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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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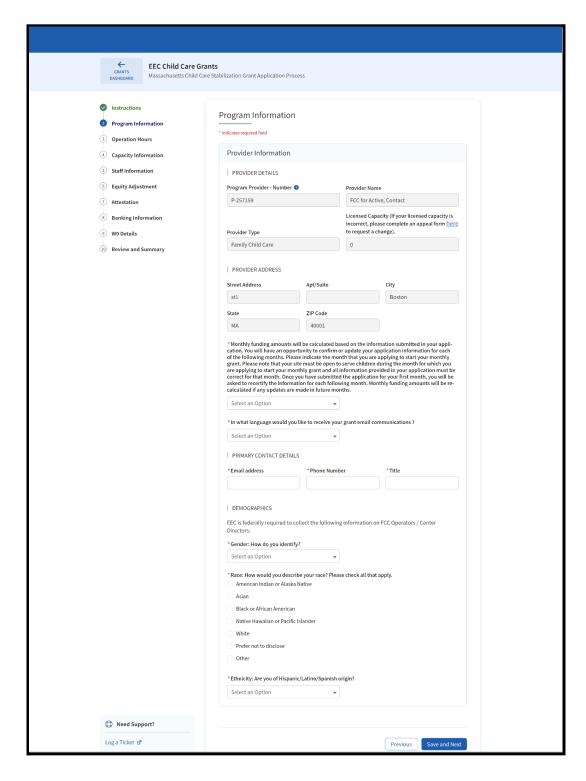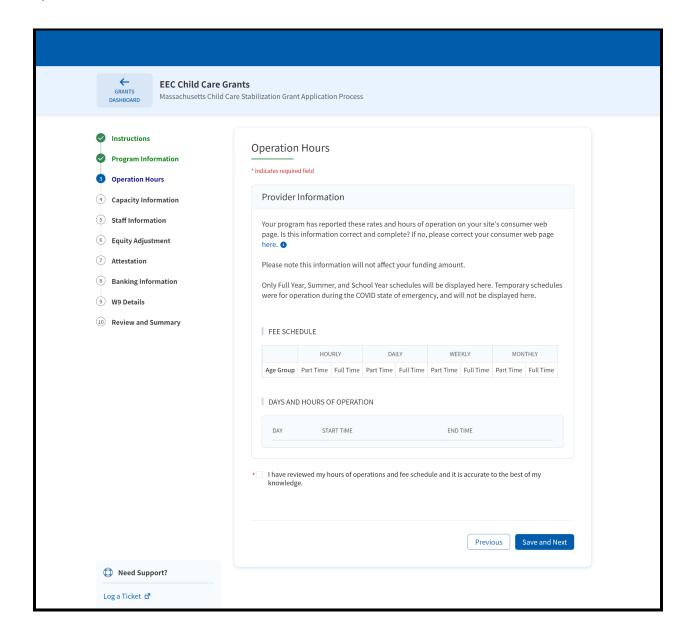
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Instructions

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

Cancel   **Next**

🌐 **Need Support?**

Log a Ticket ⬀

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.
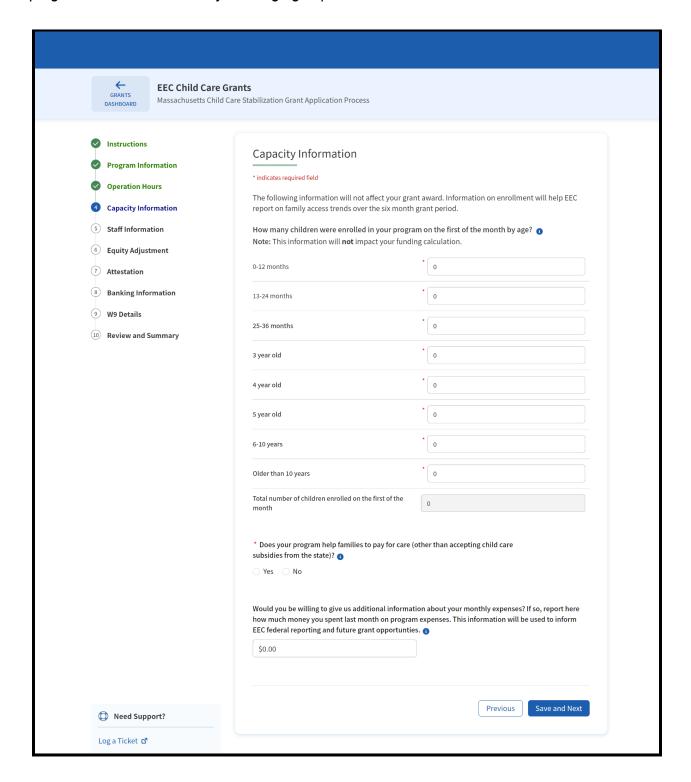
Operation Hours

