



# MA EEC Provider – User Guide



# Table of Contents

[Login](#)

[Application Submission – Center Grants](#)

[Application Submission – FCC Grants](#)

[In Progress Applications](#)

[Recertification](#)


[Need Support?](#)

[Appeal Form](#)




# 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](#)



## Instructions

Go to [https://eeclead.force.com/EEC\\_Login](https://eeclead.force.com/EEC_Login)

1. Enter your LEAD username and password
2. Click **Login**

## Key Points

- If you have forgotten your password, you can click **Forgot Password?** and follow the steps to reset your password
- If you have forgotten your username, or if you are having a problem logging into your account, click **Support Ticket**



# Homepage

The screenshot shows the homepage of the Early Education Care portal. At the top, there is a dark blue navigation bar with the Early Education Care logo on the left, the text "Early Education Care" in the center, and navigation links "Home", "Training", and "Support" on the right. The "Home" link is highlighted with a red box and a red number "1". To the right of the navigation links is a user profile dropdown menu showing "JR" with a downward arrow. Below the navigation bar is a light blue header section with a circular profile picture placeholder on the left, the text "Welcome Josh Rosenburgh" in the center, and "Welcome to the Early Education Care portal." below it. The main content area is white and contains three cards. The first card is "Program Licensing" with a blue pin icon, the text "Apply for, Renew and Manage your program licensing activities and more.", a "CURRENT STATUS Licensed" section with a green checkmark icon, a "Staff Roster →" link, and a "View Licensing" button. The second card is "Child Care" with a blue person icon, the text "View, update or manage child care profile page information", a "LAST UPDATED 20/05/2021" section with a calendar icon, and an "Update Program Profile" button. The third card is "Grant Management" with a blue dollar sign icon, the text "Grant Management", and a red number "2" next to it. The card is highlighted with a red box.

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


## Instructions


1. Once logged in, you will land on the homepage
2. Scroll down to find Grants Management Card

## Key Points

Clicking on the View Grants button will open the Grants Management system and dashboard


# Homepage

 | Early Education Care

Home   Training   Support    JR ▾

program licensing activities and more.

CURRENT STATUS


Licensed 

Staff Roster →


View Licensing

profile page information

LAST UPDATED

20/05/2021 

Update Program Profile

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

View Grants

## Instructions


Click the **View Grants** button in the **Grants Management** card

## Key Points

Clicking on the View Grants button will open the Grants Management system and dashboard




# Grants Page



 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

## Instructions

Click on the **Log in** button of the desired Program, and you will be redirected to its **EEC ARPA Grants** page




## Key Points


If you are registered with many programs, you can search for the Provider using the Search bar



# Dashboard – Available Language


The Department of Early Education Care

HomeSupport

PJ

English

EnglishEspañolPortuguese普通话

EEC ARPA Grants

HOME

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	6/27/2019	7/16/2023	20
 LICENSED			

1Applications

In Progress

→

0Applications

Submitted

→

0Applications

Under Review

→

## Instructions

The EEC ARPA Grant Application is available in English, Spanish, Portuguese and Mandarin. Click the drop-down box in the upper right-hand corner to select your preferred language




## Key Points

This message is also displayed in multiple languages to help applicants know they can switch the language if they need to. From the drop-down list, you can select English, Spanish, Portuguese, and Mandarin languages



# Dashboard

The Department of Early Education Care

HomeSupportPJEnglish

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

1Applications  
In Progress→

0Applications  
Submitted→

0Applications  
Under Review→

Available Grants

## Instructions

On the Dashboard, you'll find:

- Applications In Progress - applications that have been started and saved, but not submitted
- Applications Submitted - applications that have been submitted
- Applications Under Review - applications that have been submitted and are currently under review



## Key Points

The Grants Dashboard will indicate the number of grant applications in progress, submitted, or under review



# Application Submission (Center Grants)



# Available Grants

home Support

Dashboard

My Applications

Need Support?

Log a Ticket

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

EMAIL  
[eecgrantsupport@mtxb2b.com](mailto: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)

## Instructions

Click **Apply Today** from the **Available Grants** section

## Key Points

Please note that once you have started an application, this “apply today” button will be disabled, but if you scroll down to the bottom of the screen you will be able to see any applications you have in progress and will be able to return to them by clicking continue





# Instructions

HomeSupport

←

EEC ARPA Grants

EEC ARPA Child Care Stabilization Funding Application

ARPA DASHBOARD

1Instructions

2Program Information

3Operation Hours

4Capacity Information

5Staff Information

6Equity Adjustment

7Attestation

8Banking Information

9W9 Details

10Review 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

## Instructions

1. After clicking **Apply Today**, you will be redirected to the **Instructions** page
2. Read all the Instructions that will help in getting started with your Grant Application

## Key Points

You can read the instructions to understand the basics of the grant program and what you will need to fill out your application





# Instructions

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

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- 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:

- 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

## Instructions

1. Click **Next** to continue
  - or -
1. Click **Cancel** to cancel the application filing process

## Key Points

No key points



# Program Information

[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 ⓘ

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 ).

40

Provider Type

Large Group

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 ▼

Need Support?

[Log a Ticket](#)

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

## Instructions

Fields that are read-only have been auto-populated based on information received from LEAD:

- Provider Details
- Licensed Capacity by Age group
- Provider Address

## Key Points

- If your licensed capacity is incorrect, click on the underlined link (that says "here") above the 'Licensed Capacity' field to be redirected to the Appeals Form
- All the fields with \* are mandatory



# Program Information

[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 ⓘ

Provider Name

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](https://eeclead.force.com/EEC_ChildCareSearch)

(If your licensed capacity is complete a appeal form [here](#)).

Large Group

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](tel:833-600-2074)

## Instructions

Please note that throughout the application there are blue icons with the letter "i" If you hover over these icons, you can see additional information about how to fill out that specific application question

## Key Points

The Program Provider Number is a unique identifier. Click the following link to find your Program Provider Number:  
[https://eeclead.force.com/EEC\\_ChildCareSearch](https://eeclead.force.com/EEC_ChildCareSearch)



# Program Information

[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

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 ).

40

Provider Type

Large Group

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

## Instructions

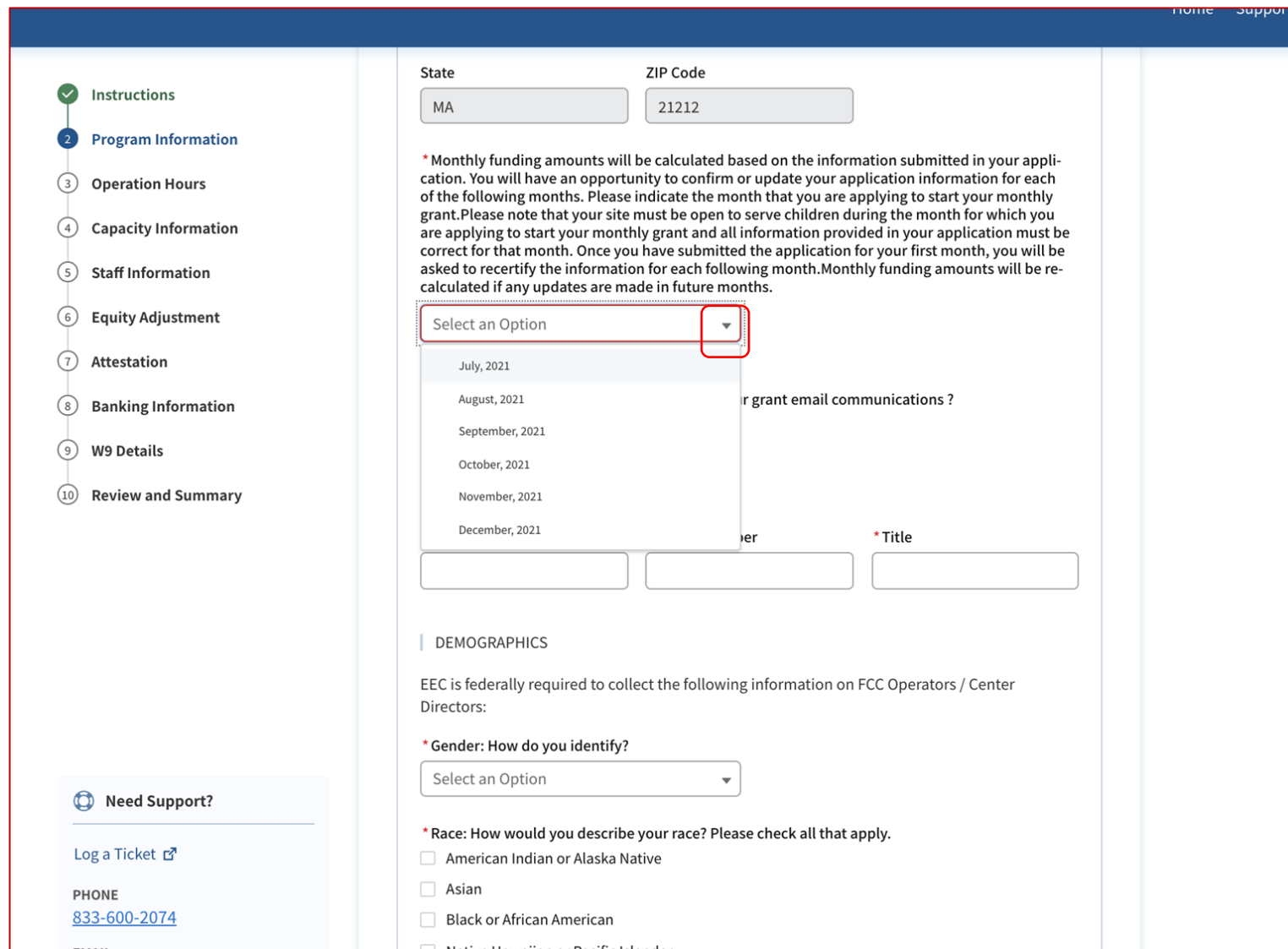
The first field you need to select is the month for which you are applying. Indicate the month for which you are filling out your initial grant application. Each month after the initial application will require you to recertify or update the information you submitted in the first month's grant application

