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Instructions

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

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Instructions

Welcome to the Massachusetts Child Care Stabilization Grant application. All licensed child care programs open and enrolling children 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.

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. For information about payment schedules, please click [here](#).

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

Who is Eligible for the EEC Child Care Stabilization Grants?

- All licensed programs 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 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

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Program Information

The Program Information page is where you will see the auto-populated information received from LEAD. This is also where you will select the first month of funding for which you are applying in your initial grant application and provide other information.

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Program Information

* Indicates required field

Provider Information

PROVIDER DETAILS

Program Provider - Number

P-257159

Provider Name

FCC for Active, Contact

Provider Type

Family Child Care

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

0

PROVIDER ADDRESS

Street Address

st1

Apt/Suite

City

Boston

State

MA

ZIP Code

40001

* 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

* Email address

* Phone Number

* Title

DEMOGRAPHICS

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

* Gender: How do you identify?

Select an Option

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

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Prefer not to disclose

☐ Other

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

Select an Option

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Operation Hours

Operation Hours page is where you will review the Fee Schedule and Days and Hours of Operations.

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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.

Only Full Year, Summer, and School Year schedules will be displayed here. Temporary schedules were for operation during the COVID state of emergency, and will not be displayed here.

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.

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Capacity Information

In the Capacity Information section, you can enter the number of children enrolled in your program on this first month by each age group listed.

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Capacity Information

* indicates required field

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

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

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

0-12 months

*

0

13-24 months

*

0

25-36 months

*

0

3 year old

*

0

4 year old

*

0

5 year old

*

0

6-10 years

*

0

Older than 10 years

*

0

Total number of children enrolled on the first of the month

0

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

☐ Yes

☐ No

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

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Staff Information

The Staff Information page is where you can provide information about any assistants working for you or any other staff working directly with children and families.

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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

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

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Equity Adjustment

The Equity Adjustment displays the information used to determine your award total.

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Equity Adjustment

* Indicates required field

Equity Information

The following information was used to determine your award total:

Census Tract SVI ⓘ
0

Zip Code Tabulation Area (ZCTA) SVI
0

% of Children receiving subsidies
0%

You are not eligible for an equity adjustment. If you feel this decision does not fairly reflect your program's commitment to serving high needs children and families, please use the appeal form [here](#) to provide more information.

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Attestation

The Attestation page is where you can mark all the categories that you support with the funding received from the grant and provide the legal name.

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* indicates required field

* 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, C and D.

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.

D. I am currently open and actively enrolling children.

* Legal Name

Date

01/28/2022

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Banking Information

In the Banking Information section, you can provide information such as payment channel, address type to which you want to receive payment, tax identification, and banking information.

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* Indicates required field

Account Details

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

* How would you like to receive your payment?

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

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

ACCOUNT HOLDER INFORMATION

This information has been pulled from your licensing records in LEAD. If the legal name is not accurate, it will impact your payment. If this information is not accurate, please fill out an appeal form [here](#), and describe both the incorrect and correct information. If you need to complete a program name change, this will be completed through the name change transaction in LEAD. If you need to verify a legal name associated with your payment, you may be asked to provide the following information

A. Utility bills (electric, gas, water, oil, landline phone, cable/Internet) issued within the most recent 45 Days

B. Blank check where the name matches the legal name and address matches the address they are requesting

C. Tax documents or forms

D. Current mortgage statement or current homeowner insurance documents

E. Vehicle registration

F. Car loan documents

G. Student loan documents

H. Rent statements or lease

I. Jury duty notice or proof of jury duty service issued within the last 6 months

J. Documentation filed with the Secretary of State

* Legal Name [?]

* 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 [?]

* Account Type [?]

Select an Option

* Routing Number [?]

* Confirm Routing Number

* Account Number [?]

* Confirm Account Number

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In the W9 Details section, you can select the appropriate federal tax classification and provide contact information.

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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) [?]

TAXATION DETAILS

* Check appropriate box for federal tax classification of the person whose name is entered above. Check only one of the following seven boxes: [?]

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company

☐ Other

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

Massachusetts

* Is the legal name on the W9 different from your legal name and address on your bank account information?
☐ Yes ☐ No

CONTACT DETAILS

* Email Address [?] * Phone Number [?]

TAXPAYER IDENTIFICATION NUMBER (TIN)

* Which type of identification number you are holding [?]

Depending on the tax classification of your program, you should provide a social security number or employee identification number to ensure your program is able to receive payment. If you have not created an Employee Identification Number for your business, you should provide your Social Security Number. For full directions on how to provide this information, please click here.

☐ Social Security Number ☐ Employee Identification Number

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

FCC for Active, Contact

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☒ 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
FCC for Active, Contact

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