgrantsupport@mtxb2b.com

Instruções

1. Escolha seu idioma
2. Insira os detalhes do contato principal
3. Insira todas as informações necessárias
4. Clique em **Save and Next (Salvar e avançar)** para continuar



Principais itens

Para voltar à página anterior, clique em **Previous (Anterior)** (vale para toda a solicitação). Navegue pelas seções da solicitação clicando no número da etapa, no canto superior esquerdo da tela, em "Previous (Anterior)" ou em "Save and Next (Salvar e avançar)", na parte inferior da tela. Clicar no botão "voltar" em seu navegador pode lhe impedir de salvar as alterações



Horário de funcionamento

✓ Instructions

✓ Program Information

3 Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Operation Hours

* indicates required field

Provider Information

Your program has reported these rates and hours of operation on your site's consumer web page. Is this information correct and complete? If no, please correct your consumer web page [here.](#)

Please note this information will not affect your funding amount.

FEE SCHEDULE

Age Group	HOURLY		DAILY		WEEKLY		MONTHLY	
	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time

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.

Previous

Save and Next

Need Support?

Log a Ticket

PHONE
833-600-2074

Instruções

1. Consulte **Fee Schedule (Tabela de honorários)** e **Days and Hours of Operation (Dias e horas de operação)**, na seção Provider Information (Informações do prestador)
2. Se estas informações estiverem incorretas ou incompletas, clique no link para navegar até a sua página do consumidor EEC LEAD para fazer edições



Principais itens

Ao clicar no link, uma nova guia do navegador da web abrirá; conclua suas atualizações e feche a janela para voltar à solicitação; quaisquer alterações feitas aqui aparecerão na página do consumidor do seu site

Edição sobre assistência à criança

Some information on provider detail page is not editable and does not display on the edit screen. To view the profile with all available content included, click the view public profile link.

EXIT SAVE

Prateek Large Group

new st 2 Boston Road , MA 21212

[View public profile](#) | [Directions →](#)


Phone
prateek.b.joshi+sadfjwoe@mtxb2b.com

Email
prateek.b.joshi+sadfjwoe@mtxb2b.com


Current Enrollment Status
--None--

Map **Satellite**

OTHER DETAILS

Schedules and Fees  **1**

NOTE : Due to some providers offering multiple schedule options (i.e. "full-time", "summer only" etc.) more than one "Schedule Shift" may be displayed below (along with the associated "Hours of Operation" and "Fees" pertaining to each shift offered.)

Other Information 

Environment: ?

Transportation: ?


Available Schedule Options: ?

Special Needs: ?

Languages Spoken By Staff: ?


Meals: ?

Special Skills: ?

Accreditation 

Accreditation is a process that allows programs to be evaluated by meeting national standards. It gives programs the best opportunity to provide quality learning experiences for young children.

Provider Accreditation: ?

Financial Assistance Accepted 

Note that the data in this box is maintained by the provider through their Child Care Resource and Referral Agency.

Types Of Financial Assistance Accepted: ?

Instruções

Depois de clicar no link na seção Provider Information (Informações do prestador), você acessará a página do consumidor do EEC LEAD

1. Clique no ícone "Edit (Editar)" para editar ou criar os cronogramas e honorários do seu programa



Principais itens

Não há itens principais

Edição sobre assistência à criança

PROFILE EDIT

Some information on profile is not available until you have completed your profile.

Joshi, P

new st Boston Road, MA 02118

View public profile

Phone

Email

Schedules and Fees

Full Year Schedule

School Year Schedule

GO BACK

SAVE

OTHER DETAILS

Schedules and Fees

Other Information

Accreditation

Financial Assistance Accepted

Schedules and Fees

NOTE : Due to some providers offering multiple schedule options (i.e. "full-time", "summer only" etc.) more than one "Schedule Shift" may be displayed below (along with the associated "Hours of Operation" and "Fees" pertaining to each shift offered.)

Full Year Schedule

Temp/Emergency: Yes

Open Holidays: ? Yes

Accepts Children: ? Full-Time

Drop In Care Available: ? Yes

Extended Day option available: ? Yes

	HOURLY		DAILY		WEEKLY		MONTHLY		OTHER	
Age Group	Part	Full	Part	Full	Part	Full	Part	Full	Part	Full
Infant Age Group	\$20.00									
Toddler Age Group		\$40.00								

Instruções

Depois de clicar no ícone editar, na página do consumidor EEC LEAD, a janela pop-up "Schedule and Feed (Cronograma e honorários)" será aberta

1. Clique no ícone "mais"
2. Clique em **Save (Salvar)** para abrir a janela pop-up da solicitação



Principais itens

Como alguns prestadores oferecem várias opções de cronograma (ou seja, "tempo integral", "apenas verão" etc.), mais de um "Schedule Shift (Cronograma de turno)" pode ser exibido (juntamente com "Hours of Operation [Horas de operação]" e "Fees [Honorários]" associados a cada turno oferecido).

Edição sobre assistência à criança

Some information on provider detail page is not editable and does not display on the edit screen. To view the profile with all available content include:

EXIT SAVE

Schedules and Fees

Full Year Schedule

Temp/Emergency: Yes
Accepts Children: Full-Time
Extended Day option available: Yes
Open Holidays: Yes
Drop In Care Available: Yes

Age Group	Rate Type	Fee Amount
Infant Age Group	Hourly Part Time	20.00
Toddler Age Group	Hourly Full Time	40.00

Day	Start Time	End Time
Monday	09:45 AM	05:30 PM
Tuesday	09:45 AM	05:30 PM

ADD DAY ADD FEE DELETE

GO BACK SAVE

Age Group	Part	Full	Part	Full	Part	Full	Part	Full	Part	Full
Infant Age Group		\$20.00								
Toddler Age Group		\$40.00								

Day Start Time End Time

Instruções

1. Insira os detalhes necessários
2. Clique em **Save (Salvar)**; a solicitação será salva e você será redirecionado para "Child Care Page (Página de assistência à criança)"
3. Clique em **Go Back (Voltar)** para retornar à "Página de assistência à criança" sem salvar as informações
4. Clique em **Add Day (Adicionar dia)** e/ou **Add fee (Adicionar honorários)** para incluir mais detalhes



Principais itens

Informe o Fee Amount (Valor do honorário) apenas em formato numérico

Edição sobre assistência à criança

PROFILE EDIT
Some information on provider detail page is not editable and does not display on the edit screen. To view the profile with all available content included, click the view public profile link.

EXITSAVE

Test Kritika GSA

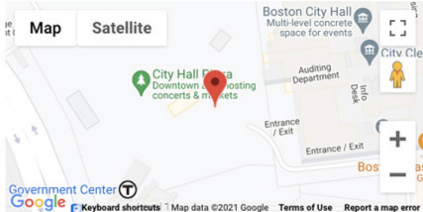
22 Boston , MA 20222

[View public profile](#) | [Directions →](#)

Phone

Email

Current Enrollment Status ?
--None--



OTHER DETAILS

[Schedules and Fees](#)

[Other Information](#)

[Accreditation](#)

[Financial Assistance Accepted](#)

Schedules and Fees

NOTE : Due to some providers offering multiple schedule options (i.e. "full-time," "summer only" etc.) more than one "Schedule Shift" may be displayed below (along with the associated "Hours of Operation" and "Fees" pertaining to each shift offered.)

Other Information

Environment: ?
Transportation: ?
Available Schedule Options: ?
Special Needs: ?
Languages Spoken By Staff: ?
Meals: ?
Special Skills: ?

Accreditation

Accreditation is a process that allows programs to be evaluated by meeting national standards. It gives programs the best opportunity to provide quality learning experiences for young children.

Provider Accreditation: ?

Financial Assistance Accepted: ?

Instruções

Clique no ícone “mais” para adicionar o cronograma e os honorários



Principais itens

Não há itens principais

Edição sobre assistência à criança

PROFILE EDIT

Some information on provider detail page is not editable and does not display on the edit screen. To view this profile with all available content include:

Joshi, P
new st Boston Road,
View public profile
Phone
Email

OTHER DETAILS

Schedules and Fees

Other Information
Accreditation
Financial Assistance

Environment: ?
Transportation: ?
Available Schedule Options: ?
Special Needs: ?
Languages Spoken By Staff: ?
Meals: ?
Special Skills: ?
Accreditation

Schedules and Fees

1

Schedule Type *
--None--

Open Holidays: ?
--None--

Drop In Care Available: ?
--None--

Temp/Emergency:
--None--

Accepts Children: ?
--None--

Extended Day option available: ?
--None--

Age Group
--None--

Rate Type
--None--

Fee Amount
--None--

Day
--None--

Start Time
--None--

End Time
--None--

4

3

2

GO BACK

SAVE

Instruções

1. Insira os detalhes necessários
2. Clique em **Save (Salvar)**; a solicitação será salva e você será redirecionado para "Child Care Page (Página de assistência à criança)"
3. Clique em **Go Back (Voltar)** para retornar à "Página de assistência à criança" sem salvar as informações
4. Clique em **Add Day (Adicionar dia)** e/ou **Add Fee (Adicionar honorários)** para incluir mais detalhes



Principais itens

Você não pode ter o mesmo tipo de cronograma duas vezes

Edição sobre assistência à criança

PROFILE EDIT

Some information on provider detail page is not editable and does not display on the edit screen. To view the profile with all available content included, click the view public profile link.

2

EXIT

SAVE

1

Test Kritika GSA

22 Boston , MA 20222

View public profile

Directions →

Phone

Email

Current Enrollment Status ?

--None--

Map

Satellite

Boston City Hall Multi-level concrete space for events

City Hall Downtown Boston

Auditing Department

Entrance / Exit

Entrance / Exit

Government Center

Map data ©2021 Google

Terms of Use

Report a map error

OTHER DETAILS

Schedules and Fees

Other Information

Accreditation

Financial Assistance Accepted

Schedules and Fees

NOTE : Due to some providers offering multiple schedule options (i.e. "full-time," "summer only" etc.) more than one "Schedule Shift" may be displayed below (along with the associated "Hours of Operation" and "Fees" pertaining to each shift offered.)

Other Information

Environment: ?

Transportation: ?

Available Schedule Options: ?

Special Needs: ?

Languages Spoken By Staff: ?

Meals: ?

Special Skills: ?

Accreditation

Accreditation is a process that allows programs to be evaluated by meeting national standards. It gives programs the best opportunity to provide quality learning experiences for young children.

Provider Accreditation: ?

Financial Assistance Accepted

Instruções

1. Clique em **Save (Salvar)**; uma janela pop-up aparecerá para confirmar que a solicitação foi salva. Clique em **Save (Salvar)**; a solicitação será salva
2. Clique em **Exit (Sair)**; uma janela pop-up será exibida para confirmar a saída da solicitação. Clique em **Exit (Sair)** para voltar à página "Operation Hours (Horário de funcionamento)"



Principais itens

Não há itens principais

Horário de funcionamento

✓ Instructions

✓ Program Information

3 Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Provider Information

Your program has reported these rates and hours of operation on your site's consumer web page. Is this information correct and complete? If no, please correct your consumer web page [here](#). ⓘ

FEE SCHEDULE

	HOURLY		DAILY		WEEKLY		MONTHLY	
Age Group	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Ful
Toddler Age Group		\$30.00						
Infant Age Group	\$20.00							
Kindergarten Age Group			\$20.00					

DAYS AND HOURS OF OPERATION

DAY	START TIME	END TIME
Monday	00:15 AM	10:15 PM
Wednesday	10:45 PM	07:30 PM
Thursday	10:45 AM	02:00 PM

Need Support?

Log a Ticket ↗

PHONE
800 (123 456)

EMAIL

1

2

3

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

Previous

Save and Next

Instruções

1. Revise as informações sobre “DIAS E HORÁRIO DE FUNCIONAMENTO”. (Esses detalhes são recuperados da página do consumidor do seu site)
2. Marque a caixa de confirmação
3. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Se você atualizou as informações de "Dias e horário de funcionamento" na página do consumidor do seu site, será necessário atualizar esta tela para ver as alterações nesta tela

Informações sobre capacidade

✓ Instructions

✓ Program Information

✓ Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Capacity Information

The following information will not affect your grant award. Information on enrollment will help EEC report on family access trends over the six month grant period.

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

Note: This information will **not** impact your funding calculation.

0-12 months	<input type="text" value="0"/>
13-24 months	<input type="text" value="0"/>
25-36 months	<input type="text" value="0"/>
3-4 years	<input type="text" value="0"/>
4-5 years	<input type="text" value="0"/>
5-6 years	<input type="text" value="0"/>
6-10 years	<input type="text" value="0"/>
Older than 10 years	<input type="text" value="0"/>
Total number of children enrolled on the first of the month	<input type="text" value="0"/>

Need Support?

Log a Ticket ↗

Instruções

Digite o número de crianças inscritas em seu programa no primeiro dia do mês por cada faixa etária listada. Por exemplo, se este programa solicitar custeio para julho e houver 10 bebês com menos de 12 meses inscritos no primeiro dia de julho, o número 10 deve ser inserido ao lado de 0-12 meses



Principais itens

Depois de preencher todas as diferentes faixas etárias, o sistema adicionará automaticamente os números de matrícula em cada faixa etária para informar seu número total de matrículas. Se o total estiver incorreto, revise sua contagem por faixa etária

Informações sobre capacidade

✓ Instructions

✓ Program Information

✓ Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Total number of children enrolled on the first of the month

0

* Does your program help families to pay for care (other than accepting child care subsidies from the state)? ⓘ

☒ Yes ☐ No

How many currently enrolled children receive help paying for your program (not including those that receive child care subsidies from the state)? ⓘ

0

What is the total amount of tuition support provided by your program or other sources (not including child care subsidy funds received from the state)? ⓘ

\$0.00

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.

Infants ⓘ	0
Toddlers ⓘ	0
Preschoolers ⓘ	0
School Age Children ⓘ	0
Total Classrooms	0

Need Support?

Log a Ticket ↗

PHONE
800 (123 456)

Instruções

Se o seu programa ajudar as famílias a pagarem pela assistência, responda "**Yes (Sim)**" para fornecer mais informações



Principais itens

Se o seu programa oferecer apoio adicional, além de subsídios para famílias, responda a essas perguntas adicionais. Elas podem incluir descontos para irmãos ou funcionários, bolsas de estudo, mensalidades em escala variável ou outros tipos de mensalidades reduzidas

Informações sobre capacidade

✓ Instructions

✓ Program Information

✓ Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

5

What is the total amount of tuition support provided by your program or other sources (not including child care subsidy funds received from the state)? ⓘ

\$100.00

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.