## Key Points

Your program **must be open** to serve children in the month for which you are submitting your initial grant application to apply for grant funding and all information provided must be correct for the month you are applying. Providers who are open and otherwise meet eligibility criteria are able to apply for grant funding starting in July



# Program Information



The screenshot shows a web application for program information. On the left is a sidebar with a vertical list of 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 content area is titled 'Program Information' and contains several sections. At the top, there are input fields for 'State' (MA) and 'ZIP Code' (21212). Below these is a paragraph of text explaining that monthly funding amounts will be calculated based on the information submitted, and that applicants must indicate the month they are applying to start their grant. This is followed by a dropdown menu labeled 'Select an Option' with a red box around it, showing a list of months from July, 2021 to December, 2021. Below the dropdown is a section titled 'DEMOGRAPHICS' with a note that EEC is federally required to collect information on FCC Operators / Center Directors. This section includes a dropdown for 'Gender: How do you identify?' and a checkbox list for 'Race: How would you describe your race? Please check all that apply.' The race options are: American Indian or Alaska Native, Asian, Black or African American, and Native Hawaiian or Pacific Islander. At the bottom left, there is a 'Need Support?' section with a 'Log a Ticket' link and a phone number: 833-600-2074.

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

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

## Instructions

1. Click on the drop-down and select the first month of funding for which you are applying in your initial grant application
2. Programs should apply for this grant for the first month in the grant period (July 2021) they are open and serving families. For example, programs that are not open in the summer should submit their application to start in September

## Key Points

Eligible applicants can apply for up to six months of funding beginning in July

Applicants eligible for funding starting in July funding should choose July as the first month for their grant application



# Program Information

The screenshot shows a web form titled 'Program Information'. On the left is a vertical sidebar with 10 steps: 1. Instructions (checked), 2. Program Information (highlighted), 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 sections: a language selection dropdown (labeled 1), a 'PRIMARY CONTACT DETAILS' section with fields for email address, phone number, and title (labeled 2), and a 'DEMOGRAPHICS' section (labeled 3) containing a notice about FCC requirements, gender, race, and ethnicity dropdowns, and a list of race checkboxes. At the bottom right, there are 'Previous' and 'Save and Next' buttons (labeled 4). A 'Need Support?' section at the bottom left includes a 'Log a Ticket' link and contact information for phone and email.

**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

## Instructions

1. Choose your preferred language
2. Enter the primary contact details
3. Enter all required information
4. Click **Save and Next** to continue

## Key Points

To go back to the previous page, click **Previous** (this is applicable throughout the application). Navigate throughout sections of the application by clicking on the step number in the top-left of the screen, “Previous” or “Save and Next” at the bottom of the screen. Clicking the “back” button on your web browser, may impact your ability to save changes



# Operation Hours

✓ 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

☐ 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

## Instructions

1. Review the **Fee Schedule** and **Days and Hours of Operations** in the Provider Information section
2. If this information is incorrect or incomplete, click on the link to navigate to your EEC LEAD Consumer Web Page to make edits

## Key Points

When you click the link, a new web browser tab opens, complete your updates and close the window to return to the application; any changes you make here will reflect on your site's consumer web page





# Child Care 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

Prateek Large Group

new st 2 Boston Road , MA 21212

View public profile

Directions →

Phone

Email

prateek.b.joshi+sadfjwoe@mtxb2b.com

Current Enrollment Status ?

--None--

MapSatellite

Keyboard shortcuts Map data ©2021 Terms of Use


OTHER DETAILS

Schedules and Fees


Other Information

Accreditation

Financial Assistance Accepted

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: ?

## Instructions

Once you have clicked on the link from the Provider Information section, you will be landing on the EEC LEAD Consumer Web Page

1. Click the 'Edit icon' to edit or create your program's Schedules and Fees

## Key Points

No key points

20



# Child Care Edit

PROFILE EDIT

Some information on profile is not available content included

Joshi, P

new st Boston Road ,

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								

## Instructions

Once you have clicked on the 'edit icon' from the EEC LEAD Consumer Web Page,, 'Schedule and Fees' pop-up window will open-up

1. Click the 'plus icon'
2. Click **Save** to open the pop-up application window

## Key Points

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



# Child Care 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 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

## Instructions

1. Enter the required details
2. Click on **Save**; the application will be saved and you will be redirected to 'Child Care Page'
3. Click **Go Back** to come back to the 'Child Care Page' without saving the information
4. Click on **Add Day** and/or **Add Fee** to include more details

## Key Points

Enter the Fee Amount in only a numeric form



# Child Care Edit

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.

EXIT

SAVE

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

posting concerts & markets

Auditing Department

Entrance / Exit

Entrance / Exit

Bos

at

G

Government Center

Google

Keyboard shortcuts

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

## Instructions

Click the 'plus icon' to add Schedule and Fees

## Key Points

No key points



# Child Care Edit

PROFILE EDIT

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

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

**Schedules and Fees**

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  
Day --None-- Start Time --None-- End Time

ADD DAY ADD FEE  
GO BACK SAVE

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

## Instructions

1. Enter the required details
2. Click on **Save**; the application will be saved and you will be redirected to 'Child Care Page'
3. Click **Go Back** to come back to the 'Child Care Page' without saving the information
4. Click on **Add Day** and/or **Add Fee** to include more details

## Key Points

You cannot have the same Schedule Type twice



# Child Care Edit

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 Plaza

Downtown Boston

hosting concerts & markets

Auditing Department

Entrance / Exit

Entrance / Exit

Bos

at G

Government Center

Google

Keyboard shortcuts

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

## Instructions

1. Click **Save**; a pop-up window will appear to confirm saving the application. Click **Save**; the application will be saved
2. Click **Exit**; a pop-up window will display to confirm exiting from the application. Click **Exit** return to the 'Operation Hours' page

## Key Points

No key points

25

# Operation Hours

✓ 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

2

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

3

Previous

Save and Next

Need Support?

Log a Ticket ↗

PHONE  
800 (123 456)

EMAIL

## Instructions

1. Review 'DAYS AND HOURS OF OPERATION' information. (These details are retrieved from your site's consumer web page)
2. Check the acknowledgement box
3. Click **Save and Next**

## Key Points

If you updated the 'Days and Hours Of Operation' information on your site's consumer web page, you will need to refresh this screen to see the changes take place on this screen



# Capacity Information

✓ 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 ↗

## Instructions

Enter the number of children enrolled in your program on the first of the month by each age group listed. For example, if this program is applying for July funding and has 10 infants under 12 months enrolled on July first, then the number 10 should be entered next to 0-12 months



## Key Points

Once you have completed all the different age ranges, the system will automatically add the enrollment numbers from each age category to report on the total of your current enrollment. If the total is incorrect, please review your count by age group



# Capacity Information

✓ 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)

## Instructions

If your program helps families to pay for care, answer **'Yes'** to be prompted for more information

## Key Points

If your program offers additional support outside of subsidies to families, answer those additional questions. This could include sibling or staff discounts, scholarships, sliding scale tuition or other types of reduced tuition





# Capacity Information

✓ 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

## Instructions

**For center-based providers** - enter the number of classrooms currently open in your program by age group. If a classroom serves children in two age groups, count it in the youngest applicable group

## Key Points

For example, if you have a classroom that serves infants and toddlers together, count the classroom in the infant category and NOT the toddler category. You will see the total number of classrooms summarized at the bottom of the screen

The logo for the Early Education Center (eec) features a stylized red apple with a green leaf, and the lowercase letters 'eec' in white.

