

MAFCEF Family Child Care Provider Grant Application

Note to Providers: You are unable to apply directly to this program. You must be contacted by an intermediary in order to be eligible.

This application should be filled out by the Family Child Care Provider (FCC) with support from the Intermediary.

Section 1: Applicant Contact Information

Family Child Care Provider Applicant Information	
Provider/Organization Name	
Legal Entity Name (if different from above)	
Year Established	
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: Information about your Family Child Care Operation

1. Please provide your current Massachusetts EEC Child Care Program # _____

2. Who were you serving at the time of closure in March 2020 and what were your funding sources?

Please fill out the following table below including totals per age level based on enrollment **as of the week of March 16, 2020**, prior to the state-mandated emergency child care closure 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*

3. What was/is your average weekly business revenue by funding source, before and after closure?

	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 BEFORE COVID-19 closure	\$	\$	\$
CURRENT average weekly business revenue	\$	\$	\$

4. Did you receive emergency relief funds from any of the following sources?

(Check all that apply)

- U.S. Small Business Administration Paycheck Protection Program (PPP) Loans: Yes No
- Massachusetts Pandemic Unemployment Assistance (PUA): Yes No
- Other MA or Federal Relief Funding: _____

Section 3: Funding Needs

5. What are your financial concerns? (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)
- Reopening costs
- Other: _____

6. In just a few sentences, what else would you like us to know about your organization or the families you serve?

Section 4: Attestation

Applicant is in compliance with the following (please note, by checking each box you are indicating that as of date of application submission, you are in full compliance with the following criteria):

- I hold current insurance coverage
- I am current on all local, state and federal taxes (and/or am under a payment plan)
- I have conducted active background checks for me and my staff (if any) as required by local licensing and regulatory authorities
- I have reopened or I intend to reopen
- I can meet the obligations set forth in the grant agreement

Section 5: Required Document Submissions *(Please attach.)*

1. Current EEC Family Child Care License
2. 2018 or 2019 W-9 tax form with EIN or SSN listed
3. Copy of current lease or mortgage (or evidence of rent or mortgage payment)
4. Direct deposit (ACH) information if applicable

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

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