

Stabilization Grant Application User Guide

The Stabilization Grant Application is available in the programs Organization Dashboard. If an administrator listed on the license or an owner need access to program Organization Dashboard, please email support@occrra.org with the name, OPIN and program license number that access is needed.

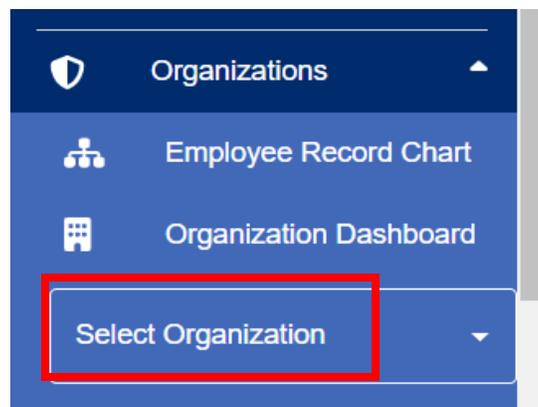
Please note- whomever starts the application, is the only one who can finish it. Other program administrators who have Organization Dashboard access can view the application but cannot edit it.

Accessing the Stabilization Grant Application

Log in to your Ohio Professional Registry (OPR) profile or create one by using this [Create Profile User Guide](#). Once logged into your registry profile, view the left side panel, scroll down to find the “Organizations” tab, and click on the triangle next to the Organizations tab to open a menu. (If you do not have this option, please refer to the first paragraph on how to get access to the programs Organization Dashboard)



Click on “Select Organization” inside of the box and select the program for which you are completing the application.





Navigate to the Applications tab in the program's Organization Dashboard.

Xjfs Test Center2 4200 E Fifth Ave
License #: 2170014188 Columbus, OH 43219

STABILIZATION GRANT APPLICATIONS **PHASE 4 GRANT APP**

OHIO HEALTHY PROGRAMS (OHP) APPLICATIONS **NEW OHP APP**

Application Name	Submitted Date	Approved Date	Expiration Date	Status	Action
No rows					

There may be several applications available in this tab, however the Stabilization Grant Application will be at the top if the program is eligible. To view eligibility requirements and determine why the program may not have the application section, please visit our website for all the [Child Care Stabilization Grant resources](#).

To begin an application, click on the blue “Phase 4 Grant App” button in the top right corner.

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No rows					



Completing the Stabilization Grant Application

Section I- General Applicant Information

This section pulls over data directly from the registry profile. It will list the professional's name, role at the program, the Program Name, Program Number, Total License Capacity, and Program Type.

Section I - General Applicant Information

Name of Owner/Administrator/Designee Completing Application	Role	
Mary Beth Test	Administrator on JFS License	
Program Name	Program Number	Total License Capacity
Xjfs Test Center	2170014187	58
Program Type	Program Sub-Categories (select all that apply)	
Jfscenter	Head Start x	

The Program Name, Program Number, Total License Capacity, and Program Type are all information pulled over directly from OCLQS and cannot be edited here in the application. Should this information be incorrect, it must be updated in OCLQS. Select a program sub-category (select all that apply) in this section as well.

Section II- Child Care Stabilization Grants Selection

This section includes the sub-grant title, the maximum funding amount allowed per sub-grant, any previously requested amount on prior approved applications, the requested amount, and planned use of stabilization sub-grant funds.

Child Care Stabilization Sub-Grants	Maximum Funding Amount	Previous Requested Amount(s)	Requested Amount (enter 0 to waive sub-grant)	Total	Planned Use of Stabilization Sub-Grant Funds (select all that apply)
Operating/New Pandemic Cost	\$6507	\$0	<input type="text"/>	\$0	Select... v
Workforce Recruitment/Retention	\$3253	\$0	<input type="text"/>	\$0	Select... v
Access Development	\$3582	\$0	<input type="text"/>	\$0	Select... v

To apply for funding in each sub-grant category, a number must be entered in the Requested Amount field. This number must be between zero and the number listed under the Maximum Funding amount. If a program chooses to waive the sub-grant, a zero should be entered to indicate the program is not requesting money for that sub-grant category.



Once a requested amount is entered, the total will pre-populate in the next column. If the numbers entered are over the program’s maximum funding amount, there will be an error that appears on the screen.

The planned use of stabilization sub-grants funds section requires the professional to select a planned use. If there is zero entered into the requested amount field, this column is not selectable. If there is any amount over zero, a planned use will be required. Select all that apply.

In the example below, this program requested zero dollars in the operating/new pandemic cost, all of their maximum funding amount for the workforce recruitment/retention category and only \$1000 for the Access Development sub-grant category, with the planned use for grant funds selected.