29

# Capacity Information

✓ 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

2

Previous Save and Next

Need Support?

Log a Ticket ↗

PHONE  
800 (123 456)

EMAIL

## Instructions

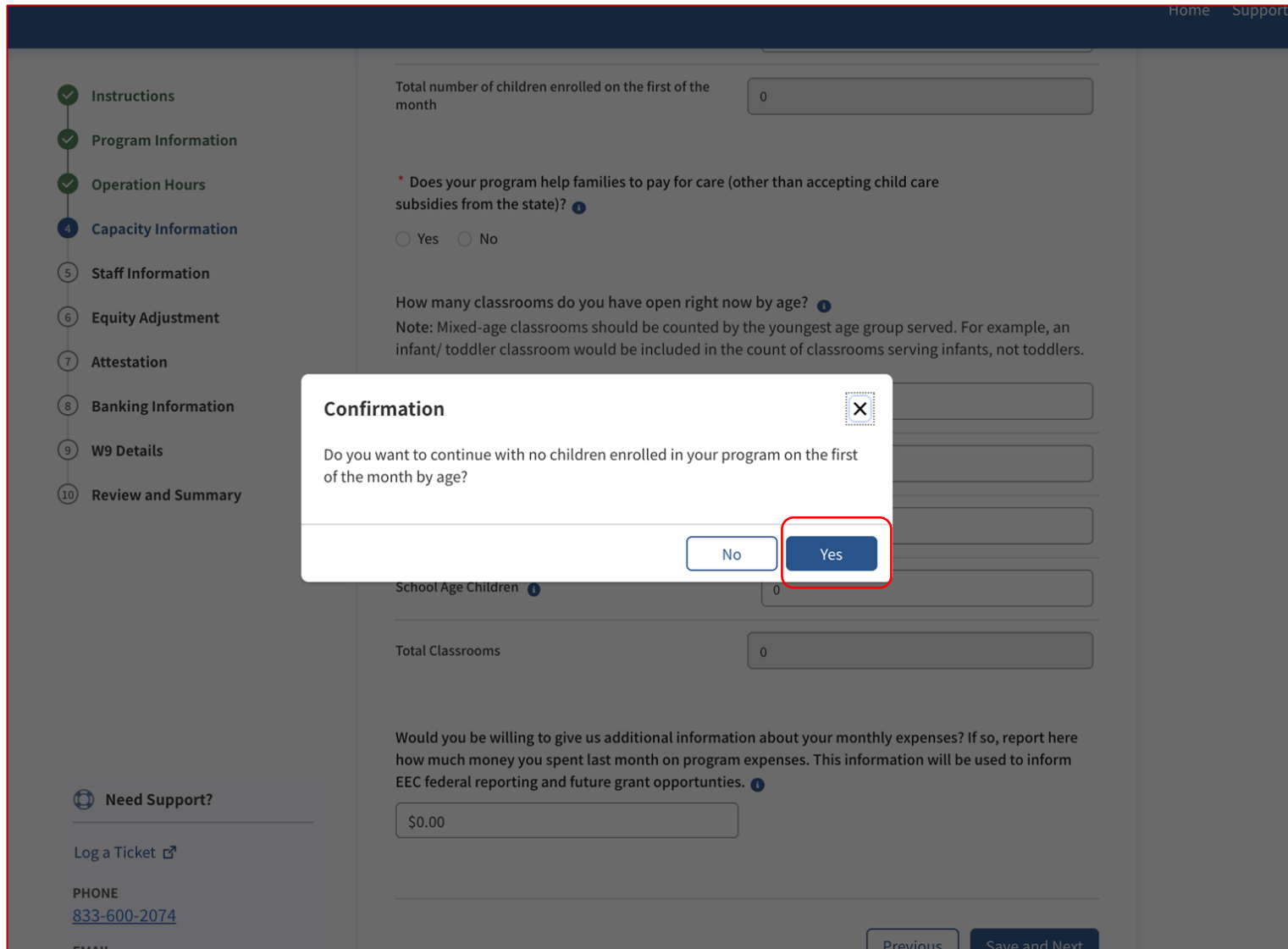
1. You may provide additional information about your monthly program expenses
2. Click **Save and Next**

## Key Points

A report on the amount you spent last month on program expenses will be used to inform EEC federal reporting and future grant opportunities



# Capacity Information



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 fields: "Total number of children enrolled on the first of the month" (0), a question about subsidies, "How many classrooms do you have open right now by age?" (0), "School Age Children" (0), "Total Classrooms" (0), and a field for monthly expenses (\$0.00). A "Confirmation" dialog box is open in the center, asking "Do you want to continue with no children enrolled in your program on the first of the month by age?". The "Yes" button is highlighted with a red box. At the bottom of the form are "Previous" and "Save and Next" buttons.

Home Support

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

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 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.

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

Need Support?

Log a Ticket

PHONE

833-600-2074

Previous Save and Next

Confirmation

Do you want to continue with no children enrolled in your program on the first of the month by age?

No Yes

## Instructions

If the **Total number of children enrolled on the first of the month** field is 0, a confirmation window will appear after clicking **Save and Next**

1. Click **Yes** to proceed with the application

## Key Points

No key points

# Staff Information – Children Enrolled

←

EEC ARPA Grants

ARPA DASHBOARD

EEC ARPA Child Care Stabilization Funding Application

✓

Instructions

✓

Program Information

✓

Operation Hours

✓

Capacity Information

✓

Staff Information

6

7

Attestation

8

Banking Information

9

W9 Details

10

Review and Summary

Need Support?

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"/>

## Instructions

This page will appear if you have enrolled children for the first month

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

## Key Points

Center-based providers will be asked to provide a count of the number of full time equivalents or FTEs in different roles. A FTE is a calculation of the percentage of full time coverage your staff provides. Read the instructions about how to count full-time staff and how to provide wage information



# Staff Information – Children Enrolled

✓ 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

## Instructions

1. Populate staffing information
2. Mark 'Yes' or 'No', to federal/state funding question
3. Mark all the benefits your organization offers to educators
4. Mark 'Yes', if you have provided additional stipends or bonuses in FY21

## Key Points

For more information about how to fill out these fields, hover over the help "I" icons



# Staff Information – Children Enrolled

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

dren and families?

☐ Yes

☐ No

\* Which benefits does your organization offer to educators?

☐ Paid Time off

☐ Dental insurance

☐ Paid parental leave

☐ Flexible Spending Account (FSA)

☐ Other

☒ Health insurance

☒ Disability

☐ Vision insurance

☐ Tuition assistance

☐ None

☐ Paid sick leave

☐ Retirement (401k/403b)

☐ Life insurance

☐ Reduced cost child care

\* 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.

Appeal form

Previous

Save and Next

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

[eecgrantsupport@mtxb2b.com](mailto:eecgrantsupport@mtxb2b.com)

## Instructions

1. Select the compensation range of your organization's highest paid employee
2. If you have selected \$750K+, a dependency field will appear; specify the compensation amount
3. Click on **Save and Next**

## Key Points

The compensation ratio is automatically populated based on the information you provide about salaries. If you feel the compensation ratio is not accurate as per your program, click the **link** to raise an appeal

34

# Equity Adjustment

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

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

**6 Equity Adjustment**

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Equity Adjustment

Equity Information

The following information was used to determine your award total:

Census Tract SVI ⓘ	Zip Code Tabulation Area (ZCTA) SVI
<input type="text" value="0.88"/>	<input type="text" value="0.89"/>
% of Children receiving subsidies Feb 2020	% of Children receiving subsidies May 2021
<input type="text" value="0%"/>	<input type="text" value="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 Out

## Instructions

1. The Equity Adjustment displays the information used to determine your award total.
2. Click **Save and Next**

## Key Points

A message will be displayed on the screen based on formula calculations on the previous page. This is read only





# Attestation

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

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

## 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

## Instructions

1. Mark all the categories that you support with the funding received from the grant
2. Check the box for the attestation statement

## Key Points

- By checking Attestation boxes, you are attesting that this language is true
- By checking the second box, you are agreeing that you will use these funds only for the categories and purposes you have indicated on this application



# Attestation

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

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

## Instructions

1. Provide the Legal Name (either legal name of the program or the legal name of the person filling out the application)
2. Click **Save and Next**

## Key Points

By signing this application, you are certifying that you will meet requirements throughout the period of the grant

37

# Banking Information

Home Support

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

Need Support?  
Log a Ticket  
PHONE  
833-600-2074  
EMAIL

## 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

### ACCOUNT HOLDER INFORMATION

3 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](#).

