

MAFCEF Partner Funder Match Application to Commonwealth Children's Fund (CCF)

This application should be submitted by a Partner Funder to CCF to receive 1:1 Matching Funds in support of Family Child Care providers.

Please submit this application via email to:
MAFCEF@theccfund.org

You can expect a response from CCF within 48 hours.
Please feel free to let us know if you have any questions.

Section 1: Partner Funder Information

Partner Funder Information	
Funder Organization Name	
Funder EIN	
Address	
City	
State	
Zip Code	
Website	
Primary Contact Information	
First Name	
Last Name	
Title	
Email	
Phone	

Section 2: Grant Information, Intermediary Applications and Worksheets

- How many Family Child Care Providers are being supported by this program? _____
- What amount of **matching** funds are you requesting from MAFCEF?
Note: Maximum \$1,300 per FCC (\$1,250 grant plus \$50 Administrative Fee), \$75,000 total
 - Total matching funds to FCCs \$ _____
 - Total administrative fees to Intermediaries \$ _____
 - (a) + (b) = Total **match** request from MAFCEF \$ _____

3. Not including the MAFCEF match, what amount of **local** emergency relief funding will you be providing to the Intermediary to distribute to Massachusetts Family Child Care providers in your region?

(a) Grants to FCCs \$_____

(b) Administrative fees to Intermediaries \$_____

(a) + (b) = Total **local** emergency relief funding distributed \$_____

4. What amount of these local emergency relief funds are new funds raised specifically for this purpose? \$_____

What amount of these local emergency relief funds have been allocated from previously existing funds? \$_____

5. Please provide a copy of the MAFCEF Intermediary Application and Worksheet for each Intermediary with whom you are working on this grant program.

6. Have you reviewed and confirmed the following supporting documentation provided by the FCCs to the Intermediary(ies)?

Current EEC Family Child Care Licenses (that matches operating addresses)

2018 or later W-9 tax forms with EIN or SSN listed

Copies of current leases or mortgages (or evidence of rent or mortgage payment)

Section 3: Reporting Requirements and Communications

7. Are you prepared to collect and share reporting information as outlined in the Partner Funder Post-Grant Report (due to CCF on October 1, 2020)? Yes No

8. Are you planning to prepare any press releases or other communications strategies relevant to these grants and the MAFCEF program? Yes No

- If yes, please provide details so that we can coordinate on communications strategies

The Applicant (Partner Funder) attests that the information provided in this application is accurate and true.

Signature of Applicant: _____

Title: _____

Date: _____