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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

Cancel   Next

⊕ **Need Support?**

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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.

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.

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 educators working directly with children. All salary information will be used to evaluate the impact of the grant across the Commonwealth.

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

Note: Please consider full time as >30 hours/week; for staff working fewer than full time hours calculate their FTE as the percentage of full time worked (i.e. if full time is 36 hours/ week, someone working 18 hours would be counted as a .5 FTE). If a staff member is working in multiple roles, please divide their time accordingly across the two roles (i.e. if Teacher/ Director is full time but works half their time as a teacher and half their time in the director role, each of these roles would be assigned a .5 FTE for this person). Note: We are not asking for the number of people in each role. For example, if you have two half-time Assistant Teachers, this would count as 1 FTE.

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

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? ⓘ

☐ Paid Time off   ☐ Health insurance   ☐ Paid sick leave
☐ Dental insurance   ☐ Disability   ☐ Retirement (401k/403b)
☐ Paid parental leave   ☐ Vision insurance   ☐ Life insurance
☐ Flexible Spending Account   ☐ Tuition assistance   ☐ Reduced cost child care
   (FSA)
☐ Other   ☐ None

* In FY21(July 1, 2020 to June 30, 2021), did you provide any additional stipends or bonuses beyond hourly wages?
○ Yes ○ No

* In FY22(July 1, 2021 to June 30, 2022), have you provided 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)

[Select an Option   ▾]

Educator / CEO compensation ratio

[   ]

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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.

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Attestation

* 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

🌐 **Need Support?**

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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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Banking Information

* indicates required field

Account Details

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

* **How would you like to receive your payment?**
○ Check (by mail)   ○ EFT (electronic funds transfer)

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

* **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. 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** ⓘ   **DBA Name** ⓘ

* **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**

🛟 **Need Support?**
Log a Ticket ↗

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W9 Details

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

Review and Summary

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