## Instructions

1. Select the Payment type (EFT or check by mail)
2. Select the type of Legal Name and Address you want to use
3. Read the Account Holder Information. To raise an appeal, click the underlined link

## Key Points

- Your legal name and address information will be pre-populated from your LEAD licensing records
- Please be advised that choosing to receive paper checks instead of electronic fund payments may delay payments due to processing and mailing



# Banking Information

The screenshot shows a web form for entering banking information. On the left is a vertical navigation menu with steps 1 through 10. Step 8, 'Banking Information', is highlighted with a red circle and a red number '1' next to it. The main form area has two sections. The first section, 'ACCOUNT HOLDER ADDRESS', is highlighted with a red box and a red number '4' next to it. It contains a yellow warning box, a 'Street Address' field with 'new st 2', an 'Apt/Suite' field, a 'City' field with 'Boston Road', a 'State' dropdown menu with 'Massachusetts', and a 'ZIP Code' field with '21212'. The second section, 'CURRENT FINANCIAL INSTITUTION', is highlighted with a red box and a red number '2' next to it. It contains a 'Financial Institution Name' field with 'CRAZY JIM'S PIZZA', a 'Routing Number' field with '122199983', an 'Account Number' field with '93392589249', a 'Confirm Account Number' field with '93392589249', and an 'Account Type' dropdown menu with 'Saving'. At the bottom right of the form, there are 'Previous' and 'Save and Next' buttons. The 'Save and Next' button is highlighted with a red box and a red number '3' next to it. A red number '1' is also placed next to the 'Banking Information' step in the navigation menu. A red number '4' is placed next to the 'ACCOUNT HOLDER ADDRESS' section header. A red box highlights the 'Save and Next' button.

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

ACCOUNT HOLDER ADDRESS ⓘ 4

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

Need Support?

Log a Ticket ↗

PHONE

833-600-2074

EMAIL

## Instructions

1. Enter the applicable Tax Identification Number
2. Enter correct banking information
3. Click **Save and Next**
4. Hover over the "i" Help Text icon for more information (applicable throughout the portal)

## Key Points

- Once the bank information is entered and you click **Save and Next**, the system will validate that the bank account with the given legal name is valid and active
- Make sure to enter your correct bank routing and account number information to ensure timely and accurate payments!



# W9 Details

←

EEC ARPA Grants

EEC ARPA Child Care Stabilization Funding Application

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

9 W9 Details

10 Review and Summary

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.  
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 ⓘ

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company

EXEMPTIONS ⓘ

Need Support?

Log a Ticket ↗

## Instructions

1. Select the appropriate federal tax classification on this W9 Screen
2. Hover over 'Help icon' for more information (applicable throughout the portal)

## Key Points

Select the appropriate federal tax classification that applies to your program.



# W9 Details

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

Review and Summary

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

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

## Instructions

1. Provide **Email Address** and **Phone Number**
2. Hover over Help icon from "which type of identification number you are holding" for instruction about what needs to be done if you have an ITIN

## Key Points

Taxpayer Address will be auto-populated



# W9 Details

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

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

✓ Attestation

✓ Banking Information

9 W9 Details

10 Review and Summary

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

## Instructions

1. Select the type of Taxpayer Identification Number you are holding and provide that number
2. Read and check each box that applies for the validation criteria
3. Enter the Legal Name

## Key Points

Fill out the fields on this screen the way you would fill out your IRS W9 form. For more information, please click [here](#).





# W9 Details

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

✓ Attestation

✓ Banking Information

✓ W9 Details

10 Review and Summary

☒ 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

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

Previous

Save and Next

Need Support?

Log a Ticket [↗](#)

PHONE  
833-600-2074

EMAIL  
[eecgrantsupport@mtxb2b.com](mailto:eecgrantsupport@mtxb2b.com)

## Instructions

1. Check the box if the legal name and address on your W9 is different from that on your bank account
2. Once the box is checked, an error message appears notifying that you will not be able to proceed further. Click the **here** link and complete the Appeal form
3. Click on **Save and Next**

## Key Points

In order to administer funding under this grant application, EEC requires that your legal name and address on the W9 is the same as the information on your bank account.

If these documents do not match and the legal names and addresses differ, you will need to check the box and complete an Appeal Form



# Review and Summary

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ 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-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

RACE: HOW WOULD YOU DESCRIBE YOUR RACE? PLEASE CHECK ALL THAT APPLY

Need Support?

Log a Ticket

## Instructions

Review all details

## Key Points

To revise any information, you can go back to any of your completed steps by clicking the name of the step in the sidebar





# Review and Summary

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

10 Review and Summary

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.

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  
CRAZY JIM'S PIZZA

3

Need Support?

Log a Ticket

PHONE  
833-600-2074

EMAIL  
eecgrantsupport@mtxb2b.com

Previous Submit

## Instructions

Review all details

1. Check the box stating you have read all details and accept the Terms and Conditions of the service
2. Provide Legal Name
3. Click on **Submit** to submit the application for EEC review

## Key Points

No key points



# Monthly Award Projection

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 displays a form for providing identification information. A modal window titled "Monthly Award Projection" is open in the center. It contains the text "If you wish to appeal please click [here](#)" with a red box around the word "here" and a red number 1 next to it. Below this is a table with the following data:

MONTH	AMOUNT	STATUS
July	1750	Pending

A red number 2 is placed next to the table. At the bottom of the modal is a "Close" button, which is also circled in red. The background form includes a section for "WHICH TYPE OF IDENTIFICATION NUMBER YOU ARE HOLDING" with a text area for a Social Security Number (700-01-4023) and a certification statement. At the bottom of the page, there is a "Need Support?" section with a "Log a Ticket" link, a "PHONE" field with the number 833-600-2074, and an "EMAIL" field. There are also "Previous" and "Submit" buttons at the bottom right.

## Instructions

- Once the application is submitted, a "Monthly Award Projection" window will pop-up
1. Click the link if you wish to raise an appeal
  2. Review the information and **Close**

## Key Points

- You will see a success message on the screen confirming that the application is submitted successfully
- The monthly award projection will show you a chart of your projected monthly award amount
- Please note this amount is only a projection and may change based on information you provide when you recertify your application



# Dashboard

HomeSupport

←HOME

EEC ARPA Grants

Massachusetts' ARPA Child Care Stabilization Grant Application Process

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.

Provider

A Childs View Early Learning Center IV

LICENSED

First Issue Date

8/16/2012

Expiration Date

11/30/2021

Total Capacity

86

0ApplicationsIn Progress

1ApplicationsSubmitted

0ApplicationsUnder 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

7/1/2021

DUE DATE

12/31/2021

STATUS

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

## Instructions

The Submitted Application status will show on the dashboard

## Key Points

- You will be notified via email when your grant application is approved
- You will also notice the status of your grant application update on this dashboard once the status is approved


The logo for EEC (Early Education Center) features a stylized red apple with a green leaf and the letters 'eec' in white lowercase font.

47

# Application Submission (FCC - Family Child Care Grants)



# Providers


 | 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 🔍

Search..

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

PROVIDER STATUS

✔ Current

Log in

## Instructions

Click on the **Log in** button of the FCC Program, and you will be redirected to its **EEC ARPA Grants** page

## Key Points

Your program needs to be in a licensed status for you to be able to apply for ARPA grant funding

# Available Grants

**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)

## Instructions

Click **Apply Today** from the **Available Grants** section

## Key Points

Please note, that once you have started an application, this “apply today” button will be disabled, but if you scroll down to the bottom of the screen you will be able to see any applications you have in progress and will be able to return to them by clicking continue

# Instructions

[home](#) [Support](#)

[←](#) **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

Need Support?