Child Care Stabilization Sub-Grants	Maximum Funding Amount	Previous Requested Amount(s)	Requested Amount (enter 0 to waive sub-grant)	Total	Planned Use of Stabilization Sub-Grant Funds (select all that apply)
Operating/New Pandemic Cost		\$0	4000	\$4000	<div style="border: 1px solid #ccc; padding: 2px;"> Paying ongoing costs including rent, mortgage, utilities, insurance x x v </div>
Workforce Recruitment/Retention		\$0		\$0	Select... v
Access Development		\$0		\$0	Select... v
Mental Health Workforce and Family Support		\$0		\$0	Select... v
Totals	\$34140	\$0	\$4000	\$4000	



Certification/Signature

Each program must certify to the items listed in the application and sign the application. The date will auto-populate to today's date when a signature is typed.

Certification

In order to receive stabilization sub-grants, I agree to use the funds only for the categories and purposes I have stated on this application.

I agree that the total license capacity pre-populated on this application is accurate.

By signing this application, I am certifying that I will meet requirements throughout the period of the grant(s), including the following (all boxes must be checked for an application to be considered):

- When open and providing services, I will implement required ODJFS policies including Ohio Administrative Code and Ohio Revised Code (which include Child Care and Development Fund health and safety requirements and the completion of comprehensive background checks), orders from the State of Ohio, and to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).
- For each employee and child care staff member (including lead teachers, aides and any other staff who are employed by the child care program to work in transportation, food preparation, or other type of service), I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health 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. Further, I understand that I must have a retention policy in place that includes a determined time period the employee and child care staff members remain with the company, signed by each employee and child care staff member upon their receipt of grant funds when used for hiring bonuses or retention.
- I understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as participate in and complete reconciliation activities.

The following signature affirms that I will adhere to the items checked above. It also affirms I will only use the funds in the areas noted in Section III of this application. The official application submission date is the date of my signature, below.

Signature of Administrator/Owner/Designee

Date

The "Submit Application" button will remain yellow until all the required fields are entered. The red error will appear until all corrections have been made to the application.

The following signature affirms that I will adhere to the items checked above. It also affirms I will only use the funds in the areas noted in Section III of this application. The official application submission date is the date of my signature, below.

Signature of Administrator/Owner/Designee

Date

[Back To Applications](#)

Save as Draft

Submit Application

Please correct the incomplete information outlined in red.

The professional completing the application will always have the option to Save as Draft at any time. *Please note- whomever starts the application, is the only one who can finish it. Other program administrators who have Organization Dashboard access can view the application but cannot edit it.*

Once all items have been completed correctly within the application, the “Submit Application” button will turn green and allow the professional completing the application to click submit.

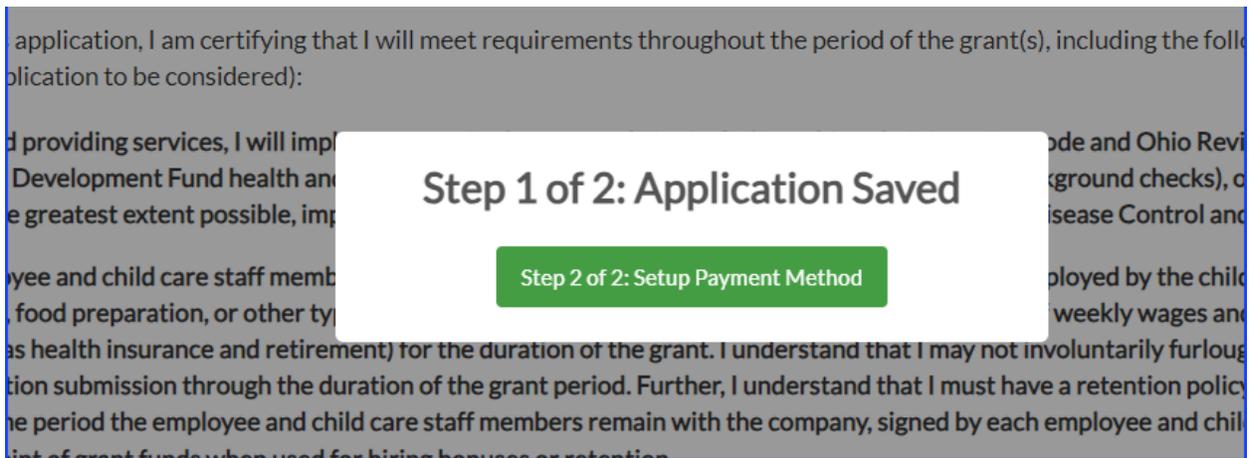
[Back To Applications](#)

Save as Draft

Submit Application

Once the Submit Application button is clicked, a pop-up appears that states “Step 1 of 2: Application Saved”. Click the green button that states “Step 2 of 2: Setup Payment Method”.