Infants ⓘ

0

Toddlers ⓘ

0

Preschoolers ⓘ

0

School Age Children ⓘ

0

Total Classrooms

0

Would you be willing to give us additional information about your monthly expenses? If so, report here how much money you spent last month on program expenses. This information will be used to inform EEC federal reporting and future grant opportunities. ⓘ

\$0.00

Previous

Save and Next

Need Support?

Log a Ticket ↗

PHONE
800 (123 456)

EMAIL

Instruções

Para prestadores baseados em centros, insira o número de salas de aula abertas atualmente no seu programa por faixa etária. Se uma sala de aula atender crianças em duas faixas etárias, leve em conta o grupo mais jovem aplicável

Principais itens

Por exemplo, se você tem uma sala de aula que serve bebês e crianças pequenas juntas, inclua a sala de aula na categoria bebê e **NÃO** na categoria criança pequena. Você verá o número total de salas de aula resumido na parte inferior da tela

29

Informações sobre capacidade

Instructions

Program Information

Operation Hours

4 Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

5

What is the total amount of tuition support provided by your program or other sources (not including child care subsidy funds received from the state)? ⓘ

\$100.00

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.

Infants ⓘ 0

Toddlers ⓘ 0

Preschoolers ⓘ 0

School Age Children ⓘ 0

Total Classrooms 0

1

Would you be willing to give us additional information about your monthly expenses? If so, report here how much money you spent last month on program expenses. This information will be used to inform EEC federal reporting and future grant opportunities. ⓘ

\$0.00

Need Support?

Log a Ticket ↗

PHONE
800 (123 456)

EMAIL

Previous Save and Next

2

Instruções

1. Você pode fornecer informações adicionais sobre suas despesas mensais com o programa
2. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Um relatório sobre o valor que você gastou no mês passado em despesas com o programa será usado para fundamentar os relatórios federais à EEC e futuras oportunidades de subsídios

Informações sobre capacidade

The screenshot shows a web form titled "Capacity Information" with a sidebar menu on the left containing 10 items: Instructions, Program Information, Operation Hours, Capacity Information (highlighted), Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details, and Review and Summary. The main form area contains several input fields: "Total number of children enrolled on the first of the month" (0), a question about subsidies with "Yes" and "No" radio buttons, "How many classrooms do you have open right now by age?" (0) with a note about mixed-age classrooms, "School Age Children" (0), "Total Classrooms" (0), and a field for monthly expenses (\$0.00). A "Confirmation" dialog box is overlaid in the center, asking "Do you want to continue with no children enrolled in your program on the first of the month by age?". It has "No" and "Yes" buttons, with the "Yes" button highlighted by a red rectangle. At the bottom of the form are "Previous" and "Save and Next" buttons. The top right of the page has "Home" and "Support" links. The bottom left has a "Need Support?" section with a "Log a Ticket" link and contact information: PHONE 833-600-2074 and EMAIL.

Instruções

Se o campo **Total number of children enrolled on the first of the month** (Número total de crianças matriculadas no primeiro dia do mês) for 0, uma janela de confirmação aparecerá após clicar em **Save and Next** (Salvar e avançar)

1. Clique em **Yes (Sim)** para prosseguir com a solicitação



Principais itens

Não há itens principais

Informações da equipe – crianças matriculadas

←

EEC ARPA Grants

ARPA DASHBOARDEEC ARPA Child Care Stabilization Funding Application

✓Instructions

✓Program Information

✓Operation Hours

✓Capacity Information

✓Staff Information

6Equity Adjustment

7Attestation

8Banking Information

9W9 Details

10Review and Summary

Staff Information

EEC would like to understand how this funding is being used to invest in staff. The only answer that will affect your grant award is the number of educators working directly with children. All salary information will be used to evaluate the impact of the grant 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	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Aides Teachers	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Lead Teachers	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Center Director	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

Need Support?

Instruções

Esta página aparecerá se você tiver crianças matriculadas no primeiro mês

1. Informe o número total de funcionários em tempo integral (Full-time Equivalent staff, FTEs) atualmente trabalhando em cada função e as faixas salariais por função



Principais itens

Será solicitado que prestadores baseados em centros forneçam uma contagem do número de funcionários em tempo integral, ou FTEs, em diferentes funções. Um FTE é um cálculo da porcentagem do serviço prestado pela sua equipe em tempo integral. Leia as instruções sobre como contar a equipe em tempo integral e como fornecer informações sobre salários



Informações da equipe – crianças matriculadas

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

If serving school-age children: ⓘ

ROLE	FTE	LOWEST HOURLY WAGE	HIGHEST HOURLY WAGE
Assistant Group Leader	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Group Leader	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Site Coordinator	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Program Administrator	<input type="text" value="0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

Do you have any other staff working directly with children and families you would like us to know about? If so, please describe here.

Do you use any federal or state funding to support the cost of these additional staff working with children and families?

☐ Yes ☒ No

* Which benefits does your organization offer to educators? ⓘ

<input type="checkbox"/> Paid Time off	<input checked="" type="checkbox"/> Health insurance	<input type="checkbox"/> Paid sick leave	<input type="checkbox"/> Dental insurance
<input type="checkbox"/> Disability	<input checked="" type="checkbox"/> Retirement (401k/403b)	<input type="checkbox"/> Paid parental leave	<input type="checkbox"/> Vision insurance
<input type="checkbox"/> Life insurance	<input type="checkbox"/> Flexible Spending Account (FSA)	<input type="checkbox"/> Tuition assistance	<input type="checkbox"/> Reduced cost child care
<input type="checkbox"/> Other	<input type="checkbox"/> None		

* In FY21, did you provide any additional stipends or bonuses beyond hourly wages?

☐ Yes ☒ No

* Please report the total compensation of your organization's highest paid employee from the most recent fiscal year. If you are a site that is managed by or has a financial relationship with an umbrella orga-

Need Support?

Log a Ticket ↗

PHONE

[833-600-2074](tel:833-600-2074)

Instruções

1. Preencher informações sobre a equipe
2. Marque “Sim” ou “Não” na pergunta sobre custeio federal/estadual
3. Marque todos os benefícios que sua organização oferece aos educadores
4. Marque “Sim” se você forneceu ajuda de custo ou bônus adicionais no ano fiscal de 2021



Principais itens

Para obter mais informações sobre como preencher esses campos, passe o mouse sobre os ícones de ajuda "I"

Informações da equipe – crianças matriculadas

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

Review and Summary

Need Support?

Log a Ticket [here](#)

PHONE
[833-600-2074](tel:833-600-2074)

EMAIL
eecgrantsupport@mtxb2b.com

dren and families?
☐ Yes ☐ No

* Which benefits does your organization offer to educators? ⓘ

<input type="checkbox"/> Paid Time off	<input checked="" type="checkbox"/> Health insurance	<input type="checkbox"/> Paid sick leave
<input type="checkbox"/> Dental insurance	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Retirement (401k/403b)
<input type="checkbox"/> Paid parental leave	<input type="checkbox"/> Vision insurance	<input type="checkbox"/> Life insurance
<input type="checkbox"/> Flexible Spending Account (FSA)	<input type="checkbox"/> Tuition assistance	<input type="checkbox"/> Reduced cost child care
<input type="checkbox"/> Other	<input type="checkbox"/> None	

* In FY21, did you provide any additional stipends or bonuses beyond hourly wages?
☐ Yes ☒ No

* Please report the total compensation of your organization's highest paid employee from the most recent fiscal year. If you are a site that is managed by or has a financial relationship with an umbrella organization, including a multi-state organization, please report the compensation of the highest paid individual at the central or umbrella organization level. Total compensation consists of all wage, bonus, and incentive compensation (including stock awards)

\$750K+

* If the compensation of your organization's highest paid employee is above \$750,000, please specify

\$900,000.00

Educator / CEO compensation ratio

If you feel the compensation ratio would not accurately reflect the particularities of your program please use the appeal form [here](#) to provide us with further information.

Formulário de recurso

Previous **Save and Next**

Instruções

1. Selecione a faixa de remuneração do funcionário com maior salário de sua organização
2. Se você selecionou acima de US\$ 750 mil, um campo relacionado aparecerá para você especificar o valor da remuneração
3. Clique em **Save and Next (Salvar e avançar)**



Principais itens

A taxa de remuneração é preenchida automaticamente, com base nas informações fornecidas sobre salários. Se você achar que a taxa de remuneração não é precisa conforme seu programa, clique no **link** para abrir um recurso

Informações da equipe – Sem crianças matriculadas

[←](#) **EEC ARPA Grants**
EEC ARPA Child Care Stabilization Funding Application

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Staff Information

EEC would like to understand how this funding is being used to invest in staff. The only answer that will affect your grant award is the number of educators working directly with children. All salary information will be used to evaluate the impact of the grant 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.

Program is not eligible for the staffing adjustment because you have reported that program do not have any classrooms open. If this is incorrect, please go back to the capacity information and enter the correct number of classrooms

1

Do you have any other staff working directly with children and families you would like us to know about? If so, please describe here.

2

Do you use any federal or state funding to support the cost of these additional staff working with children and families?

☐ Yes ☒ No

* Which benefits does your organization offer to educators?

☐ Paid Time off ☒ Health insurance ☐ Paid sick leave ☐ Dental insurance

Need Support?

Log a Ticket

Instruções

Esta página aparecerá se você não tiver crianças matriculadas no primeiro mês do seu programa

1. Forneça detalhes sobre a equipe que está trabalhando diretamente com as crianças e famílias
2. Marque “Sim” ou “Não” para a pergunta sobre custeio federal/estadual



Principais itens

Não há itens principais

Informações da equipe – Sem crianças matriculadas

The screenshot shows a web form titled 'Informações da equipe – Sem crianças matriculadas'. On the left is a sidebar with a list of steps: 1. Instructions, 2. Program Information, 3. Operation Hours, 4. Capacity Information, 5. Staff Information (highlighted with a red circle), 6. Equity Adjustment, 7. Attestation, 8. Banking Information, 9. W9 Details, and 10. Review and Summary. The main content area is for 'Staff Information'. It starts with a question: 'Do you use any federal or state funding to support the cost of these additional staff working with children and families?' with radio buttons for 'Yes' and 'No' (selected). Below this is a section titled '* Which benefits does your organization offer to educators?' with a list of checkboxes: Paid Time off, Health insurance (checked), Paid sick leave, Dental insurance, Disability, Retirement (401k/403b) (checked), Paid parental leave, Vision insurance, Life insurance, Flexible Spending Account (FSA), Tuition assistance, Reduced cost child care, Other, and None. Below this is another section titled '* In FY21, did you provide any additional stipends or bonuses beyond hourly wages?' with radio buttons for 'Yes' and 'No'. Then, a section titled '* Please report the total compensation of your organization's highest paid employee from the most recent fiscal year...' with a dropdown menu showing '\$750K+'. Below that, a section titled '* If the compensation of your organization's highest paid employee is above \$750,000, please specify' with a text input field containing '900000'. There is also a section for 'Educator / CEO compensation ratio' with a text input field. At the bottom left, there is a 'Need Support?' section with a 'Log a Ticket' link, a phone number '833-600-2074', and an email address. At the bottom right, there are 'Previous' and 'Save and Next' buttons.

1

2

Instruções

1. Marque todos os benefícios que sua organização oferece aos educadores
2. Marque “Sim” se você forneceu ajuda de custo ou bônus adicionais no ano fiscal de 2021



Principais itens

Não há itens principais

Informações da equipe – Sem crianças matriculadas

The screenshot shows the 'Staff Information' section of a form. A sidebar on the left lists steps 1 through 10, with 'Staff Information' highlighted. The main form area contains questions about benefits and compensation. Red boxes and numbers 1, 2, and 3 highlight specific parts: box 1 points to the compensation dropdown, box 2 points to the text input for compensation above \$750,000, and box 3 points to the 'Save and Next' button.

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Need Support?

Log a Ticket [↗](#)

PHONE
[833-600-2074](tel:833-600-2074)

EMAIL
eecgrantsupport@mtxb2b.com

dren and families?
☐ Yes ☐ No

* Which benefits does your organization offer to educators? ⓘ

<input type="checkbox"/> Paid Time off	<input checked="" type="checkbox"/> Health insurance	<input type="checkbox"/> Paid sick leave
<input type="checkbox"/> Dental insurance	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Retirement (401k/403b)
<input type="checkbox"/> Paid parental leave	<input type="checkbox"/> Vision insurance	<input type="checkbox"/> Life insurance
<input type="checkbox"/> Flexible Spending Account (FSA)	<input type="checkbox"/> Tuition assistance	<input type="checkbox"/> Reduced cost child care
<input type="checkbox"/> Other	<input type="checkbox"/> None	

* In FY21, did you provide any additional stipends or bonuses beyond hourly wages?
☐ Yes ☒ No

* Please report the total compensation of your organization's highest paid employee from the most recent fiscal year. If you are a site that is managed by or has a financial relationship with an umbrella organization, including a multi-state organization, please report the compensation of the highest paid individual at the central or umbrella organization level. Total compensation consists of all wage, bonus, and incentive compensation (including stock awards)

\$750K+

* If the compensation of your organization's highest paid employee is above \$750,000, please specify

\$900,000.00

Educator / CEO compensation ratio

If you feel the compensation ratio would not accurately reflect the particularities of your program please use the appeal form [here](#) to provide us with further information.

Previous Save and Next

Instruções

1. Selecione a faixa de remuneração do funcionário com maior salário de sua organização
2. Se você selecionou acima de US\$ 750 mil, um campo relacionado aparecerá para você especificar o valor da remuneração
3. Clique em **Save and Next (Salvar e avançar)**



Principais itens

A taxa de remuneração é preenchida automaticamente, com base nas informações fornecidas sobre salários. Se você achar que a taxa de remuneração não é precisa, conforme seu programa, clique no **link** para recorrer

Ajuste patrimonial

The screenshot shows the 'EEC ARPA Grants' application interface. On the left is a vertical navigation menu with steps 1 through 10. Step 6, 'Equity Adjustment', is the current step. The main content area is titled 'Equity Adjustment' and contains a section 'Equity Information'. This section states: 'The following information was used to determine your award total:'. It displays four input fields: 'Census Tract SVI' (0.88), 'Zip Code Tabulation Area (ZCTA) SVI' (0.89), '% of Children receiving subsidies Feb 2020' (0%), and '% of Children receiving subsidies May 2021' (0%). Below these fields, a message reads: 'You are eligible for a Level 2 equity adjustment of an additional 40% of your base rate.' At the bottom right of the form, there are two buttons: 'Previous' and 'Save and Next'. A red number '1' is placed above the 'Save and Next' button, which is also highlighted with a red rectangle.