Log a Ticket ↗

## 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.

## Instructions

1. After clicking **Apply Today**, you will be redirected to the **Instructions** page
2. Read all the Instructions that will help in getting started with your Grant Application



## Key Points

You can read the instructions to understand the basics of the grant program and what you will need to fill out your application.





# Instructions

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

Getting started with your grant application

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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:

• 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

## Instructions

Read the eligibility criteria for ARPA funds

1. Click **Next**
2. Click **Cancel** to cancel the application filing process

## Key Points

No key points

The logo for EEC (Early Education Center) features a red apple with a green leaf and the letters 'eec' in white lowercase font.

52



# Program Information

✓ 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-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

## Instructions

1. Fields that are in read-only have been auto-populated based on information received in Provider Details
2. Click on the drop-down and select the first month of funding for which you are applying in your initial grant application

## Key Points

- The Program Provider Number is a unique identifier. Click the following link to find your Program Provider Number:  
[https://eeclead.force.com/EEC\\_ChildCareSearch](https://eeclead.force.com/EEC_ChildCareSearch)
- If your licensed capacity is incorrect, click on the underlined link to raise an Appeal



# Program Information

✓ 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-245500

Provider Name

Griffith, John

Provider Type

Family Child Care

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

6

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

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

## Instructions

Select is the month for which you are applying. Indicate the month for which you are filling out your initial grant application. Each month after the initial application will require you to recertify or update the information you submitted in the first month's grant application

## Key Points

Your program must be open to serve children in the month for which you are submitting your initial grant application to apply for grant funding and all information provided must be correct for the month you are applying. Providers who are open and otherwise meet eligibility criteria are able to apply for grant funding starting in July



# Program Information

The screenshot shows a web form titled "Program Information" with a sidebar on the left containing 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. A red number "1" is placed next to the sidebar. The main form area is divided into two sections: "PRIMARY CONTACT DETAILS" and "DEMOGRAPHICS". The "PRIMARY CONTACT DETAILS" section contains three input fields: "Email address" (test@gmail.com), "Phone Number" ((503) 224-2242), and "Title" (Bruce J, Dailey). The "DEMOGRAPHICS" section contains a dropdown for "Gender: How do you identify?" (Man), a checkbox for "Race: How would you describe your race? Please check all that apply." (American Indian or Alaska Native), and a dropdown for "Ethnicity: Are you of Hispanic/Latino/Spanish origin?" (Prefer not to disclose). A red number "2" is placed below the "DEMOGRAPHICS" section. At the bottom right of the form, there are two buttons: "Previous" and "Save and Next". A red box highlights the "Save and Next" button.

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

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

## Instructions

1. Populate all required information
2. Click **Save and Next** to continue

## Key Points

To go back to the previous page, click **Previous** (this is applicable throughout the application)



# Operation Hours

✓ 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.

Need Support?

Previous

Save and Next

## Instructions

1. Review the **Fee Schedule** and **Days and Hours of Operations** under Provider Information
2. Check the acknowledgement box
3. If this information is incorrect/incomplete, click on the link to navigate to "Consumer Web Page" to make required edits
4. Click **Save and Next**

## Key Points

Any changes you make here will reflect on your site's consumer web page



# Capacity Information

←

EEC ARPA Grants

EEC ARPA Child Care Stabilization Funding Application

✓

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 year old	<input type="text" value="0"/>
4 year old	<input type="text" value="0"/>
5 year old	<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 ↗

## Instructions

Enter the number of children enrolled in your program on the first of the month by age

## Key Points

Please report on the number of children enrolled on the first of the month for which you are applying for funds. For example, if you are applying for August, please report enrolment as of August 1st



# Capacity Information

✓ 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

6-10 years

5

Older than 10 years

5

Total number of children enrolled on the first of the month

20

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)? ⓘ

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

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. ⓘ

\$0.00

3

Previous

Save and Next

Need Support?

Log a Ticket ⓘ

PHONE

833-600-2074

EMAIL

eecgrantsupport@mtxb2b.com

## Instructions

1. If your program helps families to pay for care, answer **'Yes'** to be prompted for more information
2. You may provide additional information about your program's monthly expenses
3. Click **Save and Next**

## Key Points

A report on the amount you spent last month on program expenses will be used to inform EEC federal reporting and future grant opportunities



# Staff Information

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

Review and Summary

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.

## Instructions

If your program has assistants that work with you, answer **Yes** to be prompted for more information

## Key Points

No key points

59



# Staff Information

✓ Operation Hours

✓ Capacity Information

5 Staff Information

6 Equity Adjustment

7 Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

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?

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

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

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).

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

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

Need Support?

Log a Ticket ↗

PHONE  
833-600-2074

EMAIL  
eecgrantsupport@mtxb2b.com

## Instructions

1. If you have any other staff working directly with children and families, provide the details in the description field
2. Click **Save and Next**

## Key Points

In the field 'Please list the P-numbers of all FCC Assistants being employed by your program', the correct format is P-123455





# Equity Adjustment

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

Instructions  
Program Information  
Operation Hours  
Capacity Information  
Staff Information  
6 Equity Adjustment  
7 Attestation  
8 Banking Information  
9 W9 Details  
10 Review and Summary

### 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
<input type="text" value="0.7"/>	<input type="text" value="0.89"/>
% of Children receiving subsidies Feb 2020	% of Children receiving subsidies May 2021
<input type="text" value="0%"/>	<input type="text" value="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 ↗

## Instructions

1. The Equity Information displays the information used to determine your award total
2. Click **Save and Next**

## Key Points

No key points



# Attestation

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

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

**7 Attestation**

8 Banking Information

9 W9 Details

10 Review and Summary

### 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](#)

## Instructions

1. Mark all the categories that you support with the funding received from the grant
2. Check the box for the attestation statement

## Key Points

- By checking Attestation boxes, you are attesting that this language is true
- By checking the second box, you are agreeing that you will use these funds only for the categories and purposes you have indicated on this application



# Attestation

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

✓ Attestation

8 Banking Information

9 W9 Details

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.

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

eecgrantsupport@mtxb2b.com

1

\* Legal Name

Griffith John

Date

08/02/2021

Previous

2 Save and Next

## Instructions

1. Provide the Legal Name of the Person
2. Click **Save and Next**

## Key Points

By signing this application, you are certifying that you will meet requirements throughout the period of the grant

63

# Banking Information

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

✓ Attestation

8 Banking Information

9 W9 Details

10 Review and Summary

Need Support?

Log a Ticket [↗](#)

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

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

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](#).

3

\* Legal Name ⓘ

Griffith, John

\* 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 ⓘ

## Instructions

1. Select the Payment channel
2. Read the Account Holder Information. EEC requires your legal name and address on the W9 to be the same as the information on your bank account. If these documents do not match you will need to raise an appeal by clicking [here](#)
3. Select the Address type to which you want to receive the Payment

## Key Points

- Your legal name and address information will be pre-populated from your LEAD licensing records
- Choosing to receive paper checks instead of electronic fund payments may delay payments due to processing and mailing



# Banking Information

[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

## Instructions

1. Enter the applicable Tax Identification Number
2. Enter correct banking information
3. Click **Save and Next**

## Key Points

- Once the bank information is entered and you click Save and Next, the system will validate that the bank account with the given legal name is valid and active
- Make sure to enter your correct bank routing and account number information to ensure timely and accurate payments

The logo for eec (Early Education Center) features a stylized red apple with a green leaf and the letters 'eec' in white lowercase font.

65

# W9 Details

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

✓ Attestation

✓ Banking Information

9 W9 Details

10 Review and Summary

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

## Instructions

Select the appropriate federal tax classification on this W9 Screen

## Key Points

Hover over the blue icon for additional information



# W9 Details

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

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

22

Boston

State

Zip Code

Massachusetts

20222

CONTACT DETAILS

\* Email Address ⓘ

\* Phone Number ⓘ

test@gmail.com

(096) 474-5699

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 num-

Need Support?

