

MAFCEF Family Child Care Provider Post-Grant Report

Please submit by December 1, 2020.

Section 1: Applicant Contact Information

Family Child Care Provider Applicant Information	
Provider/Organization Name	
Legal Entity Name (if different from above)	
Year Established	
EEC Program #	
Address	
City	
State	
Zip Code	
Primary Contact Information	
First Name	
Last Name	
Email	
Phone	
Address (if different from above)	
City	
State	
Zip Code	

Section 2: Applicant Report

By December 1, 2020 please provide answers to the following questions.

1. Please confirm the total grant funds that you received through the MAFCEF program:
\$ _____
2. How did you use the grant funds that you received? (Check all that apply)
 - Lost income (replace co-pays, private pay, or other funding sources)
 - Housing Support (Rent/mortgage)
 - Utilities
 - Food
 - Healthcare
 - Professional service needs (legal, accounting, human resources)
 - Re-opening costs
 - Other: _____
3. Have you re-opened your Family Child Care operation? Yes No
 - a. If so, on what date did you re-open? _____
4. If you have not yet re-opened, do you plan to? Yes No
 - a. If yes, by what date? _____
 - b. If you do not plan to re-open, why?
5. **If you have re-opened**, please fill out the following table below including totals per age level **based on current enrollment along with breakdown by funding source**. Please count each child only once (for children receiving funding from multiple sources, designate them in the primary funding category).

Age Group	# subsidized/voucher slots	# private pay slots	Total # slots
Infants (0-15 mos.)			
Toddlers (15 mos. – 2.9 yrs.)			
Pre School			
School-Age			
TOTAL			

** We reserve the right to check your compliance status with any of the above programs*

6. **If you have re-opened**, what is your average weekly business revenue by funding source since re-opening?

(Please fill out the table below.)

	Avg. Weekly Amt of revenue from subsidies/vouchers	Avg. Weekly Amt. of revenue from private pay	Total Avg. Weekly Business Revenue
Average weekly business revenue SINCE RE-OPENING	\$	\$	\$

7. In a few sentences, please share with us how you are doing and how your Family Child Care operation is faring after re-opening or while you prepare to re-open. Please feel free to share what is going well along with your current concerns, challenges, and whatever support you might need.

8. **If you did not re-open** your child care business and do not plan to, please share your current employment status (Check all that apply.)

- Self-employed
 - Type of business: _____
- Employed
 - By: _____
- Unemployed

The Applicant attests that the information provided in this grant report is accurate and true.

Signature of Applicant: _____ **Date:** _____