← ARPA DASHBOARD

EEC ARPA Grants
EEC ARPA Child Care Stabilization Funding Application

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- 6 Equity Adjustment**
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- 9 W9 Details
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Equity Adjustment

Equity Information

The following information was used to determine your award total:

Census Tract SVI ⓘ	Zip Code Tabulation Area (ZCTA) SVI
0.88	0.89
% of Children receiving subsidies Feb 2020	% of Children receiving subsidies May 2021
0%	0%

You are eligible for a Level 2 equity adjustment of an additional 40% of your base rate.

Previous **Save and Next**

Need Support?

Log a Ticket

Instruções

1. Equity Adjustment (Ajuste patrimonial) exibe as informações usadas para determinar o total de seu subsídio.
2. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Uma mensagem será exibida na tela, com base nos cálculos da fórmula na página anterior. Isso é somente para leitura

Atestado

[←](#) **EEC ARPA Grants**
EEC ARPA Child Care Stabilization Funding Application

✓ Instructions

✓ Program Information

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✓ Equity Adjustment

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Attestation

* Grant funds may only be used for one or more of the purposes below. Please mark which categories you will support with the funding received from the grant:

☒ Personnel costs, benefits, premium pay, and recruitment and retention

☒ Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance

☒ Personal protective equipment, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices

☒ Purchases of or updates to equipment and supplies to respond to COVID-19

☒ Goods and services necessary to maintain or resume child care services

☒ Mental health supports for children and employees

☒ Paying for past expenses incurred after January 31, 2020

☒ To receive a stabilization grant I agree to use these funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. Note: You can move funds between categories without prior approval. I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, and C.

By signing this application, I am certifying that I will meet requirements throughout the period of the grant, including the following:

A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).

B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must maintain pay levels and continue insurance and retirement for the duration of the grant. I understand that I may not involuntarily furlough employees from the date of application submission through the duration of the grant period.

Need Support?

Log a Ticket ↗

Instruções

1. Marque todas as categorias que você apoia com fundos recebidos do subsídio
2. Marque a caixa para a declaração de atestado

Principais itens

- Ao marcar as caixas de atestado, você está atestando que este texto é verdadeiro
- Ao marcar a segunda caixa, você concorda que usará esses fundos apenas para as categorias e fins indicados nesta solicitação

Atestado

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

7 Attestation

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10 Review and Summary

☒ Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance

☒ Personal protective equipment, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices

☒ Purchases of or updates to equipment and supplies to respond to COVID-19

☒ Goods and services necessary to maintain or resume child care services

☒ Mental health supports for children and employees

☒ Paying for past expenses incurred after January 31, 2020

☒ To receive a stabilization grant I agree to use these funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. Note: You can move funds between categories without prior approval. I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, and C.

By signing this application, I am certifying that I will meet requirements throughout the period of the grant, including the following:

A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).

B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must maintain pay levels and continue insurance and retirement for the duration of the grant. I understand that I may not involuntarily furlough employees from the date of application submission through the duration of the grant period.

C. I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

* Legal Name

CRAZY JIM'S PIZZA

Date

07/23/2021

Previous

Save and Next

Need Support?

Log a Ticket

PHONE
800 (123 456)

EMAIL
needhelp@supportdesk.com

1

Instruções

1. Informe a razão social (do programa ou da pessoa que está preenchendo o formulário)
2. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Ao assinar esta solicitação, você certifica que atenderá aos requisitos durante todo o período do subsídio



Informações bancárias

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Banking Information

* indicates required field

Account Details

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

1 * How would you like to receive your payment?

☒ Check (by mail) ☐ EFT (electronic funds transfer)

Please be advised that electing paper checks instead of EFT may delay payments due to processing and mailing.

2 * Which legal name and address would you like to use ? ⓘ

☒ I would like to use my program's legal name and address
☐ I would like to use my umbrella's legal name and address

3 ACCOUNT HOLDER INFORMATION

This information has been pulled from your licensing records in LEAD. If this information is not accurate, it will impact your payment. If this information is not accurate, please fill out a appeal form [here](#).

* Legal Name ⓘ DBA Name ⓘ

Prateek Large Group Prateek Umbrella

* Which address do you want your payment to be received?

☒ Physical Address

ACCOUNT HOLDER ADDRESS ⓘ

This information has been pulled from your licensing records in LEAD. If this information is not accurate, it will impact your payment. If this information is not accurate, please fill out a appeal form [here](#).

Need Support?

Log a Ticket ↗

PHONE
833-600-2074

EMAIL

Instruções

1. Selecione o tipo de pagamento (transferência eletrônica ou cheque por correio)
2. Selecione o tipo de razão social e endereço que deseja usar
3. Leia as informações do titular da conta. Para abrir um recurso, clique no link sublinhado



Principais itens

- Sua razão social e seu endereço serão pré-preenchidos a partir de seus registros de licenciamento do LEAD
- Esteja ciente de que optar por receber cheques em vez de pagamentos eletrônicos de fundos pode atrasar os pagamentos, devido ao processamento e envio

Informações bancárias

1

2

3

4

ACCOUNT HOLDER ADDRESS ⓘ

This information has been pulled from your licensing records in LEAD. If this information is not accurate, it will impact your payment. If this information is not accurate, please fill out a appeal form [here](#).

* Street Address Apt/Suite * City

new st 2 Boston Road

* State * ZIP Code

Massachusetts 21212

* Enter the Account Holder's Tax Identification Number (9 digits EIN or SSN)

☐ Employee Identification Number (EIN) ☒ Social Security Number (SSN)

* Enter Social Security Number

526-35-4570

CURRENT FINANCIAL INSTITUTION

* Financial Institution Name ⓘ * Routing Number ⓘ

CRAZY JIM'S PIZZA 122199983

* Account Number ⓘ * Confirm Account Number

93392589249 93392589249

* Account Type ⓘ

Saving

Previous Save and Next

Instruções

1. Digite o número de identificação fiscal aplicável
2. Insira as informações bancárias corretas
3. Clique em **Save and Next (Salvar e avançar)**
4. Passe o mouse sobre o ícone “i” do texto de ajuda para obter mais informações (aplicável para todo o portal)



Principais itens

- Depois de introduzir as informações bancárias e clicar em **Save and Next (Salvar e avançar)**, o sistema validará se a conta bancária com a razão social informada está válida e ativa
- Certifique-se de inserir as informações corretas de roteamento bancário e número de conta, para garantir pagamentos em tempo hábil e precisos!

Detalhes do formulário W9

← ARPA DASHBOARD EEC ARPA Grants EEC ARPA Child Care Stabilization Funding Application

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W9 Details

* indicates required field

Taxpayer Information

For security purposes, programs will need to fill out the following information in order to receive payment. The questions below 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 (as shown on your income tax return) ⓘ
Prateek Large Group

Business Name, if different from above. 1
Prateek Umbrella

TAXATION DETAILS

* Check appropriate box for federal tax classification of the person whose name is entered above. Check only one of the following six boxes ⓘ 2

- ☐ Individual/sole proprietor or single-member LLC
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/estate
- ☐ Limited liability company

EXEMPTIONS ⓘ 2

Need Support?
Log a Ticket

Instruções

1. Selecione a classificação fiscal federal apropriada nesta tela W9
2. Passe o mouse sobre o “Ícone Ajuda” para obter mais informações (aplicável em todo o portal)



Principais itens

Selecione a classificação fiscal federal apropriada ao seu programa.

Detalhes do formulário W9

Home Support

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✓ Program Information

✓ Operation Hours

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Limited liability company

EXEMPTIONS ⓘ
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 ⓘ
Street Address Apt/Suite City

State Zip Code

CONTACT DETAILS
* Email Address ⓘ * Phone Number ⓘ

TAXPAYER IDENTIFICATION NUMBER (TIN)
* Which type of Identification number you are holding ⓘ

2

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below. If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN

Need Support?

Log a Ticket ⓘ

PHONE
[833-600-2074](tel:833-600-2074)

Instruções

1. Informe o **Email Address (Endereço de e-mail)** e o **Phone Number (Número do telefone)**
2. Passe o mouse sobre o ícone Ajuda em "which type of identification number you are holding (qual é o seu tipo de número de identificação)" para obter instruções sobre o que precisa ser feito se você tiver um ITIN



Principais itens

Taxpayer Address (Endereço do contribuinte) será preenchido automaticamente



Detalhes do formulário W9

The screenshot shows the 'W9 Details' section of a tax form. A sidebar on the left contains a list of steps: Instructions, Program Information, Operation Hours, Capacity Information, Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details (highlighted with a blue circle and the number 9), and Review and Summary (highlighted with a grey circle and the number 10). The main content area is titled 'TAXPAYER IDENTIFICATION NUMBER (TIN)' and includes instructions on which type of identification number to provide. A red box labeled '1' highlights the 'Social Security Number' field, which contains the value '526-35-4570'. Below this, a section titled 'Under penalties of perjury, I certify that:' contains four checkboxes, all of which are checked. A red box labeled '2' highlights these four checkboxes. At the bottom left, a 'Need Support?' section is visible, with a red box labeled '3' highlighting the 'Log a Ticket' link. The bottom right of the form shows a 'Signature of U.S. Person' field with the value 'Prateek Large Group' and a checkbox for 'The legal name and address on my W9 form is different from my legal name and address on my bank account information.' The top right of the form has links for 'Home' and 'Support'.

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TAXPAYER IDENTIFICATION NUMBER (TIN)

* Which type of Identification number you are holding ⓘ

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](#).

☒ Social Security Number ☐ Employee Identification Number

* Social Security Number

526-35-4570

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 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 U.S. Person

Prateek Large Group

☐ The legal name and address on my W9 form is different from my legal name and address on my bank account information.

Need Support?

Log a Ticket ↗

PHONE

833-600-2074

EMAIL

Instruções

1. Selecione seu tipo de Taxpayer Identification Number (Número de identificação de contribuinte) e forneça o número
2. Leia e marque cada caixa que se aplica aos critérios de validação
3. Digite a razão social



Principais itens

Preencha os campos nesta tela da maneira como você preencheria o formulário W9 do IRS. Para obter mais informações, clique [aqui](#).

Detalhes do formulário W9

The screenshot shows the 'W9 Details' section of a form. On the left is a sidebar with steps: Program Information, Operation Hours, Capacity Information, Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details (active), and Review and Summary (10). The main content area has two radio buttons at the top: 'Social Security Number' (selected) and 'Employee Identification Number'. Below is a text field for 'Social Security Number' containing '526-35-4570'. A section titled 'Under penalties of perjury, I certify that:' contains four checked items: 'The number shown on this form is my correct taxpayer identification number...', 'I am not subject to backup withholding because...', 'I am a U.S. citizen or other U.S. person.', and 'The FATCA code(s) entered on this form...'. Below this is a 'Signature of U.S. Person' field with 'Prateek Large Group'. A checkbox (1) is checked: 'The legal name and address on my W9 form is different from my legal name and address on my bank account information.' (2). Below this is a red error box (3) with the text: 'You will be unable to proceed further. Please complete an appeal form here to request a change.' At the bottom right are 'Previous' and 'Save and Next' buttons. A 'Need Support?' section on the bottom left includes a 'Log a Ticket' link, phone number '833-600-2074', and email 'eecgrantsupport@mtxb2b.com'. The EEC logo is in the bottom left corner.

Instruções

1. Marque a caixa se a razão social e o endereço no seu W9 forem diferentes dos da sua conta bancária
2. Quando a caixa estiver marcada, uma mensagem de erro será exibida notificando que você não poderá prosseguir. Clique no link **aqui** e preencha o formulário de recurso
3. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Para administrar o custeio sob esta solicitação de subsídio, a EEC exige que sua razão social e seu endereço no W9 sejam os mesmos que as informações em sua conta bancária.

Se a razão social e seu endereço forem diferentes, você precisará marcar a caixa e preencher um Formulário de recurso. NÃO marque a caixa se a razão social e o endereço no W9 forem os mesmos que as informações na sua conta bancária

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Program Information

Provider Details

PROGRAM PROVIDER - NUMBER	PROVIDER NAME	PROVIDER TYPE
P-255503	Test Kritika GSA	Large Group
LICENSED CAPACITY		
20		

Provider Address

22 Boston MA 20222

DO YOU NEED TO PROVIDE UPDATES FOR THE INFORMATION BELOW OR IS YOUR INFORMATION NOT LISTED?

Yes

Primary Contact Details

EMAIL ADDRESS	PHONE NUMBER	TITLE
prakruthiemail@gmail.com	(505) 278-6908	CRAZY JIM'S PIZZA

Demographics

EEC is federally required to collect the following information on FCC Operators / Center Directors:

GENDER: HOW DO YOU IDENTIFY?

Woman

Instruções

Revise todas as informações



Principais itens

Para revisar qualquer informação, você pode voltar a qualquer uma das etapas concluídas clicando no nome da etapa, na barra lateral



Revisão e resumo

Instruções

Revise todas as informações

1. Marque a caixa declarando que você leu todos os detalhes e aceitou os Termos e Condições do serviço
2. Forneça a razão social
3. Clique em **Submit (Enviar)** para enviar a solicitação para revisão pelo EEC



Principais itens

Não há itens principais

Projeção de concessão mensal

The screenshot shows the EEC application interface. On the left is a sidebar with steps: Instructions, Program Information, Operation Hours, Capacity Information, Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details, and Review and Summary (highlighted with a '10'). The main area contains a form for providing identification numbers and a certification statement. A modal titled 'Monthly Award Projection' is open, showing a table with one row: July, 1750, Pending. Red annotations include a box around the word 'here' with a '1' and a box around the 'Close' button with a '2'.

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WHICH TYPE OF IDENTIFICATION NUMBER DO YOU ARE HOLDING

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 HERE.

