

Pandemic Support Payment Grant Application

1. Sign into your Registry Profile

- a. Go to https://registry.occrra.org/ and sign in
- b. If you have access to the Organization Dashboard, you will find it in the dropdown menu under your name
- c. If you believe you should have access to the organization and do not, check with the owner or administrator of the program
- d. Any requests for access to the Organization Dashboard should be on company email or letterhead and include the program license number, and the name and OPIN for the person needing access
- e. Requests should be directed to <u>Registry@occrra.org</u>

Occtra resources		₩0-ITEMS - 📕 🖲	MICHELLE ADMINISTRATOR +
Michelle Administrator OPIN: 1114-1621	Career Pathways Level Professional De Assessed As: Previous 00'30/2018 1 2 3 4 5 6 Urrent 05'31/2020 1 2 3 4 5 6 0''''''''''''''''''''''''''''''''''''	velopment Certificate ova 0/2017 1 2 3 ent 1/2020 1 2 3 6	PROFILE REQUEST BACKGROUND CHECK ORGANIZATION DASHBOARD SIGN OUT
Account Applications Credentials	Education Employment Professional Development	Reports Upcoming Trainings	
	You have no scheduled events.		

2. Click on Organization Dashboard

- a. You will select an organization that you have access to manage
- b. The only available options are those organizations to which you have access
- c. Once you have selected the program, the Organization Dashboard will open

Occira resources		`≡0-ITEMS -	¤3	MICHELLE ADMINISTRATOR 🗸
Dashboard	ORGANIZATION DASHBOARD			
	Please select an organization you have access to	manage.		
	(select an option)			~
	(select an option) Xifs Test Center - 2170014188 (4200 E Fifth Ave , Columbus, Oh 43219-0000)			
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3. Dashboard Options

a. From the left navigation menu click on Applications

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Dashboard	ORGANIZATION DASHBOARD	
	Xjfs Test Center (License # 2170014188) Change Org	
Classrooms	Enrollment Capacity	Employees
B Applications	Infant Toddler Preschool Under 30 Months 0 Full Time Part Time Total 0	Total:
Reports		
Current Employees	★ Step Up To Quality	Resources
Former Employees	Great work! You are a currently a 🐲 center!	Background Notifications
	-	Childcare Finder
	Recility Information	Early Learning Resources Ohio
	Xjfs Test Center	OCLQS
	Address 4200 E Fifth Ave , Columbus, Oh 43219-0000	ODE Early Learning
	License # 2170014188	ODJFS Child Care Website
	Director	SUTQ info
	Owner	

- b. Once you have clicked on Applications, a new screen opens
- c. Click on New Pandemic Payment Support Application (screenshot on next page)

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Dashboard						
Classrooms	MENTORSHIP	APPLICATIO	ONS			
Applications					+1	lew Mentee App + New Mentor App
	Application Name	Project	Submitted Date	Approved Date	Status	Action
(cpores						
Current Employees					-	
Current Employees	OHIO HEALTH	Y PROGRAI	MS (OHP) APP	Expiration Date	Status	Action
Current Employees Former Employees	Application Name New OHP Application	Y PROGRAN	MS (OHP) APP	Expiration Date	Status	Action
Current Employees	OHIO HEALTH Application Name New OHP Application	Y PROGRAI	MS (OHP) APP	Expiration Date	Status	Action Create Application
urrent Employees	OHIO HEALTH Application Name New OHP Application	Y PROGRAM	MS (OHP) APF	Expiration Date	Status	Action Create Application

4. Pandemic Support Payment Applications

- a. Pandemic Support Payment applications will automatically calculate the support payment based upon program capacity and SUTQ Star Rating in OCLQS
 - i. If there are any discrepancies or questions on the program capacity and rating information in the application, you will need to contact the ODJFS Child Care Help Desk at <u>childcarepolicy@jfs.ohio.gov</u>. **The information in the application can not be changed by OCCRRA staff.**
 - ii. OCCRRA receives capacity information and rating information from ODJFS on a daily basis, and any changes made in OCLQS will not be made in the OPR until the next business day
- b. Pandemic Support Payment applications are based off the ODJFS Child Care Manual Procedure Letters and can be quickly accessed from https://occrra.org/

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5. Application

- a. Once the application is open, you will find all of the information on the person filling out the application, the program information, program capacity and rating auto-fill and cannot be changed
- b. Please note: There will be one application for June available now
 - **i.** Programs that will apply in June and July will create a new application in July once the July window to apply is open

