Welcome to the Massachusetts ARPA Child Care Stabilization Grant application. All child care programs licensed as of March 1, 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 desea ver este aplicativo en un idioma diferente, use a caixa suspensa no canto superior direito para selecionar seu idioma preferido.

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 desea ver este aplicativo en un idioma diferente, use a caixa suspensa no canto superior direito para selecionar seu idioma preferido.

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.

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)
- Banking and tax information

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
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. For information about payment schedules, please click here.

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
**Program Information**

* indicates required field

<table>
<thead>
<tr>
<th>PROVIDER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Provider - Number</strong></td>
</tr>
<tr>
<td>P-10362</td>
</tr>
<tr>
<td><strong>Provider Type</strong></td>
</tr>
<tr>
<td>Large Group</td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td>Quincy</td>
</tr>
<tr>
<td><strong>ZIP Code</strong></td>
</tr>
<tr>
<td>02109</td>
</tr>
</tbody>
</table>

*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.*

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

Select an Option

<table>
<thead>
<tr>
<th>PROVIDER ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>2100 CROWN COLONY DR®</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>MA</td>
</tr>
</tbody>
</table>

**PRIMARY CONTACT DETAILS**

<table>
<thead>
<tr>
<th><strong>Email address</strong></th>
<th><strong>Phone Number</strong></th>
<th><strong>Title</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DEMOGRAPHICS</strong></th>
</tr>
</thead>
</table>

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
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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hourly</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td>Part Time</td>
<td>Full Time</td>
<td>Part Time</td>
<td>Full Time</td>
</tr>
<tr>
<td>School Age Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddler Age Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool Age Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DAYS AND HOURS OF OPERATION

<table>
<thead>
<tr>
<th>DAY</th>
<th>START TIME</th>
<th>END TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>07:00:00 AM</td>
<td>06:00:00 PM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>07:00:00 AM</td>
<td>06:00:00 PM</td>
</tr>
<tr>
<td>Wednesday</td>
<td>07:00:00 AM</td>
<td>06:00:00 PM</td>
</tr>
<tr>
<td>Thursday</td>
<td>07:00:00 AM</td>
<td>06:00:00 PM</td>
</tr>
<tr>
<td>Friday</td>
<td>07:00:00 AM</td>
<td>06:00:00 PM</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 months</td>
<td>0</td>
</tr>
<tr>
<td>13-24 months</td>
<td>0</td>
</tr>
<tr>
<td>25-36 months</td>
<td>0</td>
</tr>
<tr>
<td>3 year old</td>
<td>0</td>
</tr>
<tr>
<td>4 year old</td>
<td>0</td>
</tr>
<tr>
<td>5 year old</td>
<td>0</td>
</tr>
<tr>
<td>6-10 years</td>
<td>0</td>
</tr>
<tr>
<td>Older than 10 years</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total number of children enrolled on the first of the month**

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

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

- [ ] Yes
- [x] 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.

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>0</td>
</tr>
<tr>
<td>Toddlers</td>
<td>0</td>
</tr>
<tr>
<td>Preschoolers</td>
<td>0</td>
</tr>
<tr>
<td>School Age Children</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total Classrooms**

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

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
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.

If serving school-age children:

<table>
<thead>
<tr>
<th>ROLE</th>
<th>FTE</th>
<th>LOWEST HOURLY WAGE</th>
<th>HIGHEST HOURLY WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Group Leader</td>
<td>0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Group Leader</td>
<td>0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Program Administrator</td>
<td>0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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
- [ ] Dental insurance
- [ ] Paid parental leave
- [ ] Flexible Spending Account (FSA)
- [ ] Health insurance
- [ ] Disability
- [ ] Vision insurance
- [ ] Tuition assistance
- [ ] Other

* 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)

Select an Option

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.
Equity Adjustment

* Indicates required field

Equity Information

The following information was used to determine your award total:

<table>
<thead>
<tr>
<th>Census Tract SVI</th>
<th>Zip Code Tabulation Area (ZCTA) SVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.27</td>
<td>0.86</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of Children receiving subsidies Feb 2020</th>
<th>% of Children receiving subsidies May 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

Date

08/02/2021

Previous  Save and Next
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 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

Bright Horizon's Children's Center

DBA Name

Bright Horizons Children's Centers, LLC

* 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

* Account Number

* Confirm Account Number

* Account Type

Select an Option
W9 Details

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)

Bright Horizon's Children's Center

Business Name, if different from above.

Bruce J. Dallas

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/taxpayer 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

2100 CROWN COLONY DR

Apt/Suite

City

Quincy

State

Massachusetts

Zip Code

02169

CONTACT DETAILS

* Email Address

* Phone Number

TAXPAYER IDENTIFICATION NUMBER (TIN)

* Which type of identification number are you holding?

Depending on the type of identification number you provide, 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

* 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 and 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

Bright Horizon's Children's Center

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

* Indicates required field

- Program Information
- Operation Hours
- Capacity Information
- Staff Information
- Equity Information
- Attestation
- Banking Information
- W9 Details

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

Jannette Leary