SOCIAL SECURITY NUMBER
700-01-4023

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)

Monthly Award Projection

If you wish to appeal please click [here](#)

MONTH	AMOUNT	STATUS
July	1750	Pending

Close

☒ I have reviewed all the information entered into this application and confirm that it is complete and accurate to the best of my knowledge, and that my program meets eligibility criteria specified by EEC in the application instructions.

* Legal Name
Griffith John

Need Support?

Log a Ticket

PHONE
833-600-2074

EMAIL

Previous Submit

Instruções

Depois que a solicitação for enviada, a janela "Monthly Award Projection (Projeção de concessão mensal)" será exibida

1. Clique no link se quiser entrar com recurso
2. Revise as informações e **Close (Encerrar)**



Principais itens

- Você verá uma mensagem na tela, confirmando que a solicitação foi enviada com sucesso
- A projeção de concessão mensal mostrará um gráfico do valor esperado para concessão por mês
- Observe que este valor é apenas uma projeção e pode mudar com base nas informações que você fornece ao recertificar sua solicitação

Painel

[Home](#) [Support](#)

[← HOME](#) **EEC ARPA Grants**
Massachusetts' ARPA Child Care Stabilization Grant Application Process

Dashboard

My Applications

Need Support?

[Log a Ticket](#)

PHONE
[833-600-2074](tel:833-600-2074)

EMAIL
eecgrantsupport@mtxb2b.com

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021, and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly payments. If you would like to see this application in a different language, please use the drop-down box in the upper right-hand corner to select your preferred language.

Provider A Childs View Early Learning Center IV ● LICENSED	First Issue Date 8/16/2012	Expiration Date 11/30/2021	Total Capacity 86
--	-------------------------------	-------------------------------	----------------------

0 Applications
In Progress

1 Applications
Submitted

0 Applications
Under Review

Available Grants

You currently have an application in progress for this grant, you can't apply for another application.
If you wish to dispute this, please file a dispute form [here](#).

Apply Today

START DATE	DUE DATE	STATUS
7/1/2021	12/31/2021	Open

Description

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do

Instruções

O status da solicitação enviada será exibido no painel



Principais itens

- Você será notificado por e-mail quando sua solicitação de subsídio for aprovada
- Você também notará o status da atualização do seu pedido de subsídio neste painel, assim que o status for aprovado




Envio da solicitação

(FCC - Family Child Care Grants [Subsídios para Cuidados Familiares para Crianças])




Prestadores

 | The Department of Early Education and Care

Welcome Prateek Joshi

Please select the program you would like to log into from the options below.

Search Provider 🔍

 **Joshi, Prateek**
new st, Boston Road, MA 11111
TYPE : Family Child Care

PROVIDER STATUS

✔ Current

Log in

Instruções

Clique no botão **Login** do Programa FCC e você será redirecionado para a página **EEC ARPA Grants (Concessões EEC ARPA)**



Principais itens

Seu programa precisa ter status licenciado para que você possa se candidatar aos fundos do subsídio da ARPA

Subsídios disponíveis

Available Grants

✓ You are currently eligible for grants [Apply Today](#)

START DATE	DUE DATE	STATUS
7/1/2021	12/31/2021	Open

Description

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly stipends. Applications will be accepted on a rolling basis. Programs should complete the full application to request funds and then confirm or update application information each month to continue receiving monthly payments. Programs should apply for this grant during the first month in the grant period (beginning in July 2021) that they are open and serving families. For example, programs that are not open in the summer should submit their application to start in September. [here](#).

If you would like to see this application in a different language, please use the drop-down box in the upper right-hand corner to select your preferred language.

Si desea ver esta aplicación en un idioma diferente, utilice el cuadro desplegable en la esquina superior derecha para seleccionar su idioma preferido.

Se desejar ver este aplicativo em um idioma diferente, use a caixa suspensa no canto superior direito para selecionar seu idioma preferido.

如果您想以其他语言查看此应用程序, 请使用右上角的下拉框选择您的首选语言。

To complete the application, you will need

- Your program ID
- Enrollment information as of the first of the current month
- Staffing information, including salary, benefits and additional stipends
- Scholarship information
- Monthly expenses (optional)

Instruções

Clique em **Apply Today (Solicitar hoje)** na seção **Available Grants (Subsídios disponíveis)**



Principais itens

Observe que, depois de iniciar a solicitação, o botão “apply today (solicitar agora)” será desativado, mas se você rolar para baixo até a parte inferior da tela, poderá ver todas as suas solicitações em andamento e poderá retornar a elas clicando em continue (continuar)

Instruções

home Support

← ARPA DASHBOARD

EEC ARPA Grants
EEC ARPA Child Care Stabilization Funding Application

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3 Operation Hours

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5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Instructions

Welcome to the Massachusetts' ARPA Child Care Stabilization Grant Funding Application. Eligible programs can apply here for up to 6 months of monthly funding. All licensed programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. If you would like to review the application process before completing the full application, a summary can be found here.

Getting started with your grant application

Each program site must complete an individual application to be considered for funding. Multi-site agencies are able to 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 application information each month to continue receiving monthly payments for the duration of the grant period. Programs are able to update information on a monthly basis as needed and monthly funding may be adjusted based on new information provided.

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

Who is Eligible for the EEC ARPA Child Care Stabilization Grants?

- All programs licensed by EEC as of March 11, 2021 and open to serve children at the time of the application are eligible for this funding. Programs will not be penalized for a temporary COVID-related emergency closure that occurs during the grant period. Programs that do not offer services for families over the summer will be eligible during the month they open for services.
- Funded programs approved by EEC by March 11, 2021 and run by private schools that otherwise meet the conditions above will also be eligible for this funding.

Completing the application

Prior to completing the full application we recommend you ensure you have the necessary information available.

Need Support?

Log a Ticket ↗

Instruções

1. Depois de clicar em **Apply Today (Solicitar hoje)**, você será redirecionado para a página **Instructions (Instruções)**
2. Leia todas as instruções que ajudarão a começar a sua solicitação de subsídio



Principais itens

Você pode ler as instruções para entender os fundamentos do programa de subsídios e o que você precisará para preencher sua solicitação.

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Getting started with your grant application

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Completing the application

Prior to completing the full application we recommend you ensure you have the necessary information available.

This includes:

- Your program ID
- Enrollment information as of the first of the current month
- Staffing information, including salary, benefits and additional stipends
- Scholarship information
- Monthly expenses (optional)
- Banking and tax information

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

eecgrantsupport@mtxb2b.com

2

1

Cancel

Next

Instruções

Leia os critérios de elegibilidade para fundos ARPA

1. Clique em **Next (Próximo)**
2. Clique em **Cancel (Cancelar)** para cancelar o processo de envio da solicitação

Principais itens

Não há itens principais

55

Informações do programa

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Program Information

* indicates required field

Provider Information

PROVIDER DETAILS

Program Provider - Number 1

P-245500

Provider Name

Griffith, John

Licensed Capacity (If your licensed capacity is incorrect, please complete a appeal form [here](#) to request a change).

6

Provider Type

Family Child Care

PROVIDER ADDRESS

Street Address

35 Lillian Rd

Apt/Suite

City

Malden

State

MA

ZIP Code

02148

* Monthly funding amounts will be calculated based on the information submitted in your application. You will have an opportunity to confirm or update your application information for each of the following months. Please indicate the month that you are applying to start your monthly grant. Please note that your site must be open to serve children during the month for which you are applying to start your monthly grant 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. Monthly funding amounts will be re-calculated if any updates are made in future months.

July, 2021

2

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

Instruções

1. Os campos apenas para leitura foram preenchidos automaticamente, com base nas informações recebidas em Provider Details (Detalhes do prestador)
2. Clique no menu suspenso e selecione o primeiro mês de custeio para o qual você está se candidatando em sua solicitação inicial de subsídio



Principais itens

- O Program Provider Number (Número do prestador do programa) é um identificador exclusivo. Clique no link a seguir para encontrar seu número de prestador do programa: https://eeclead.force.com/EEC_ChildCareSearch
- Se a sua capacidade licenciada estiver incorreta, clique no link sublinhado para abrir um recurso



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Log a Ticket

PHONE

833-600-2074

EMAIL

1

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July, 2021

Instruções

Selecione o mês para o qual você está solicitando. Indique o mês para o qual você está preenchendo o seu pedido de subsídio inicial. Cada mês após a solicitação inicial exigirá que você recertifique ou atualize as informações enviadas na solicitação de subsídio do primeiro mês



Principais itens

O seu programa deve estar aberto para atender crianças no mês para o qual você está enviando sua solicitação de subsídio inicial, e todas as informações fornecidas devem estar corretas para o mês que você está solicitando. Os prestadores que estiverem abertos e atenderem aos critérios de elegibilidade podem solicitar subsídio a partir de julho

Informações do programa

The screenshot shows a web form titled 'PRIMARY CONTACT DETAILS' and 'DEMOGRAPHICS'. A red box labeled '1' highlights the left sidebar with a list of steps: 2 Program Information, 3 Operation Hours, 4 Capacity Information, 5 Staff Information, 6 Equity Adjustment, 7 Attestation, 8 Banking Information, 9 W9 Details, and 10 Review and Summary. Another red box labeled '2' highlights the 'Save and Next' button at the bottom right of the form. The form fields include: Email address (test@gmail.com), Phone Number ((503) 224-2242), Title (Bruce J, Dailey), Gender (Man), Race (American Indian or Alaska Native selected), and Ethnicity (Prefer not to disclose selected). A 'Need Support?' section at the bottom left provides contact information: Log a Ticket, PHONE 833-600-2074, and EMAIL eecgrantsupport@mtxb2b.com.

2 Program Information

3 Operation Hours

4 Capacity Information

5 Staff Information

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7 Attestation

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PRIMARY CONTACT DETAILS

*Email address
test@gmail.com

*Phone Number
(503) 224-2242

*Title
Bruce J, Dailey

DEMOGRAPHICS

EEC is federally required to collect the following information on FCC Operators / Center Directors:

*Gender: How do you identify?
Man

*Race: How would you describe your race? Please check all that apply.
☒ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Prefer not to disclose
☐ Other

*Ethnicity: Are you of Hispanic/Latino/Spanish origin?
Prefer not to disclose

Need Support?

Log a Ticket

PHONE
833-600-2074

EMAIL
eecgrantsupport@mtxb2b.com

Previous Save and Next

Instruções

1. Preencha todas as informações necessárias
2. Clique em **Save and Next (Salvar e avançar)** para continuar



Principais itens

Para voltar à página anterior, clique em **Previous (Anterior)** (isto se aplica à solicitação inteira)



Horário de funcionamento

✓ Instructions

✓ Program Information

3 Operation Hours

④ Capacity Information

⑤ Staff Information

⑥ Equity Adjustment

⑦ Attestation

⑧ Banking Information

⑨ W9 Details

⑩ Review and Summary

Operation Hours

* indicates required field

Provider Information

Your program has reported these rates and hours of operation on your site's consumer web page. Is this information correct and complete? If no, please correct your consumer web page [here.](#)

Please note this information will not affect your funding amount.

FEE SCHEDULE

	HOURLY		DAILY		WEEKLY		MONTHLY	
Age Group	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time

DAYS AND HOURS OF OPERATION

DAY	START TIME	END TIME
Monday	08:00:00 AM	05:00:00 PM
Tuesday	08:00:00 AM	05:00:00 PM
Wednesday	08:00:00 AM	05:00:00 PM
Thursday	08:00:00 AM	05:00:00 PM
Friday	08:00:00 AM	05:00:00 PM

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

Previous

Save and Next

Need Support?

Instruções

1. Revise **os honorários e o horário de funcionamento** em Provider Information (Informações sobre o prestador)
2. Marque a caixa de confirmação
3. Se estas informações estiverem incorretas/incompletas, clique no link para navegar até “Consumer Web Page (Página do consumidor na web)” para fazer as edições necessárias
4. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Todas as alterações feitas aqui serão exibidas na página do consumidor do seu site

Informações sobre capacidade

←

EEC ARPA Grants

EEC ARPA Child Care Stabilization Funding Application

✓

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✓

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Capacity Information

The following information will not affect your grant award. Information on enrollment will help EEC report on family access trends over the six month grant period.

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

Note: This information will **not** impact your funding calculation.

0-12 months

0

13-24 months

0

25-36 months

0

3 year old

0

4 year old

0

5 year old

0

6-10 years

0

Older than 10 years

0

Total number of children enrolled on the first of the month

0

Need Support?

Log a Ticket ↗

Instruções

Informe o número de crianças matriculadas no seu programa no primeiro dia do mês, por idade



Principais itens

Informe o número de crianças matriculadas no primeiro dia do mês para o qual você está solicitando fundos. Por exemplo, se você estiver se candidatando para agosto, informe a inscrição a partir de 1° de agosto

Informações sobre capacidade

The screenshot shows a web form titled 'Capacity Information' with a sidebar on the left containing 10 steps: Program Information, Operation Hours, Capacity Information (highlighted), Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details, and Review and Summary. The main form area contains several input fields and questions. Red annotations are present: a red '1' points to a question about helping families pay for care; a red '2' points to a question about monthly expenses; and a red '3' points to the 'Save and Next' button.

6-10 years

Older than 10 years

Total number of children enrolled on the first of the month

1 * Does your program help families to pay for care (other than accepting child care subsidies from the state)? [?](#)

☒ Yes ☐ No

How many currently enrolled children receive help paying for your program (not including those that receive child care subsidies from the state)? [?](#)

What is the total amount of tuition support provided by your program or other sources (not including child care subsidy funds received from the state)? [?](#)

2 Would you be willing to give us additional information about your monthly expenses? If so, report here how much money you spent last month on program expenses. This information will be used to inform EEC federal reporting and future grant opportunities. [?](#)

3

[Previous](#) [Save and Next](#)

Need Support?