Log a Ticket ↗

PHONE

800 (123 456)

## Instructions

1. Provide 'Email Address' and 'Phone Number'
2. Hover over Help icon from "which type of identification number you are holding" for instruction about what needs to be done if you have an ITIN

## Key Points

Taxpayer Address will be auto-populated

67



# W9 Details

The screenshot shows the 'W9 Details' step in a multi-part form. A sidebar on the left lists steps: Instructions, Program Information, Operation Hours, Capacity Information, Staff Information, Equity Adjustment, Attestation, Banking Information, **W9 Details** (current), and Review and Summary. The main content area has a blue header with 'Home' and 'Support' links. Below the header, a message states: '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](#).' There are two radio buttons: 'Social Security Number' (selected) and 'Employee Identification Number'. A red box labeled '1' highlights the 'Social Security Number' field, which contains '700-01-4023'. 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 checkboxes. The first checkbox is 'The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me)'. The second is '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'. The third is 'I am a U.S. citizen or other U.S. person.' with a help icon. The fourth is 'The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct'. A red box labeled '3' highlights the 'Signature of U.S. Person' field, which contains 'Griffith, John'. Below the signature field is a checkbox: 'The legal name and address on my W9 form is different from my legal name and address on my bank account information.' At the bottom right are 'Previous' and 'Save and Next' buttons. A 'Need Support?' section is on the bottom left, with links for 'Log a Ticket', 'PHONE 833-600-2074', and 'EMAIL eecgrantsupport@mtxb2b.com'.

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

**W9 Details**

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.

Previous Save and Next

**Need Support?**

Log a Ticket [↗](#)

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

EMAIL  
[eecgrantsupport@mtxb2b.com](mailto:eecgrantsupport@mtxb2b.com)

## Instructions

1. Select the type of Taxpayer Identification Number you are holding and provide that number
2. Read and check each box that applies for the validation criteria
3. Provide the Full Name as shown on the bank account unless otherwise noted

## Key Points

- Fill out the fields on this screen the same way you would complete your IRS W9 form
- Please make sure information is accurate





# W9 Details

Home

Support

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

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

☒

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

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

Previous

Save and Next

Need Support?

Log a Ticket

PHONE

833-600-2074

EMAIL

[eecgrantsupport@mtxb2b.com](mailto:eecgrantsupport@mtxb2b.com)

## Instructions

1. Check the box if the legal name and address on your W9 is different from that on your bank account
2. Once the box is checked, an error message appears notifying that you will not be able to proceed further; click the **link** and complete the Appeal form
3. Click **Save and Next**

## Key Points

No key point

69

# Review and Summary

←

EEC ARPA Grants

EEC ARPA Child Care Stabilization Funding Application

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

10 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

## Instructions

Review all details

## Key Points

To revise any information, you can go back to any of your completed steps by clicking the name of the step in the sidebar



# Review and Summary

**Instructions**

**Program Information**

**Operation Hours**

**Capacity Information**

**Staff Information**

**Equity Adjustment**

**Attestation**

**Banking Information**

**W9 Details**

**10 Review and Summary**

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

## Instructions

Review all details

1. Check the box stating you have read all details and accept the Terms and Conditions of the service
2. Provide Legal Name
3. Click **Submit** to submit the application for EEC review

## Key Points

No key points



# Monthly Award Projection

The screenshot shows a web application for the 'Monthly Award Projection'. On the left is a sidebar with a list of steps: Instructions, Program Information, Operation Hours, Capacity Information, Staff Information, Equity Adjustment, Attestation, Banking Information, W9 Details, and Review and Summary (which is highlighted with a blue circle and the number 10). The main content area contains a form with a section titled 'WHICH TYPE OF IDENTIFICATION NUMBER YOU ARE HOLDING'. Below this, it says '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.' A 'SOCIAL SECURITY NUMBER' field contains '700-01-4023'. Below this is a certification statement: 'Under penalties of perjury, I certify that:'. A checkbox is checked with the text 'The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me)'. A pop-up window titled 'Monthly Award Projection' is overlaid on the form. It contains the text 'If you wish to appeal please click [here](#)' with a red box around the word 'here' and a red number '1' next to it. Below this is a table with three columns: MONTH, AMOUNT, and STATUS. The table has one row with 'July', '1750', and 'Pending'. At the bottom of the pop-up is a red number '2' next to a 'Close' button. The background form also has a 'Legal Name' field with 'Griffith John' and a 'Submit' button at the bottom right.

Home Support

Instructions

Program Information

Operation Hours

Capacity Information

Staff Information

Equity Adjustment

Attestation

Banking Information

W9 Details

10 Review and Summary

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)

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

## Instructions

Once the application is submitted, a "Monthly Award Projection" window will pop-up

1. Click the link if you wish to raise an appeal
2. Review the information and click **Close**


## Key Points

- You will see a success message on the screen confirming that the application is submitted successfully
- The monthly award projection will show you a chart of your projected monthly award amount




# In Progress Applications

# In Progress Applications

 | 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 &gt;</div> 2

## Instructions

1. Find **In Progress** applications under **My Applications** on the homepage
2. Click on **Continue**



## Key Points

- If you have already initiated a grant application but have not submitted it yet, you will be able to see that application in the “In Progress” tab
- You will not be able to initiate a new application by clicking on the “Apply Now” button if you already have an application in progress



# In Progress Applications

[←](#) **EEC ARPA Grants**  
Massachusetts' C3 Funding Grant Application Process

✓ Instructions

✓ Program Information

✓ Operation Hours

✓ Capacity Information

✓ Staff Information

✓ Equity Adjustment

✓ Attestation

✓ Documentation

9 Banking Information

10 W9 Details

11 Review and Summary

### 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

## Instructions

Continue with filing the Application

## Key Points

The Application is saved after every step, so you can continue later





# Recertification

# Recertification

← HOME

**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

## Instructions

1. Log in to the portal and navigate to EEC ARPA Grants homepage
2. Scroll down to find the 'Recertification' section

## Key Points

If you are associated with more than one program, you will have to log in to the program with which you would like to proceed

The logo for EEC (Early Education Center) features a stylized red apple with a green leaf, and the letters 'eec' in a white, lowercase, sans-serif font.

77

# Recertification

## 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	<a href="#">Recertify &gt;</a>	Pending Recertification	\$13000	
June	Recertified	Scheduled	\$13000	

### Instructions

To recertify, click the **Recertify** link next to the month you are recertifying for  
If the recertify link is not active it means you have either already recertified or that month is not available for recertification yet




### Key Points


- Your monthly recertification window will open up at the beginning of every calendar month
- You will need to recertify every calendar month before your monthly payment for that month is approved by EEC




# Recertification

 | Early Education Care

HomeTrainingSupport

 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

## Instructions


1. Review all the data. The data will be the same as on the original application
2. Scroll down towards the bottom of the page to recertify

## Key Points


No key points



# Recertification

 | 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


## Instructions

1. Select 'Yes' to certify the information is accurate and nothing has changed
2. The **Recertify** button will appear. Click on it and your application will be successfully submitted


## Key Points

If the original information is accurate and nothing has changed, then clicking recertify will enable you to recertify for that month and complete the process

# Recertification

 | 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

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

**Edit Application**

## Instructions

1. Select 'No' to make edits in the application if your circumstances have changed
2. The **Edit Application** button will appear.  
Click on the button and you will be redirected to the application page

## Key Points

If your circumstances have changed or the application is not accurate, then this option will enable you to update your application for the Grants Review team to process your future payments





# Recertification

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

1 **Instructions**

2 **Program Information**

3 **Operation Hours**

4 **Capacity Information**

5 **Staff Information**

6 **Equity Adjustment**

7 **Attestation**

8 **Documentation**

9 **Banking Information**

10 **W9 Details**

11 **Review and Summary**

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

Need Support?

[Log a Ticket](#)

PHONE  
800 (123 456)

EMAIL

## Instructions

If you selected the option to edit your application, go through each Application Step to review and update your information accordingly

## Key Points

Information will be auto-populated from your original application, so only information to be updated will need to be entered