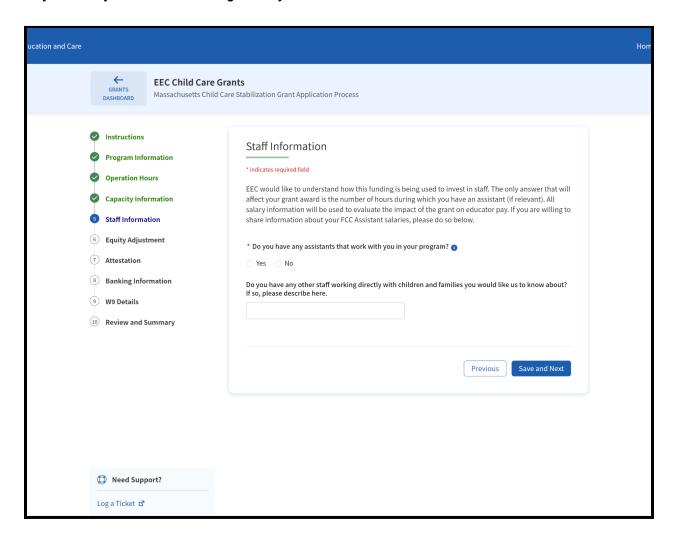*Operation Hours page is where you will review the Fee Schedule and Days and Hours of Operations.*

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

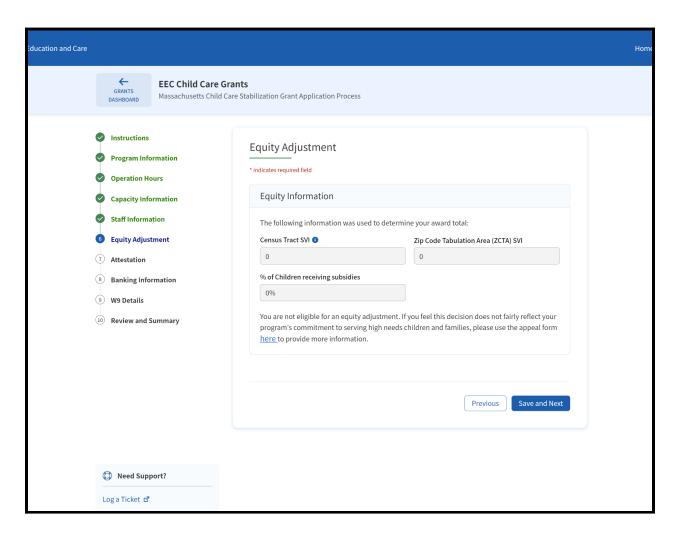Previous   Save and Next

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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.