[Log a Ticket](#)

PHONE
[833-600-2074](tel:833-600-2074)

EMAIL
eecgrantsupport@mtxb2b.com

Instruções

1. Se o seu programa ajudar as famílias a pagarem pela assistência, responda **"Yes (Sim)"** para fornecer mais informações
2. Você pode fornecer informações adicionais sobre as despesas mensais do seu programa
3. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Um relatório sobre o valor que você gastou no mês passado em despesas com o programa será usado para fundamentar os relatórios federais à EEC e futuras oportunidades de subsídios

Informações sobre capacidade

The screenshot shows a web form titled "Capacity Information" with a sidebar menu containing steps 1 through 10. The main form area has input fields for children's ages: "3 year old", "4 year old", "5 year old", "6-10 years", and "Older than 10 years", each with a numeric input field currently set to "0". A "Confirmation" dialog box is overlaid on the form, asking: "Do you want to continue with no children enrolled in your program on the first of the month by age?". The "Yes" button in the dialog is highlighted with a red box and a red number "1". Below the dialog, there is a section for "Monthly expenses" with a text input field showing "\$0.00" and a "Previous" button. At the bottom right, there are "Previous" and "Save and Next" buttons. The sidebar menu includes "Operation Hours", "Capacity Information", "Staff Information", "Equity Adjustment", "Attestation", "Banking Information", "W9 Details", and "Review and Summary". A "Need Support?" section at the bottom left provides contact information: "Log a Ticket", "PHONE 833-600-2074", and "EMAIL eecgrantsupport@mtxb2b.com".

Instruções

Se o número total de crianças matriculadas for zero, uma janela de confirmação aparecerá após clicar em **Save and Next (Salvar e avançar)**

1. Clique em **Yes (Sim)** para prosseguir com esta solicitação



Principais itens

Não há itens principais

Informações da equipe

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

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Need Support?

Log a Ticket

PHONE

833-600-2074

Staff Information

* indicates required field

EEC would like to understand how this funding is being used to invest in staff. The only answer that will affect your grant award is the number of hours during which you have an assistant (if relevant). All salary information will be used to evaluate the impact of the grant on educator pay. If you are willing to share information about your FCC Assistant salaries, please do so below.

* Do you have any assistants that work with you in your program?

☒ Yes ☐ No

* On a typical week, for how many hours do you have an Assistant working in your program with you?

20

What is the lowest hourly wage you pay an assistant?

\$50.00

What is the highest hourly wage you pay an assistant?

\$70.00

If you paid any assistant an additional stipend or bonus in the past year (FY21), please tell us the total amount of stipends or bonuses you paid (Optional).

\$10.00

* Please list the P-numbers of all FCC Assistants being employed by your program

P-12345

Do you have any other staff working directly with children and families you would like us to know about? If so, please describe here.

Instruções

Se o seu programa tiver assistentes que trabalham com você, responda **Yes (Sim)** para fornecer mais informações



Principais itens

Não há itens principais



Informações da equipe

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5 Staff Information

6 Equity Adjustment

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share information about your FCC Assistant salaries, please do so below.

* Do you have any assistants that work with you in your program? 1

☒ Yes ☐ No

* On a typical week, for how many hours do you have an Assistant working in your program with you?

20

What is the lowest hourly wage you pay an assistant? 1

\$50.00

What is the highest hourly wage you pay an assistant? 1

\$70.00

If you paid any assistant an additional stipend or bonus in the past year (FY21), please tell us the total amount of stipends or bonuses you paid (Optional).

\$10.00

* Please list the P-numbers of all FCC Assistants being employed by your program

P-12345

Do you have any other staff working directly with children and families you would like us to know about? If so, please describe here.

Previous Save and Next

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

eecgrantsupport@mtxb2b.com

Instruções

1. Se você tiver funcionários trabalhando diretamente com crianças e famílias, forneça os detalhes no campo de descrição
2. Clique em **Save and Next (Salvar e avançar)**



Principais itens

No campo “Please list the P-numbers of all FCC Assistants being employed by your program (Liste os números P de todos os assistentes FCC empregados pelo seu programa)”, o formato correto é P-123455

Ajuste patrimonial

← ARPA DASHBOARD

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EEC ARPA Child Care Stabilization Funding Application

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Equity Adjustment
* indicates required field

Equity Information

The following information was used to determine your award total:

Census Tract SVI ⓘ	Zip Code Tabulation Area (ZCTA) SVI
0.7	0.89
% of Children receiving subsidies Feb 2020	% of Children receiving subsidies May 2021
0%	0%

You are eligible for a Level 2 equity adjustment of an additional 40% of your base rate.

Previous Save and Next

Need Support?
Log a Ticket

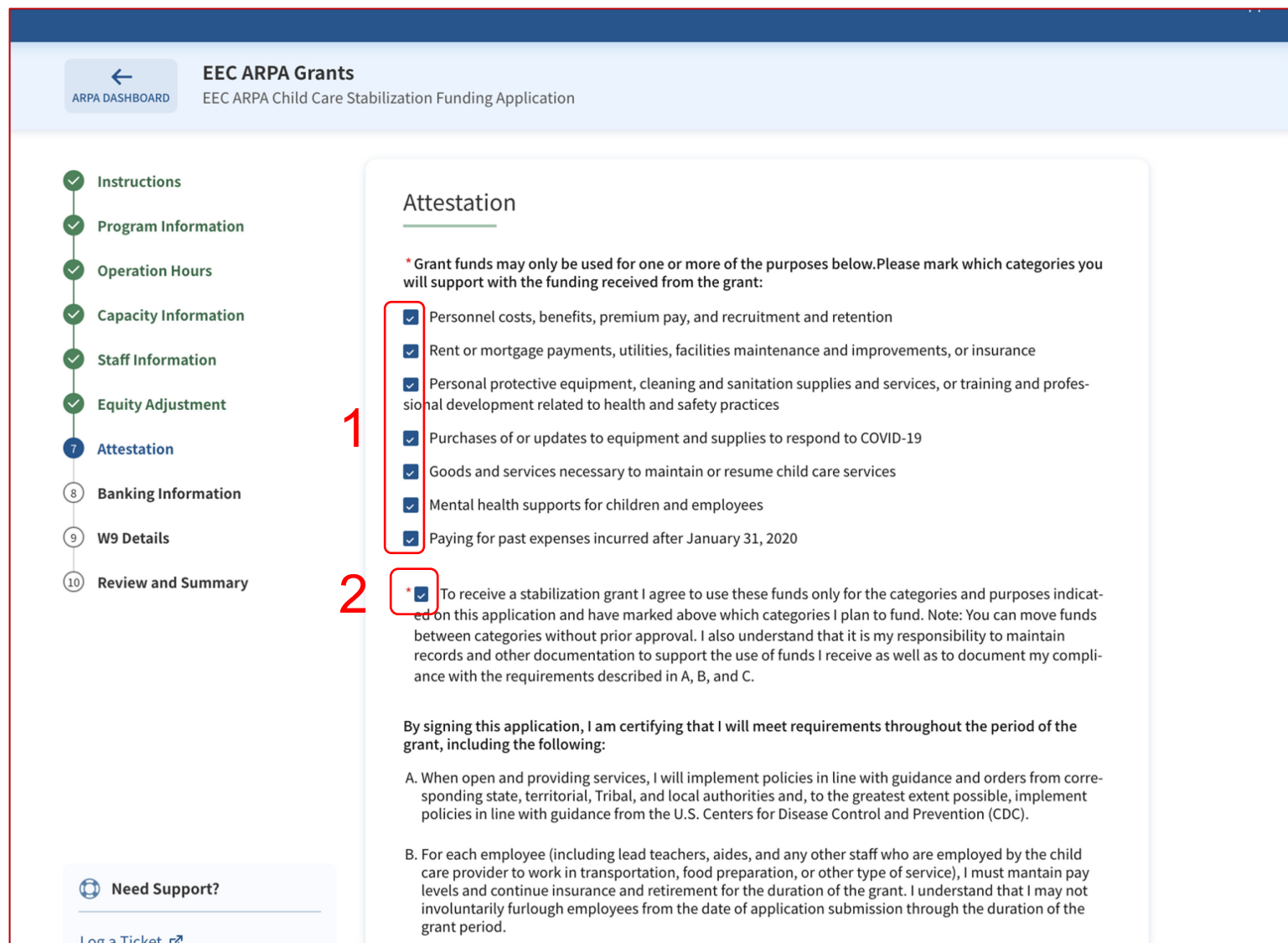
Instruções

1. As informações patrimoniais exibem as informações usadas para determinar o total de sua concessão
2. Clique em **Save and Next (Salvar e avançar)**

Principais itens

Não há itens principais

Atestado



← ARPA DASHBOARD

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Attestation

* Grant funds may only be used for one or more of the purposes below. Please mark which categories you will support with the funding received from the grant:

- ☒ Personnel costs, benefits, premium pay, and recruitment and retention
- ☒ Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance
- ☒ Personal protective equipment, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices
- ☒ Purchases of or updates to equipment and supplies to respond to COVID-19
- ☒ Goods and services necessary to maintain or resume child care services
- ☒ Mental health supports for children and employees
- ☒ Paying for past expenses incurred after January 31, 2020

1

2

* To receive a stabilization grant I agree to use these funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. Note: You can move funds between categories without prior approval. I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, and C.

By signing this application, I am certifying that I will meet requirements throughout the period of the grant, including the following:

A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).

B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must maintain pay levels and continue insurance and retirement for the duration of the grant. I understand that I may not involuntarily furlough employees from the date of application submission through the duration of the grant period.

Need Support?

Log a Ticket

Instruções

1. Marque todas as categorias que você apoia com fundos recebidos do subsídio
2. Marque a caixa para a declaração de atestado



Principais itens

- Ao marcar as caixas de Atestado, você está atestando que este texto é verdadeiro
- Ao marcar a segunda caixa, você concorda que usará esses fundos apenas para as categorias e fins indicados nesta solicitação

Atestado

✓ Instructions

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✓ Staff Information

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✓ **Attestation**

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☒ Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance

☒ Personal protective equipment, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices

☒ Purchases of or updates to equipment and supplies to respond to COVID-19

☒ Goods and services necessary to maintain or resume child care services

☒ Mental health supports for children and employees

☒ Paying for past expenses incurred after January 31, 2020

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B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider to work in transportation, food preparation, or other type of service), I must maintain pay levels and continue insurance and retirement for the duration of the grant. I understand that I may not involuntarily furlough employees from the date of application submission through the duration of the grant period.

C. I will provide relief from copayments and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

eecgrantsupport@mtxb2b.com

* Legal Name

Griffith John

Date

08/02/2021

Previous

Save and Next

Instruções

1. Forneça a razão social da pessoa
2. Clique em **Save and Next (Salvar e avançar)**

Principais itens

Ao assinar esta solicitação, você certifica que atenderá aos requisitos durante todo o período do subsídio

67

Informações bancárias

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Banking Information

* indicates required field

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?

☐ Check (by mail) ☐ EFT (electronic funds transfer)

Please be advised that electing paper checks instead of EFT may delay payments due to processing and mailing.

ACCOUNT HOLDER INFORMATION

This information has been pulled from your licensing records in LEAD. If this information is not accurate, it will impact your payment. If this information is not accurate, please fill out a appeal form [here](#).

* Legal Name ⓘ

Griffith, John

3 * Which address do you want your payment to be received?

☐ Physical Address

* Enter the Account Holder's Tax Identification Number (9 digits EIN or SSN)

☐ Employee Identification Number (EIN) ☐ Social Security Number (SSN)

CURRENT FINANCIAL INSTITUTION

* Financial Institution Name ⓘ

* Routing Number ⓘ

Need Support?

Log a Ticket ↗

PHONE

[833-600-2074](tel:833-600-2074)

Instruções

1. Selecione o canal de pagamento
2. Leia as informações do titular da conta. O EEC exige que sua razão social e seu endereço no W9 sejam os mesmos que as informações em sua conta bancária. Se estas informações forem diferentes, você precisará abrir um recurso clicando **aqui**
3. Selecione o tipo de endereço para o qual você deseja receber o pagamento



Principais itens

- Sua razão social e seu endereço serão pré-preenchidos a partir de seus registros de licenciamento do LEAD
- Optar por receber cheques em vez de transferência eletrônica pode atrasar os pagamentos, devido ao processamento e envio

Informações bancárias

[Home](#) [Support](#)

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

✓ Attestation

8 **Banking Information**

9 W9 Details

10 Review and Summary

This information has been pulled from your licensing records in LEAD. If this information is not accurate, it will impact your payment. If this information is not accurate, please fill out a appeal form [here](#).

* Street Address	Apt/Suite	* City
35 Lillian Rd		Malden
* State	* ZIP Code	
Massachusetts	02148	

* Enter the Account Holder's Tax Identification Number (9 digits EIN or SSN)

☐ Employee Identification Number (EIN) ☒ Social Security Number (SSN)

* Enter Social Security Number

700-01-4023

CURRENT FINANCIAL INSTITUTION

* Financial Institution Name ⓘ	* Routing Number ⓘ
Griffith John	122199983
* Account Number ⓘ	* Confirm Account Number
92321068896	92321068896
* Account Type ⓘ	
Saving	

Previous

Save and Next

Instruções

1. Digite o número de identificação fiscal aplicável
2. Insira as informações bancárias corretas
3. Clique em **Save and Next (Salvar e avançar)**

Principais itens

- Depois de introduzir as informações bancárias e clicar em Save and Next (Salvar e avançar), o sistema validará se a conta bancária com a razão social informada está válida e ativa
- Certifique-se de inserir as informações corretas de roteamento bancário e número de conta para garantir pagamentos oportunos e precisos

69

Detalhes do formulário W9

The screenshot shows the 'W9 Details' page of a web form. On the left is a vertical navigation menu with steps: Instructions, Program Information, Operation Hours, Capacity Information, Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details (highlighted with a blue circle and number 9), and Review and Summary (numbered 10). The main content area is titled 'W9 Details' and includes a red asterisk indicating required fields. It is divided into sections: 'Taxpayer Information' with a text box for 'Name (as shown on your income tax return)' containing 'Griffith, John'; 'TAXATION DETAILS' which is highlighted by a red rounded rectangle and contains a list of six federal tax classification options with radio buttons; 'EXEMPTIONS' with two text boxes for 'Exempt payee code' and 'Exemption from FATCA Report'; and 'TAXPAYER ADDRESS' with fields for 'Street Address', 'Apt/Suite', and 'City'. A 'Need Support?' section at the bottom left includes a 'Log a Ticket' link and a phone number '833-600-2074'.