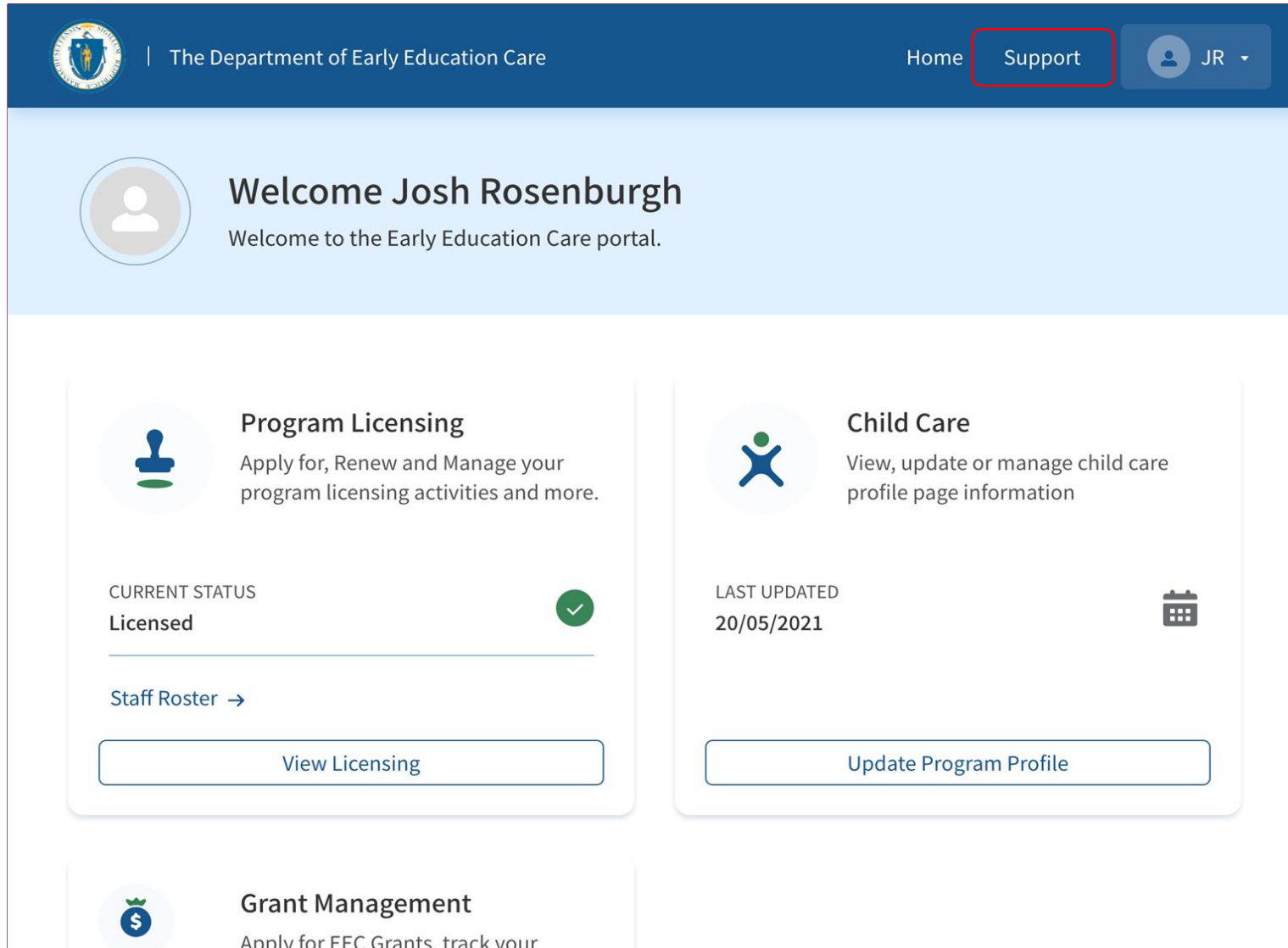




# Need Support?



# Support



The screenshot shows the user interface of the Department of Early Education Care portal. At the top, a dark blue navigation bar contains the department's logo, the name 'The Department of Early Education Care', and links for 'Home' and 'Support'. The 'Support' link is highlighted with a red rectangle. A user profile dropdown for 'JR' is also visible. Below the navigation bar, a light blue banner welcomes 'Josh Rosenburgh' and states 'Welcome to the Early Education Care portal.' The main content area features three white cards. The first card, 'Program Licensing', includes a pin icon, a description 'Apply for, Renew and Manage your program licensing activities and more.', a 'CURRENT STATUS' of 'Licensed' with a green checkmark, a 'Staff Roster' link with a right arrow, and a 'View Licensing' button. The second card, 'Child Care', includes a person icon, a description 'View, update or manage child care profile page information', a 'LAST UPDATED' date of '20/05/2021' with a calendar icon, and an 'Update Program Profile' button. The third card, 'Grant Management', includes a dollar sign icon and a description 'Apply for EEC Grants. track your'.

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

## Instructions

1. Click **Support**
2. Upon clicking **Support**, you will navigate to **Create New Ticket Page**

## Key Points

This Support link will remain in place throughout the application process

# Support – Create New Ticket

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

\*Provider Information

Griffith, John (P-245500)

\*Provider Region

Metro Boston

\*Phone Number

\*Description

Type the description here

2

Submit Ticket

## Instructions

1. Enter the required information
2. Click **Submit Ticket**

## Key Points

All fields marked with an \* must be completed

# Support

homeSupport

←HOME

EEC ARPA Grants

Massachusetts' ARPA Child Care Stabilization Grant Application Process

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	First Issue Date 12/2/2019	Expiration Date 12/1/2022	Total Capacity 6
LICENSED			

0ApplicationsIn Progress

1ApplicationsSubmitted

0ApplicationsUnder 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

## Instructions

1. On the left side of every EEC ARPA Grants page, you will find **Log a Ticket**. Click **Log a Ticket**, to be redirected to the **Create New Ticket** page

## Key Points

No key points

86

# Support – Create New Ticket

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

\*Provider Information

Griffith, John (P-245500)

\*Provider Region

Metro Boston

\*Phone Number

\*Description

Type the description here

2

Submit Ticket

## Instructions

1. Enter the required information
2. Click **Submit Ticket**

## Key Points

All fields marked with an \* must be completed

# Support – All Tickets

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

## Instructions

1. Click the **All Tickets** tab to find the list of submitted tickets
2. Click a Ticket Number to view its details

## Key Points

- Open Cases are cases being worked on by the Support Team
- Closed Cases have been resolved by the Support Team

# Support – All Tickets

EEC Support

Page Subtitle Nam porttitor blandit accumsan

+ Create New Ticket

All Tickets

1

Ticket Details - 00035143

Type

Assist processing application

Subject

Need assistance in Processing Application

Provider Information

Joshi, Prateek (P-255909)

Provider Region

Western

Phone Number

(503) 224-2242

Description


I need assistance in Processing Application

2

Back to all tickets


## Instructions

- 1. View the Ticket Details
- 2. Click **Back to all tickets** to go back to the previous page



## Key Points

No key points



89



# Appeal Form

# Appeal Form

Dashboard

My Applications

Need Support?

Log a Ticket

PHONE  
833-600-2074

EMAIL  
eecgrantsupport@mtxb2b.com

0 Applications In Progress

0 Applications Submitted

0 Applications Under Review

Available Grants

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](#) .

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。

## Instructions

Click **here**, to raise an appeal. (You can see this link in several places while completing the application and its functionality remains the same)

## Key Points

If the Apply Today button is grayed-out, you can not apply for another grant until the in-progress application is granted. You may raise an appeal to overcome this barrier

91

# Appeal Form

← ARPA DASHBOARD EEC ARPA Grants - Appeal

## 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.

## Instructions

Select the Appeal from the Appeal Information checklist

## Key Points

No key points

# Appeal Form

Appeal Information

☐ Eligibility

☒ Licensed Capacity

Total Capacity

40

1

\* What is the correct information or special consideration being requested?

☐ Staff Information

☐ Equity

☐ I am in middle of my address change

☐ Other

2

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

3

\* What is the correct information or special consideration being requested?

4

Save and Next

## Instructions

1. Enter details about the correct information or special consideration being requested
2. To submit additional information on the families that your program serves to justify an equity adjustment, check the box
3. Provide the correct information
4. Click **Save and Next**