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Dashboard	I	Pandemic Support Payment Applic	ation Status				
Classrooms		Organization: Xjfs Test Center Current Status: Draft		Approved Date: Submitted Date:			
Applications	L	Pand	emic Support Pay	ment Applicat	tion -	Cente	er
Reports							
Current Emp	loyees –	Pandemic Support Payment	Application				
		Program Details					
Former Emp	oyees	First Name	Last Name		OPIN		
		Michelle	Administrator		111	41621	
		Professional Email		Role/Title			
		occrratest-12@yahoo.com					
		Program Name		License Number			
		Xjfs Test Center		2170014188			
		Administrator/s					
		Phone	Address				
		(614)752-0735	4200 E Fifth Ave,				
		City	State	Zip	County	'	
		Columbus	Oh	43219-0000	Fran	nklin	
			Application Month				
			- Please Choose -	~			
			- Please Choose -				
		Grant Galcalations	Pandemic Support f	or June			

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6. Grant Calculations for Centers

- a. Enter the date your program will re-open
- b. Enter your enrollment numbers for the two week period prior to the application submission
 - i. Reminder: children included in your enrollment numbers must have been in attendance one day within the prior two week period
- c. Application will automatically determine your grant amount based upon enrollment numbers and will fill in the amount in your application
- **d.** Please refer to the charts in the <u>ODJFS Child Care Manual Procedure Letter for Center</u> <u>Pandemic Payment Calculations</u>

	ning Date (on or after May 31, 2020)			
Program Type		Jfsce	nter	
SUTQ Rating		3		
Maximum Capacity		0		
	Enter enrollment informaion Infant	PFCC	Private Pay	Total
	Toddler			0
	PreSchool			0
	School Age			0

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7. Grant Calculations for Day Camps, In-Home Aides, Type A and Type B Homes

- a. Enter the date your program will re-open
- b. Application will automatically determine your grant and fill in the amount in the application
- c. Please refer to the charts in the <u>ODJFS Family Child Care Manual Procedure Letter</u> for Type A, Type B, Day Camps and In-Home Aides Pandemic Payment Calculations

Grant Calculations	1
Enter Program Opening Date (on or after May 31, 2020)	
Program Type	Type-a Home
SUTQ Rating	3
Maximum Capacity	0
Based on the information above, your grant amount is:	\$0.00

8. W9 Requirement

- a. In order for OCCRRA to process and provide payments, the program will need to submit a completed W9 form
- b. A link to the form is available in the application
- c. Complete the W9 and upload the completed form into the application by clicking on Choose File, find the file in your computer/phone and then Click on Upload to add the file to your application

structions: Use the "Choose File" button to find your file. Cliu plication. (The system currently accepts: 'png,"jpg,"gif",pdf')	ck the "Upload" button to add it to your
hoose File No file chosen	Upload
Name	Action

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8. Attestation Statements

- a. Read and agree to the statements in the Attestation Section of the application
- b. Complete the application with your electronic signature
- c. You can save the application to submit later or once complete, click on submit
- d. Center Attestation Section

y cnec	king this box, I agree to the following:
)	I attest that the Information provided in this application is true and accurate to the best of my knowledge.
)	I understand that I will need to provide attendance information for the enrollment information provided in this application.
]	I understand that I will need to complete a reconciliation for the funding provided through this grant. If I do not comply, my program will need to return the funds.
)	I understand that I will need to keep receipts and documentation for purchases made with these funds that will be uploaded in the reconciliation described in the prior bullet.

e. Type A, Type B Homes, Day Camps and In-Home Aides Attestation Section

By checkin	g this box, I agree to the following:
2	I attest that the Information provided in this application is true and accurate to the best of my knowledge.
2	I understand that I will need to complete a reconciliation for the funding provided through this grant. If I do not comply, my program will need to return the funds.
	I understand that I will need to keep receipts and documentation for purchases made with these funds that will be uploaded in the reconciliation described in the prior bullet.

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9. Application Processing

- a. Completed applications with required documentation will be processed in the order received
- b. Review and payment processes should take no more than twenty (20) business days

For complete information on the Pandemic Payment Support Grant please refer to <u>https://occrra.org/</u> for direct links to Frequently Asked Questions and ODJFS Manual Procedure Letters.

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