W9 Details

* indicates required field

Taxpayer Information

For security purposes, programs will need to fill out the following information in order to receive payment. The questions below 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 (as shown on your income tax return) ⓘ

Griffith, John

TAXATION DETAILS

* Check appropriate box for federal tax classification of the person whose name is entered above. Check only one of the following six boxes ⓘ

- ☐ Individual/sole proprietor or single-member LLC
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/estate
- ☐ Limited liability company

EXEMPTIONS ⓘ

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 ⓘ

Street Address Apt/Suite City

Need Support?

Log a Ticket ↗

PHONE
[833-600-2074](tel:833-600-2074)

Instruções

Selecione a classificação fiscal federal apropriada nesta tela W9



Principais itens

Passe o mouse sobre o ícone azul para obter mais informações

Detalhes do formulário W9

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

9 W9 Details

10 Review and Summary

EXEMPTIONS

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

Street Address

Apt/Suite

City

State

Zip Code

CONTACT DETAILS

* Email Address

* Phone Number

TAXPAYER IDENTIFICATION NUMBER (TIN)

* Which type of Identification number you are holding

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](#).

☒ Social Security Number ☐ Employee Identification Number

* Social Security 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 num-

Instruções

1. Informe um "Email Address (Endereço de e-mail)" e o "Phone Number (Número de telefone)"
2. Passe o mouse sobre o ícone Ajuda em "which type of identification number you are holding (qual é o seu tipo de número de identificação)" para obter instruções sobre o que precisa ser feito se você tiver um ITIN

Principais itens

Taxpayer Address (Endereço do contribuinte) será preenchido automaticamente

Detalhes do formulário W9

The screenshot shows the IRS W9 form interface. On the left is a sidebar with steps: Instructions, Program Information, Operation Hours, Capacity Information, Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details (highlighted with a red circle and the number 9), and Review and Summary (highlighted with a red circle and the number 10). The main content area is for the W9 Details step. It includes a header with instructions, a section for Social Security Number or Employee Identification Number (with a red box and the number 1), a section for certifying the information (with a red box and the number 2), and a section for the U.S. Person's signature (with a red box and the number 3). The signature field contains 'Griffith, John'. At the bottom left is a 'Need Support?' section with a 'Log a Ticket' link, phone number '833-600-2074', and email 'eecgrantsupport@mtxb2b.com'. At the bottom right are 'Previous' and 'Save and Next' buttons.

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

9 W9 Details

10 Review and Summary

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](#).

☒ Social Security Number ☐ Employee Identification Number

* Social Security Number

700-01-4023

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 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 U.S. Person

Griffith, John

☐ The legal name and address on my W9 form is different from my legal name and address on my bank account information.

Need Support?

Log a Ticket [↗](#)

PHONE
[833-600-2074](tel:833-600-2074)

EMAIL
eecgrantsupport@mtxb2b.com

Previous Save and Next

Instruções

1. Selecione seu tipo de Taxpayer Identification Number (Número de identificação de contribuinte) e forneça o número
2. Leia e marque cada caixa que se aplica aos critérios de validação
3. Informe o nome completo, como mostrado na conta bancária, a menos que indicado de outra forma



Principais itens

- Preencha os campos nesta tela da mesma forma como você preencheria o formulário W9 do IRS
- Certifique-se de que as informações estejam exatas

Detalhes do formulário W9

Home Support

Operation Hours
Capacity Information
Staff Information
Equity Adjustment
Attestation
Banking Information
9 W9 Details
10 Review and Summary

700-01-4023

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 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 U.S. Person
Griffith, John

1 ☒ The legal name and address on my W9 form is different from my legal name and address on my bank account information.

2 You will be unable to proceed further. Please complete a appeal form [here](#) to request a change.

3

Need Support?

Log a Ticket ↗

PHONE
833-600-2074

EMAIL
eecgrantsupport@mtxb2b.com

Previous Save and Next

Instruções

1. Marque a caixa se a razão social e o endereço no seu W9 forem diferentes dos da sua conta bancária
2. Quando a caixa estiver marcada, uma mensagem de erro será exibida notificando que você não poderá prosseguir; clique no **link** e preencha o formulário de Recurso
3. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Não há item principal

Revisão e resumo

←

EEC ARPA Grants

EEC ARPA Child Care Stabilization Funding Application

Instructions

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Operation Hours

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Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

10 Review and Summary

Review and Summary

Program Information

Provider Details

PROGRAM PROVIDER - NUMBER	PROVIDER NAME	PROVIDER TYPE
P-255911	FCC, Garima	Family Child Care
LICENSED CAPACITY	8	

Provider Address

Address 1 City test MA 000000

PLEASE INDICATE THE FIRST MONTH OF FUNDING FOR WHICH YOU ARE APPLYING IN YOUR INITIAL GRANT APPLICATION. FOR EACH MONTH THAT FOLLOWS, YOU WILL BE REQUIRED TO RECERTIFY OR UPDATE THE INFORMATION YOU SUBMITTED IN THE FIRST MONTH'S GRANT APPLICATION. PLEASE NOTE THAT YOUR PROGRAM MUST BE OPEN TO SERVE CHILDREN IN THE MONTH FOR WHICH YOU ARE APPLYING AND ALL INFORMATION PROVIDED MUST BE CORRECT FOR THAT MONTH.

July

DO YOU NEED TO PROVIDE UPDATES FOR THE INFORMATION BELOW OR IS YOUR INFORMATION NOT LISTED?

Demographics

EEC is federally required to collect the following information on FCC Operators / Center Directors:

GENDER: HOW DO YOU IDENTIFY?

Man

Need Support?

Log a Ticket

Instruções

Revise todas as informações



Principais itens

Para revisar qualquer informação, você pode voltar a qualquer uma das etapas concluídas clicando no nome da etapa, na barra lateral



Revisão e resumo

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WHICH TYPE OF IDENTIFICATION NUMBER YOU ARE HOLDING

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 [HERE](#).

SOCIAL SECURITY NUMBER
700-01-4023

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 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 U.S. PERSON
Griffith, John

☐ The legal name and address on my W9 form is different from my legal name and address on my bank account information.

1 ☒ I have reviewed all the information entered into this application and confirm that it is complete and accurate to the best of my knowledge, and that my program meets eligibility criteria specified by EEC in the application instructions.

2 * Legal Name
Griffith John

3

Need Support?

[Log a Ticket](#)

PHONE
[833-600-2074](tel:833-600-2074)

EMAIL

[Previous](#) [Submit](#)

Instruções

Revise todas as informações

1. Marque a caixa declarando que você leu todos os detalhes e aceitou os Termos e Condições do serviço
2. Forneça a razão social
3. Clique em **Submit (Enviar)** para enviar a solicitação para revisão pelo EEC



Principais itens

Não há itens principais



Projeção de concessão mensal

The screenshot shows the EEC application interface. On the left is a sidebar with navigation links: Instructions, Program Information, Operation Hours, Capacity Information, Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details, and Review and Summary (highlighted with a blue circle and the number 10). The main content area is titled 'Monthly Award Projection' and contains a table with the following data:

MONTH	AMOUNT	STATUS
July	1750	Pending

Below the table, there is a 'Close' button highlighted with a red box and the number 2. The background of the application shows various form fields and instructions, including a section for 'Legal Name' with the value 'Griffith John'.

Instruções

Depois que a solicitação for enviada, a janela "Monthly Award Projection (Projeção de concessão mensal)" será exibida

1. Clique no link se quiser entrar com recurso
2. Revise as informações e clique em **Close (Fechar)**




Principais itens


- Você verá uma mensagem na tela, confirmando que a solicitação foi enviada com sucesso
- A projeção de concessão mensal mostrará um gráfico do valor esperado para concessão por mês

Solicitações em andamento

Solicitações em andamento

 | The Department of Early Education Care

HomeSupport

 PJ

English

ARPA Child Care Stabilization Grant funds may be used for one or more of the purposes below.

- Personnel costs, benefits, premium pay, and recruitment and retention
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance
- Personal protective equipment, cleaning and sanitation supplies and services, or training and
- Professional development related to health and safety practices

My Applications

1

In ProgressSubmittedUnder ReviewProcessedView All

APPLICATION NUMBER	APPLICATION TYPE	ACTION
GAN - 0000263	ARPA Grants	<div>Continue ></div> 2

Instruções

1. Encontre solicitações **em andamento** em **My Applications (Minhas solicitações)**, na página inicial
2. Clique em **Continue (Continuar)**



Principais itens

- Se você já iniciou uma solicitação de subsídio, mas ainda não a enviou, você poderá ver essa solicitação na guia "In Progress (Em andamento)"
- Você não poderá iniciar uma nova solicitação ao clicar no botão "Apply Now (Solicite agora)" se já tiver uma solicitação em andamento

Solicitações em andamento

←

EEC ARPA Grants

ARPA DASHBOARD

Massachusetts' C3 Funding Grant Application Process

✓

Instructions

✓

Program Information

✓

Operation Hours

✓

Capacity Information

✓

Staff Information

✓

Equity Adjustment

✓

Attestation

✓

Documentation

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Banking Information

Account Details

* How would you like to receive your payment?

☐ Check

☐ ACH

You are strongly encouraged to select the ACH electronic payment transfer. ACH transfers are deposited faster to your account and easier to handle compared to the traditional method of paying by check. Unlike checks, ACH transfers are not held up by the time it takes for a check to be mailed, Cannot be lost and do not have to be manually entered

* Which legal name and address would you like to use ?

☐ I would like to use my program's legal name and address

☐ I would like to use my umbrella's legal name and address

ACCOUNT HOLDER INFORMATION

This information has been pulled from your licensing records in LEAD. This data if not accurate will impact your grant payment remittance

* Legal Name ⓘ

Bright Future Child Care

DBA Name ⓘ

Bright StarsUmbrella

Instruções

Continuar com o preenchimento da solicitação

Principais itens

A solicitação é salva após cada passo, permitindo que seja retomada mais tarde

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Recertificação

Recertificação

EEC ARPA Grants
Massachusetts' ARPA Child Care Stabilization Grant Application Process

1

Dashboard
My Applications

Need Support?
Log a Ticket
PHONE: 833-600-2074
EMAIL: eecgrantsupport@mtxb2b.com

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly payments. If you would like to see this application in a different language, please use the drop-down box in the upper right-hand corner to select your preferred language.

Si desea ver esta aplicación en un idioma diferente, utilice el cuadro desplegable en la esquina superior derecha para seleccionar su idioma preferido.

Se desejar ver este aplicativo em um idioma diferente, use a caixa suspensa no canto superior direito para selecionar seu idioma preferido.

如果您想以其他语言查看此应用程序, 请使用右上角的下拉框选择您的首选语言。

Provider Griffith, John ● LICENSED	First Issue Date 12/2/2019	Expiration Date 12/1/2022	Total Capacity 6
--	-------------------------------	------------------------------	---------------------

0 Applications In Progress → 1 Applications Submitted → 0 Applications Under Review →

Available Grants

You currently have an application in progress for this grant, you can't apply for another application. [Apply Today](#)

START DATE DUE DATE STATUS

Instruções

1. Faça login no portal e navegue até a página inicial de concessões da EEC ARPA
2. Role para baixo até encontrar a seção "Recertification (Recertificação)"

Principais itens

Se você estiver associado a mais de um programa, terá de iniciar a sessão no programa que pretende continuar

Recertificação

Recertifications

Congratulations! Your application information indicates that you are eligible for an award of \$13000 for the month of June. Once you submit this recertification, the grants team will review your information and send you confirmation of your award. To complete the recertification, please click where it says “recertify” to confirm or update your information for that month.

MONTH	ACTION	FUND DISTRIBUTION STATUS	AMOUNT	DATE
July	Recertify >	Pending Recertification	\$13000	
June	Recertified	Scheduled	\$13000	

Instruções

Para recertificar, clique no link **Recertify (Recertificar)** ao lado do mês para o qual você está recertificando

Se o link de recertificação não estiver ativo, significa que você já recertificou ou que esse mês ainda não está disponível para recertificação




Principais itens


- Seu período de recertificação mensal começará no início de cada mês corrido
- Você precisará recertificar todos os meses corridos antes de que o pagamento mensal daquele mês seja aprovado pelo EEC




Recertificação

 | Early Education Care

Home Training Support

 JR ▾

English ▾

 ARPA DASHBOARD

Program Information ▾

Provider Details

PROGRAM PROVIDER - NUMBER	PROVIDER NAME	PROVIDER TYPE
P-255505	Bright Future Child Care	Large Group
LICENSED CAPACITY		
76		

Provider Address

121, street apt. Boston NV
02203

DO YOU NEED TO PROVIDE UPDATES FOR THE ABOVE INFORMATION OR IS YOUR INFORMATION NOT LISTED ABOVE?

No

Instruções


1. Revise todos os dados. Os dados serão os mesmos da solicitação original
2. Role até a parte inferior da página para recertificar




Principais itens

Não há itens principais

Recertificação

 | Early Education Care

Home Training Support

 JR ▾

English ▾

Taxpayer Identification Number (TIN)
WHICH TYPE OF IDENTIFICATION NUMBER YOU ARE HOLDING

IF THE ACCOUNT IS IN MORE THAN ONE NAME, SEE THE INSTRUCTIONS FOR LINE 1. ALSO SEE WHAT NAME AND NUMBER TO GIVE THE REQUESTER FOR GUIDELINES ON WHOSE NUMBER TO ENTER.

SOCIAL SECURITY NUMBER
526-35-4570

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 a U.S. citizen or other U.S. person (defined below)
- ☒ The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

*** I re-certify that all the above information is still accurate and nothing has changed over the past Month?**

1 ☒ Yes, The information is accurate ☐ No, my circumstances have changed and I need to edit the application

2

Instruções


1. Selecione "Yes (Sim)" para certificar que as informações são precisas e nada mudou
2. O botão **Recertify (Recertificar)** aparecerá. Clique nele e sua solicitação será enviada com sucesso




Principais itens

Se as informações originais forem precisas e nada tiver sido alterado, clicar em recertificar permitirá que você recertifique para aquele mês e conclua o processo

Recertificação

 | Early Education Care

Home Training Support

 JR ▾

English ▾

Taxpayer Identification Number (TIN)
WHICH TYPE OF IDENTIFICATION NUMBER YOU ARE HOLDING

IF THE ACCOUNT IS IN MORE THAN ONE NAME, SEE THE INSTRUCTIONS FOR LINE 1. ALSO SEE WHAT NAME AND NUMBER TO GIVE THE REQUESTER FOR GUIDELINES ON WHOSE NUMBER TO ENTER.