## Key Points

No key points



# Appeal Form

[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

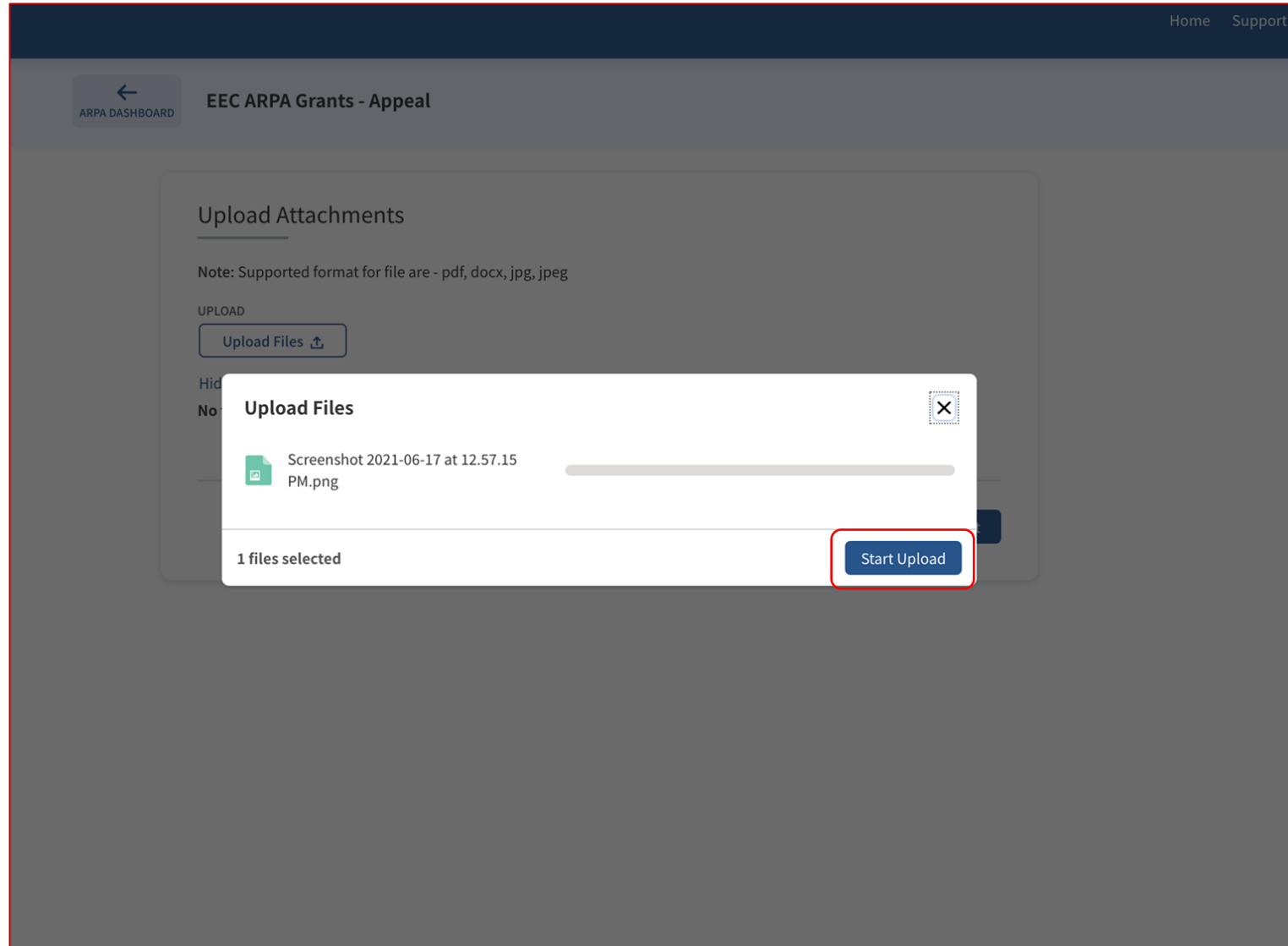
## Instructions

1. Click **Upload Files**
2. Select supported files

## Key Points

No key points

# Appeal Form



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

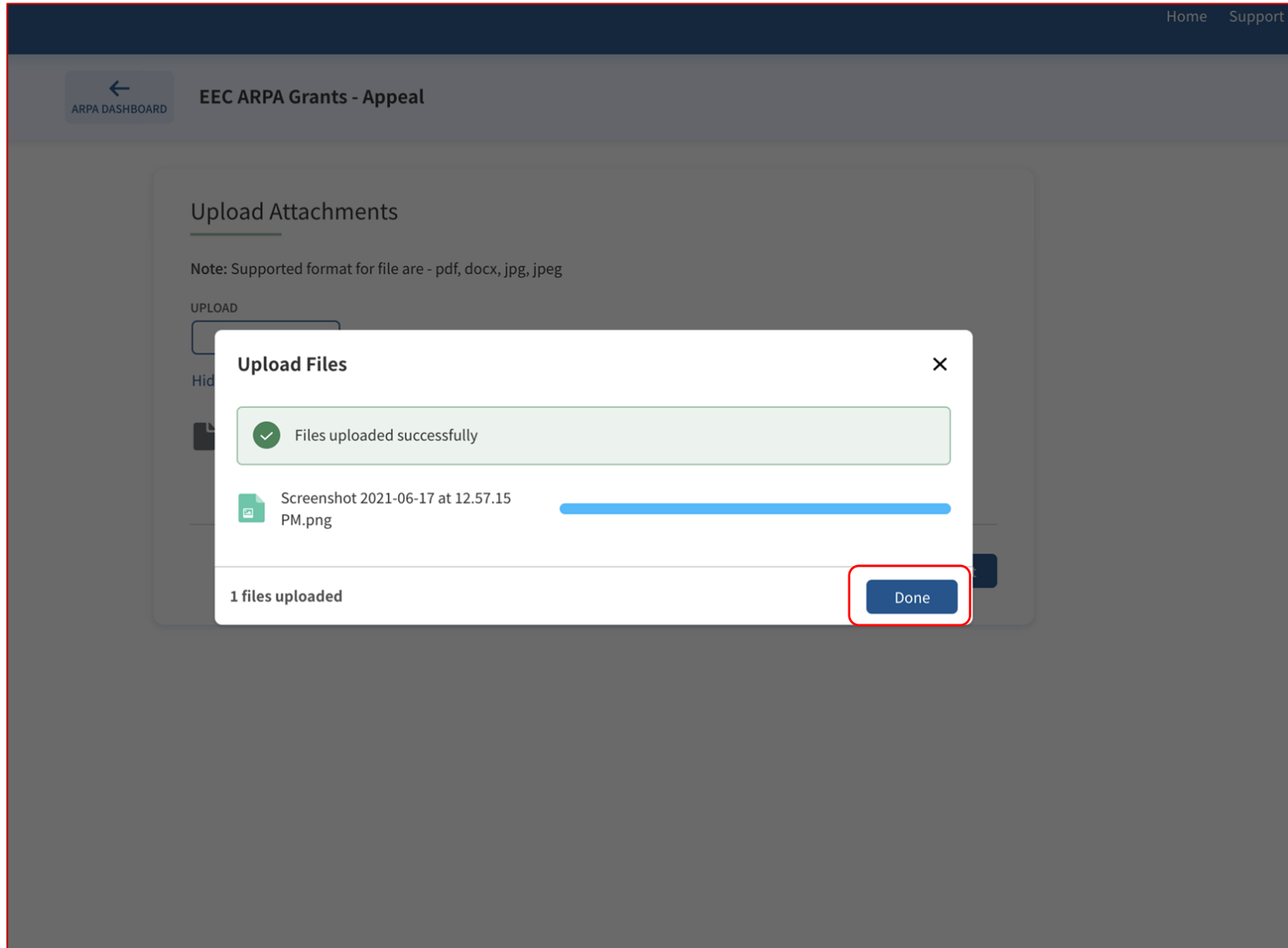
## Instructions

Click **Start Upload**

## Key Points

No key points

# Appeal Form



The screenshot shows the 'EEC ARPA Grants - Appeal' form. A modal window titled 'Upload Files' is open, displaying a green checkmark and the message 'Files uploaded successfully'. Below this, a file named 'Screenshot 2021-06-17 at 12.57.15 PM.png' is listed with a blue progress bar. At the bottom of the modal, it says '1 files uploaded' and a blue 'Done' button is highlighted with a red rectangle. The background form shows the 'Upload Attachments' section with a note about supported file formats (pdf, docx, jpg, jpeg) and an 'UPLOAD' button.

## Instructions

Click **Done** once the file gets uploaded

## Key Points

No key points



# Appeal Form

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

[←](#) [ARPA DASHBOARD](#) **EEC ARPA Grants - Appeal**

### Upload Attachments

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

UPLOAD

[Upload Files !\[\]\(4804d484f6b707f1c91e463080528817\_img.jpg\)](#)

[View Transcripts !\[\]\(bea5cdc9d20f8a4ea2d85698437aa678\_img.jpg\)](#)

Submit

## Instructions

Click **View Transcripts** to view or delete uploaded files

## Key Points

No key points

# Appeal Form

The screenshot shows the 'EEC ARPA Grants - Appeal' page. 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 content area 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' and 'Hide Transcripts'. A red box with the number '1' highlights the 'Hide Transcripts' button. Below this, a file upload list 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', which are highlighted with red boxes and the numbers '2' and '3' respectively. At the bottom right of the form, there is a 'Submit' button highlighted with a red box and the number '4'.

## Instructions

1. Click **Hide Transcript** to hide the uploads
2. Click **View** for a quick view of the upload
3. Click **Delete** to remove the upload
4. Click **Submit**

## Key Points

No key points



This Concludes the MA EEC Provider User Guide

# THANK YOU