[   ]
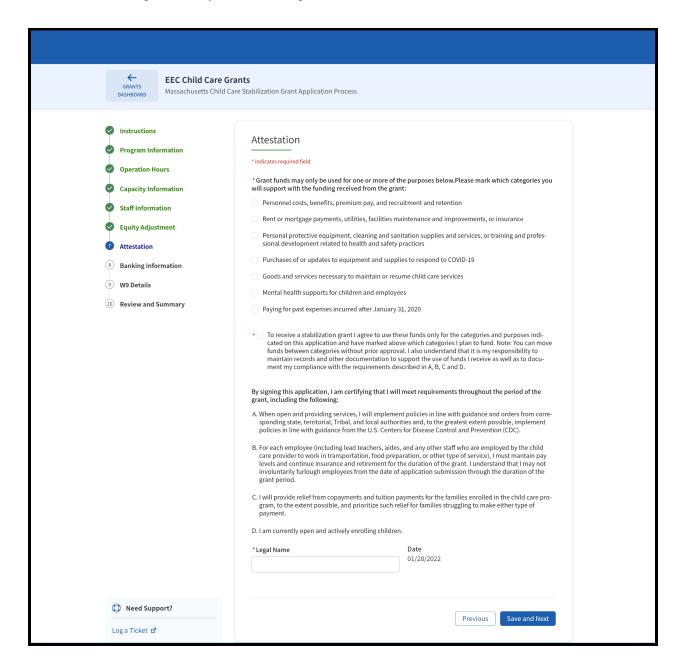
Previous   Save and Next

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Equity Adjustment

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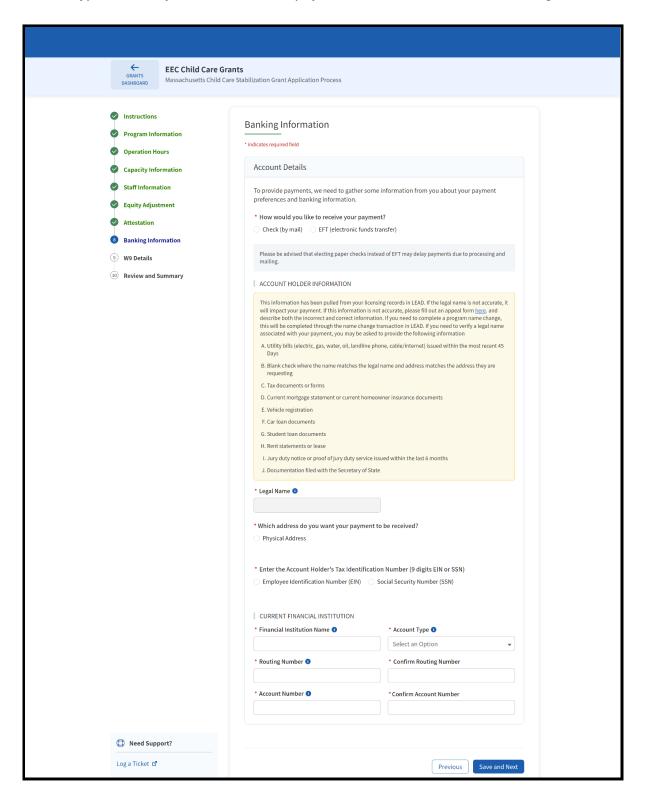
Attestation

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.
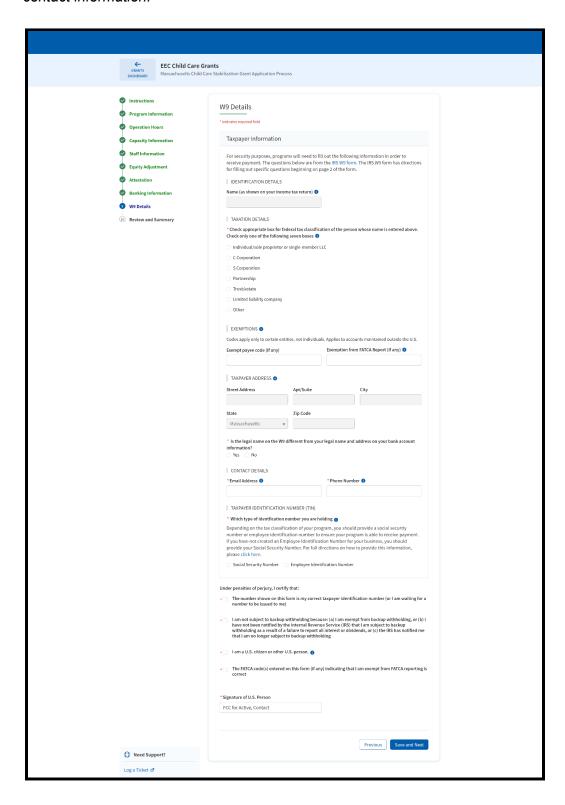
Banking Information

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.

W9 Details

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

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W9 Details

* indicates required field

Taxpayer Information

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

| IDENTIFICATION DETAILS

Name (as shown on your income tax return) ⓘ
[   ]

| 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 Identfication 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   ]

[Previous]   [Save and Next]

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Review and Summary

The Review and Summary page is where you can review all details.