SOCIAL SECURITY NUMBER
526-35-4570

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 a U.S. citizen or other U.S. person (defined below)
- ☒ The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

*** I re-certify that all the above information is still accurate and nothing has changed over the past Month?**

☐ Yes, The information is accurate **2**

☒ No, my circumstances have changed and I need to edit the application **1**

Edit Application

Instruções

1. Selecione "No (Não)" para editar a solicitação, caso suas circunstâncias tenham mudado
2. O botão **Edit Application (Editar solicitação)** aparecerá. Clique no botão e você será redirecionado para a página da solicitação



Principais itens

Se suas circunstâncias mudaram ou a solicitação não for exata, esta opção permitirá que você atualize sua solicitação para a equipe de Análise de Subsídios processar seus pagamentos futuros

Recertificação

[Home](#) [Training](#) [Support](#)

1

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Need Support?

Log a Ticket

PHONE
800 (123 456)

EMAIL

Eligible programs can apply here for 6 months of monthly stipends. All licensed programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. If you would like to review the allowable uses for funds and the application process before completing the full application, a summary can be found here.

Getting started with your grant application

Each program must complete an individual application to be considered for funding, there is no “multi-site” alternative for this grant program.

Programs should complete the full application to request funds and then confirm or update application information each month to continue receiving monthly payments for six month duration. A summary of application timelines and the review process can be found here.

If you have trouble completing the application, use the Support link on the header of each page to get help.

Who is Eligible for ARPA funds?

- All programs licensed by EEC as of March 11, 2021 and open (or in a temporary COVID-related closure that began after July 15, 2021) at the time of the application are eligible for this funding.
- Funded programs approved by EEC by March 11, 2021 and run by private schools that otherwise meet the conditions above will also be eligible for this funding.

Completing the application

Once you determine you are eligible to apply, please begin the application. Prior to completing

Subgrant funds may only be used for one or more of the purposes below. Please mark which categories you will support with the funding received from the subgrant:

- Personnel costs, benefits, premium pay, and recruitment and retention
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance
- Personal protective equipment, cleaning and sanitation supplies and services, or training and
- Professional development related to health and safety practices
- Purchases of or updates to equipment and supplies to respond to COVID-19
- Goods and services necessary to maintain or resume child care services
- Mental health supports for children and employees

To receive a stabilization grant I agree to use these funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. Note: You can move funds between categories without prior approval.

I also understand that it is my responsibility to maintain records and other documentation to

Instruções

Se você selecionou a opção de editar sua solicitação, passe por cada etapa da solicitação para revisar e atualizar suas informações adequadamente



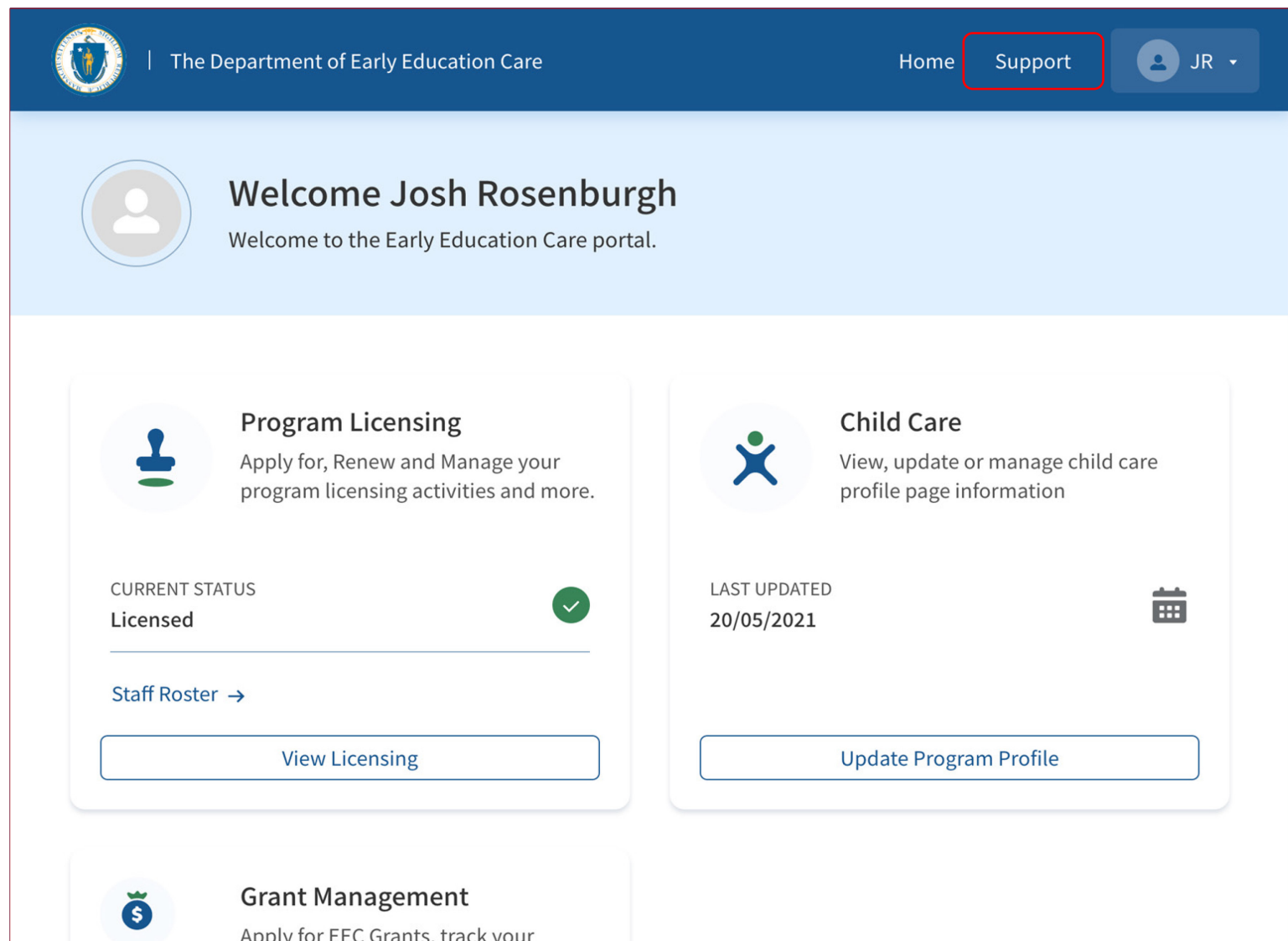
Principais itens

As informações serão preenchidas automaticamente de sua solicitação original, portanto, somente as informações a serem atualizadas precisarão ser inseridas




Precisa de ajuda?


Suporte



The Department of Early Education Care


Home **Support** JR ▾

 **Welcome Josh Rosenburgh**
Welcome to the Early Education Care portal.




Program Licensing

Apply for, Renew and Manage your program licensing activities and more.

CURRENT STATUS
Licensed 


[Staff Roster →](#)

[View Licensing](#)

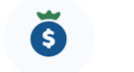


Child Care

View, update or manage child care profile page information

LAST UPDATED
20/05/2021 

[Update Program Profile](#)



Grant Management

Apply for EEC Grants, track your

Instruções

1. Clique em **Support (Suporte)**
2. Ao clicar em **Support (Suporte)**, você irá para a página **Create New Ticket (Criar novo tíquete)**



Principais itens

Este link de suporte permanecerá em vigor durante todo o processo de solicitação

Suporte – Criar novo tíquete

EEC Support
Page Subtitle Nam porttitor blandit accumsan

+ Create New Ticket

All Tickets

Create New Ticket

Ticket Details

*Category
Select an Option

*I need assistance with
Select an Option

*Subject
[Text Input]

*Provider Information
Griffith, John (P-245500)

*Provider Region
Metro Boston

*Phone Number
[Text Input]

*Description
Type the description here

2 Submit Ticket

Instruções

1. Insira as informações necessárias
2. Clique em **Submit Ticket (Enviar tíquete)**



Principais itens

Todos os campos marcados com * devem ser preenchidos

Suporte

The screenshot shows the 'EEC ARPA Grants' application page. The header includes a navigation bar with 'HOME' and 'Support'. The main content area has a sidebar on the left with links to 'Dashboard' and 'My Applications'. Below this is a 'Need Support?' section with a 'Log a Ticket' link, which is highlighted by a red box and a red number '1'. The main content area contains a welcome message, a language selection dropdown, and a table of provider information. At the bottom, there are three status boxes for 'Applications In Progress', 'Submitted', and 'Under Review', and a section for 'Available Grants'.

EEC ARPA Grants
Massachusetts' ARPA Child Care Stabilization Grant Application Process

Dashboard
My Applications

Need Support?

Log a Ticket [↗](#) **1**

PHONE
[833-600-2074](tel:833-600-2074)

EMAIL
eecgrantsupport@mtxb2b.com

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly payments. If you would like to see this application in a different language, please use the drop-down box in the upper right-hand corner to select your preferred language.

Si desea ver esta aplicación en un idioma diferente, utilice el cuadro desplegable en la esquina superior derecha para seleccionar su idioma preferido.

Se desejar ver este aplicativo em um idioma diferente, use a caixa suspensa no canto superior direito para selecionar seu idioma preferido.

如果您想以其他语言查看此应用程序, 请使用右上角的下拉框选择您的首选语言。

Provider Griffith, John ● LICENSED	First Issue Date 12/2/2019	Expiration Date 12/1/2022	Total Capacity 6
--	-------------------------------	------------------------------	---------------------

0 Applications **In Progress** →

1 Applications **Submitted** →

0 Applications **Under Review** →

Available Grants

You currently have an application in progress for this grant, you can't apply for another application. [Apply Today](#)

START DATE DUE DATE STATUS

Instruções

1. No lado esquerdo de cada página de subsídios EEC ARPA, você encontrará **Log a Ticket (Registrar um tíquete)**. Clique em **Log a Ticket (Registrar um tíquete)** para ir à página **Create New Ticket (Criar novo tíquete)**



Principais itens

Não há itens principais



Suporte – Criar novo tíquete

EEC Support
Page Subtitle Nam porttitor blandit accumsan

+ Create New Ticket

All Tickets

Create New Ticket

Ticket Details

*Category
Select an Option

*I need assistance with
Select an Option

*Subject
[Text Input]

*Provider Information
Griffith, John (P-245500)

*Provider Region
Metro Boston

*Phone Number
[Text Input]

*Description
Type the description here

2 Submit Ticket

Instruções

1. Insira as informações necessárias
2. Clique em **Submit Ticket (Enviar tíquete)**



Principais itens

Todos os campos marcados com * devem ser preenchidos

Suporte – Todos os tíquetes

EEC Support
Page Subtitle Nam porttitor blandit accumsan

+ Create New Ticket

All Tickets

All Tickets

Open

Closed

TICKET NUMBER	TYPE	SUBJECT	STATUS	CREATED DATE
00035143	Assist processing application	Need assistance in Processing Application	New	2021-07-26

1

2

Instruções

1. Clique na **guia All Tickets (Todos os tíquetes)** para encontrar a lista de tíquetes enviados
2. Clique em um número de tíquete para ver seus detalhes



Principais itens

- Casos abertos são trabalhados pela equipe de suporte
- Casos fechados foram resolvidos pela Equipe de Suporte

Suporte – Todos os tíquetes

EEC Support

Page Subtitle Nam porttitor blandit accumsan

+ Create New Ticket

All Tickets

1

Ticket Details - 00035143

Type	Subject
Assist processing application	Need assistance in Processing Application
Provider Information	Provider Region
Joshi, Prateek (P-255909)	Western
Phone Number	
(503) 224-2242	
Description	
I need assistance in Processing Application	

2

Back to all tickets

Instruções

1. Visualizar os detalhes do tíquete
2. Clique em **Back to all tickets (Voltar a todos os tíquetes)** para retornar à página anterior



Principais itens

Não há itens principais

Formulário de recurso

Formulário de recurso

The screenshot shows the EEC Grants Application Portal. On the left is a sidebar with links to 'Dashboard', 'My Applications', and 'Need Support?'. The 'Need Support?' section includes a 'Log a Ticket' link and contact information: PHONE 833-600-2074 and EMAIL eecgrantsupport@mtxb2b.com. The main content area is titled 'Available Grants'. At the top, there are three application status cards: 'In Progress' (0 Applications), 'Submitted' (0 Applications), and 'Under Review' (0 Applications). Below these, a red box highlights an error message: 'You are currently not eligible to apply for this grant because you were licensed after 03/11/2021. If you wish to appeal this, please file a appeal form here .' An 'Apply Today' button is visible next to the message. Below the error message is a table with columns 'START DATE', 'DUE DATE', and 'STATUS'. The table contains one row: '7/1/2021', '12/31/2021', and 'Open'. Below the table is a 'Description' section with text in English, Spanish, and Chinese. The English text states: 'Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly stipends. Applications will be accepted on a rolling basis. Programs should complete the full application to request funds and then confirm or update application information each month to continue receiving monthly payments. Programs should apply for this grant during the first month in the grant period (beginning in July 2021) that they are open and serving families. For example, programs that are not open in the summer should submit their application to start in September.' The Spanish text says: 'Si desea ver esta aplicación en un idioma diferente, utilice el cuadro desplegable en la esquina superior derecha para seleccionar su idioma preferido.' The Chinese text says: '如果您想以其他语言查看此应用程序, 请使用右上角的下拉框选择您的首选语言.'

START DATE	DUE DATE	STATUS
7/1/2021	12/31/2021	Open

Description

Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly stipends. Applications will be accepted on a rolling basis. Programs should complete the full application to request funds and then confirm or update application information each month to continue receiving monthly payments. Programs should apply for this grant during the first month in the grant period (beginning in July 2021) that they are open and serving families. For example, programs that are not open in the summer should submit their application to start in September.

If you would like to see this application in a different language, please use the drop-down box in the upper right-hand corner to select your preferred language.

Si desea ver esta aplicación en un idioma diferente, utilice el cuadro desplegable en la esquina superior derecha para seleccionar su idioma preferido.

Se desejar ver este aplicativo em um idioma diferente, use a caixa suspensa no canto superior direito para selecionar seu idioma preferido.

如果您想以其他语言查看此应用程序, 请使用右上角的下拉框选择您的首选语言。

Instruções

Clique **aqui** para entrar com um recurso.
(Você pode ver este link em vários locais ao preencher a solicitação, e sua funcionalidade permanece a mesma)



Principais itens

Se o botão Apply Today (Solicitar agora) estiver esmaecido, você não poderá solicitar outra concessão até que a solicitação em andamento seja concedida. Você pode entrar com um recurso para superar essa barreira

Formulário de recurso

[Home](#) [Support](#)

[←](#) **EEC ARPA Grants - Appeal**

ARPA DASHBOARD

Appeal Form

* indicates required field

Please check off the information that is being contested. Please describe the accurate information in the relevant check box and attach any documentation. If you are asking for different information to be considered, please describe what you would like considered in the text field and attach relevant documentation.

Select the below information on which you would like to Appeal?

Appeal Information

☐ Eligibility

☐ Licensed Capacity

☐ Staff Information

☐ Equity

☐ I am in middle of my address change

☐ Other

☐ I would like to submit additional information on the families my program serves to justify an equity adjustment.

Instruções

Selecione o recurso na lista de verificação
Appeal Information (Informação sobre o
recurso)



Principais itens

Não há itens principais



Formulário de recurso

The screenshot shows a web form titled 'Appeal Information'. It contains several sections and a 'Save and Next' button at the bottom right. Red numbers 1 through 4 are placed next to specific elements in the form:

- 1** points to a text input field with the label '* What is the correct information or special consideration being requested?'.
- 2** points to a checkbox labeled 'I would like to submit additional information on the families my program serves to justify an equity adjustment.'
- 3** points to another text input field with the label '* What is the correct information or special consideration being requested?'.
- 4** points to the 'Save and Next' button.

The form includes the following visible elements:

- Appeal Information** (Section Header)
- ☐ Eligibility
- ☒ Licensed Capacity
- Total Capacity**
- 40 (Value in a slider)
- * What is the correct information or special consideration being requested? (Text input field)
- ☐ Staff Information
- ☐ Equity
- ☐ I am in middle of my address change
- ☐ Other
- ☒ I would like to submit additional information on the families my program serves to justify an equity adjustment.
- * What is the correct information or special consideration being requested? (Text input field)
- Save and Next (Button)

Instruções

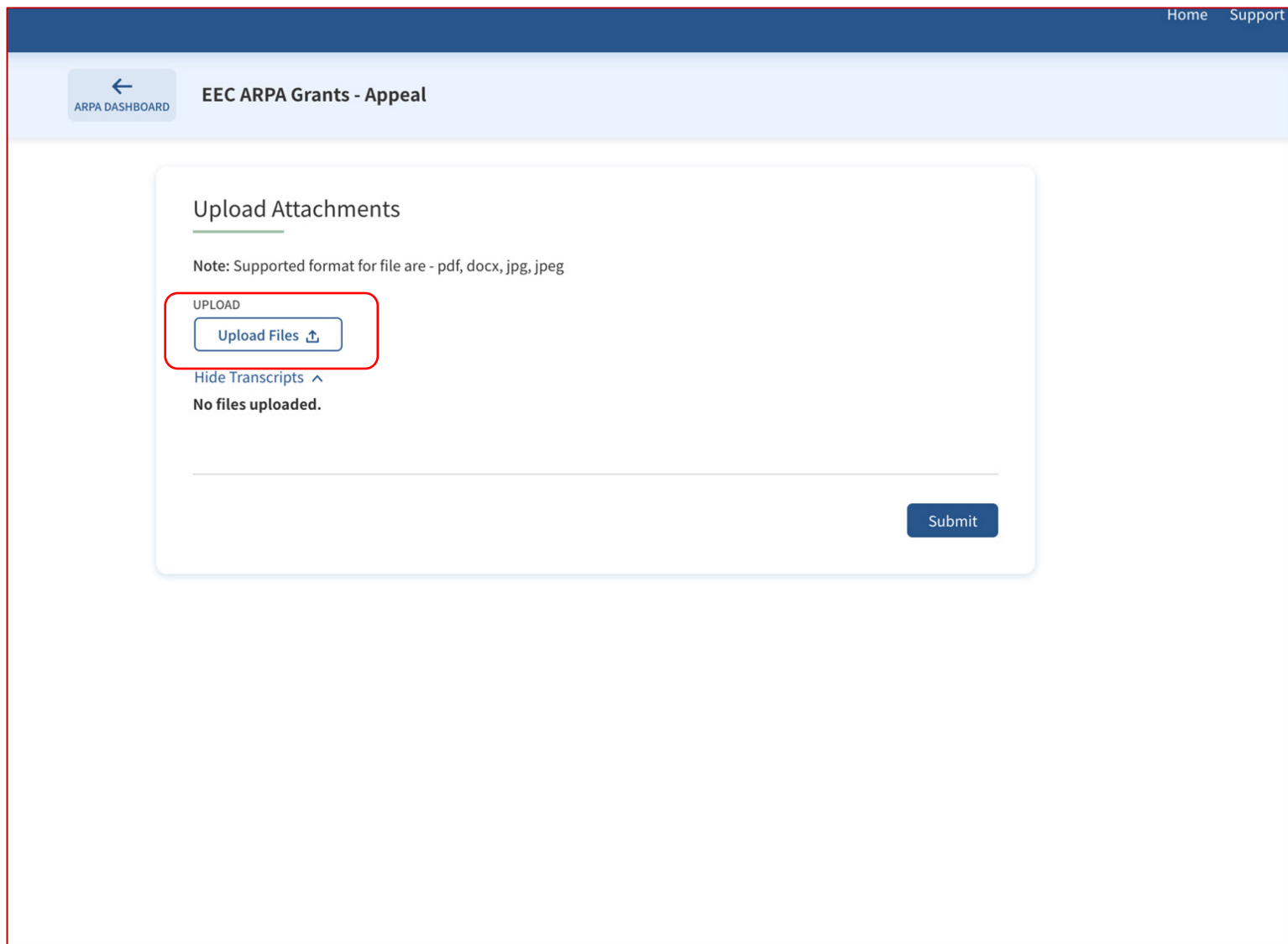
1. Insira os detalhes sobre as informações corretas ou consideração especial sendo solicitada
2. Para enviar informações adicionais sobre as famílias que seu programa atende, para justificar um ajuste patrimonial, marque a caixa
3. Forneça as informações corretas
4. Clique em **Save and Next (Salvar e avançar)**



Principais itens

Não há itens principais

Formulário de recurso



The screenshot shows a web interface for 'EEC ARPA Grants - Appeal'. At the top, there is a navigation bar with 'Home' and 'Support' links. Below this, a header bar contains a back arrow and the text 'ARPA DASHBOARD'. The main content area is titled 'Upload Attachments'. A note specifies supported file formats: pdf, docx, jpg, jpeg. A red box highlights the 'UPLOAD' section, which includes a button labeled 'Upload Files' with an upload icon. Below the button, there is a link 'Hide Transcripts' and the text 'No files uploaded.'. A 'Submit' button is located at the bottom right of the form area.

Home Support


← ARPA DASHBOARD


EEC ARPA Grants - Appeal

Upload Attachments

Note: Supported format for file are - pdf, docx, jpg, jpeg

UPLOAD

Upload Files 

Hide Transcripts 

No files uploaded.

Submit

Instruções

1. Clique em **Upload Files (Carregar arquivos)**
2. Selecione arquivos suportados



Principais itens

Não há itens principais

Formulário de recurso

The screenshot shows a web interface for 'EEC ARPA Grants - Appeal'. At the top, there is a dark blue header with 'Home' and 'Support' links. Below this, a grey bar contains a back arrow and 'ARPA DASHBOARD'. The main content area is titled 'EEC ARPA Grants - Appeal'. Underneath, there is a section 'Upload Attachments' with a note: 'Note: Supported format for file are - pdf, docx, jpg, jpeg'. Below the note is an 'UPLOAD' section with a button 'Upload Files' and an upward arrow icon. A modal window titled 'Upload Files' is open, showing a file 'Screenshot 2021-06-17 at 12.57.15 PM.png' with a progress bar. At the bottom of the modal, it says '1 files selected' and there is a blue button labeled 'Start Upload' which is highlighted with a red rectangle.

Instruções

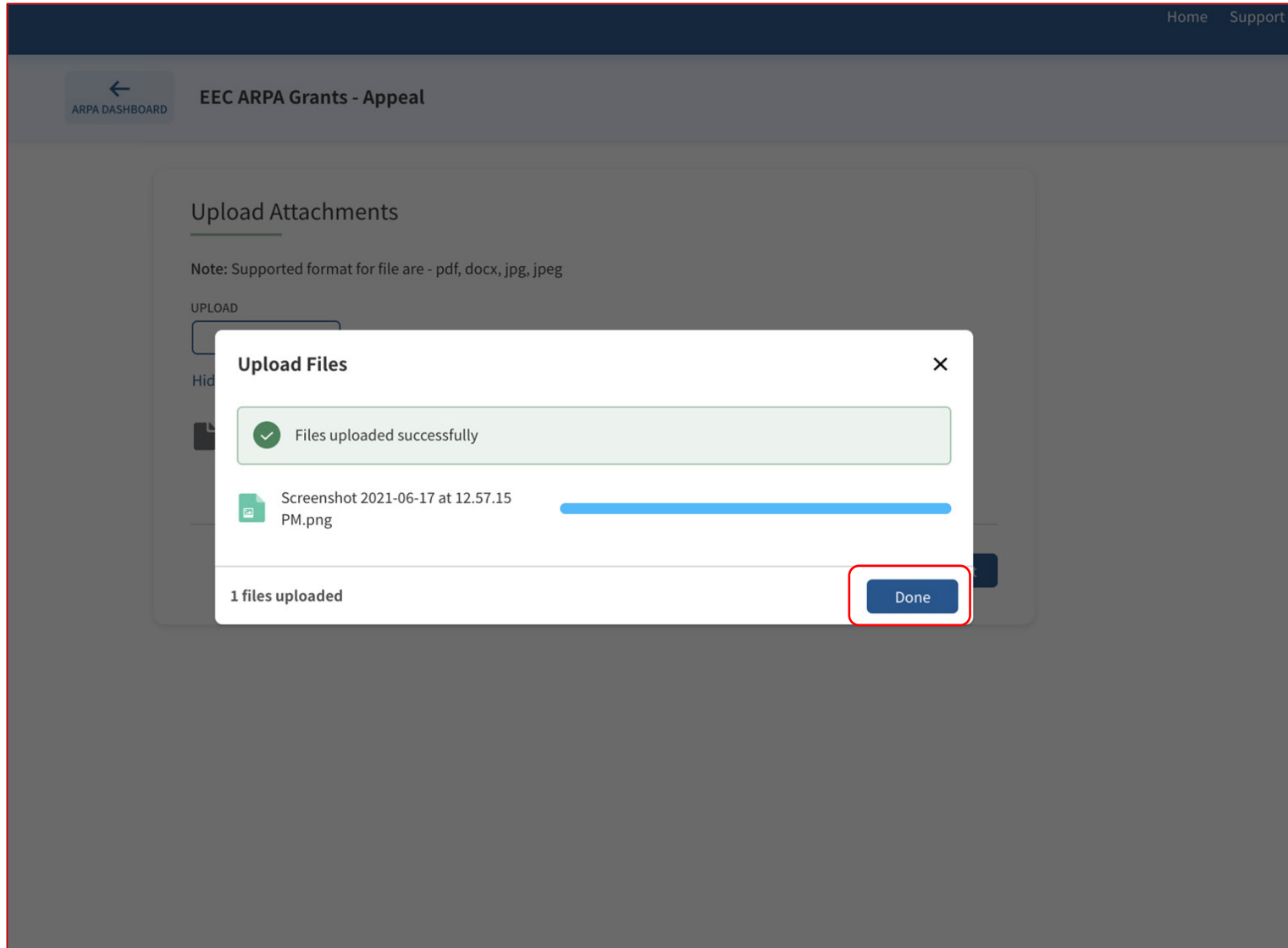
Clique em **Start Upload (Iniciar carregamento)**



Principais itens

Não há itens principais

Formulário de recurso



Instruções

Clique em **Done (Concluído)** assim que o arquivo for carregado



Principais itens

Não há itens principais

Formulário de recurso

The screenshot shows a web interface for the 'EEC ARPA Grants - Appeal' form. At the top, there is a dark blue header with 'Home' and 'Support' links. Below this is a light blue navigation bar with a back arrow and 'ARPA DASHBOARD' link, followed by the title 'EEC ARPA Grants - Appeal'. The main content area is white and contains a section titled 'Upload Attachments'. Below the title, a note states: 'Note: Supported format for file are - pdf, docx, jpg, jpeg'. Under the heading 'UPLOAD', there are two buttons: 'Upload Files' with an upload icon and 'View Transcripts' with a dropdown arrow. The 'View Transcripts' button is highlighted with a red rectangle. At the bottom right of the form area is a blue 'Submit' button.

Instruções

Clique em **View Transcripts (Ver cópias)** para ver ou excluir os arquivos carregados



Principais itens

Não há itens principais

Formulário de recurso

The screenshot shows the 'EEC ARPA Grants - Appeal' form. At the top, there is a navigation bar with 'Home' and 'Support' links. Below this, a breadcrumb trail shows 'ARPA DASHBOARD' and 'EEC ARPA Grants - Appeal'. The main section is titled 'Upload Attachments' and includes a note: 'Note: Supported format for file are - pdf, docx, jpg, jpeg'. Under the 'UPLOAD' section, there are two buttons: 'Upload Files' (with an upload icon) and 'Hide Transcripts' (with a dropdown arrow). A red box labeled '1' highlights the 'Hide Transcripts' button. Below this, a file upload area shows a file named 'Screenshot_2021-06-17_at_12.57.15_PM_2021-08-02T3331990+0530.png'. To the right of the file name are two buttons: 'View' and 'Delete', both highlighted with red boxes and labeled '2' and '3' respectively. At the bottom right of the form, there is a 'Submit' button, highlighted with a red box and labeled '4'.

Instruções

1. Clique em **Hide Transcript (Ocultar cópia)** para ocultar os carregamentos
2. Clique em **View (Visualizar)** para uma visualização rápida do carregamento
3. Clique em **Delete (Excluir)** para remover o carregamento
4. Clique em **Submit (Enviar)**



Principais itens

Não há itens principais



Isso conclui o Guia do usuário do prestador MA EEC

OBRIGADO