This is a two-step process. The programs Stabilization Grant Application is not completed until a Payment Method has been set up.



The application has currently been saved as “Additional Action Needed” in the Applications tab of the program’s Organization Dashboard. The Payment Method must be set up to have the application show in a Submitted status.

Setup Payment Method

Once the Step 2 of 2 button is selected, the professional completing the application is taken directly to the secure payment method entry screens, known as the Payment Portal. This portion MUST be completed to have a successful application submission.



Payment Portal

You have entered OCCRRA's secure Payment Portal. 

Please review the information below for accuracy.

Organization Dashboard Information

Program Name		License Number	
Xjfs Test Center - Oclqs		2170014188	
Program Physical Address	City	State	Zip Code
4200 E Fifth Ave	Columbus	Oh	43219-0000
Mailing/Owner Address	City	State	Zip Code
75 Bubble Lane	Hamilton	Oh	43219-0000

The information on program physical address, and if applicable mailing address, is provided to the OPR from OCLQS. If this information is not accurate, you will need to update the information in OCLQS before proceeding with completion of the Payment Portal entry. Please login to OCLQS to update your account information. Please note, if changes are made in OCLQS, updates will not be reflected in the OPR for 24 hours. After 24 hours, please return to the Organization Dashboard to complete the Payment Portal entry.

By checking this checkbox I acknowledge that the information for program physical address and mailing/owner address, if applicable, are accurate and I am ready to enter the Payment Portal.

Cancel

Start Request

All data on this screen pulls directly from the data provided to OCLQS. Please read the entire screen and click the check box indicating the information above is correct. Once checked, the Start Request button is clickable.

Organization Dashboard Information

Organization Dashboard information appears at the top and is not editable as it is the data provided directly from OCLQS.



Payment Portal

You have entered OCCRRA's secure Payment Portal 

Organization Dashboard Information

Program Name		License Number	
Xjfs Test Center - Oclqs		2170014188	
Mailing/Owner Address	City	State	Zip Code
75 Bubble Lane	Hamilton	Oh	43219-0000



Organization Information

Check the appropriate box for federal tax classification. Only one box can be checked.

Organization Information Check appropriate box for federal tax classification. Check only one of the following seven boxes. <input checked="" type="radio"/> Individual/sole proprietor or single-member LLC <input type="radio"/> C Corporation <input type="radio"/> S Corporation <input type="radio"/> Partnership <input type="radio"/> Trust/estate <input type="radio"/> Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <input type="text"/> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="radio"/> Other <input type="text"/>	Exemptions Exempt Payee code <input type="text"/> Exemption from FATCA reporting code <input type="text"/>
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If limited liability company is selected, a tax classification is required. There are also options to enter an Exempt Payee code and the Exemption form FATCA reporting code.



The professional completing the payment method will enter either the Employer Identification Number (EIN) and name shown on income tax returns, **OR** if there is no EIN, the social security number box can be checked and entered. Either the EIN or the SSN section needs to be completed, but not both.

Employer Identification Number 12-1234567	Please re-enter Employer Identification Number 12-1234567	Name as shown on income tax return. Application Tester
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I do not have an Employer Identification Number and will use my SSN.

Social Security Number [][][]	Social Security Number (Please re-enter) [][][]	Name as shown on your income tax return. []
--	--	--

Internal Revenue Service (IRS) (<https://www.irs.gov/instructions/iw9>)

When the professional completing the payment method enters the fields “Name as shown on the income tax return” box, it auto-populates the “Payee Name” field below in the Bank Account Owner Information section.

Bank Account Owner Information

This is the section where the banking information is entered. Select either a checking account or savings account, the Payee Name is auto filled from above, enter the banking institutions routing number and the account number where the sub-grant funds are to be sent electronically.

Bank Account Owner Information

Please Select Account Type:

Checking Account Savings Account

Please enter your name as it is shown in your bank statements.

Payee Name
Application Tester

Routing Number: Please carefully enter the nine digit routing. Usually listed on the bottom of a personal check.

Routing Number 044000037	Routing Number (Please re-enter) 044000037
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Account Number: Please carefully enter your bank account number including leading zeros.

Account Number 123456	Account Number (Please re-enter) 123456
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No bank account available. (If selected, the payment will be made via check)

This organization is tied to a corporate account. I need to add a fiscal representative for notification regarding payments

Fiscal Representative Name []	Fiscal Representative Email []
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If there is no checking or savings account associated with the program, the professional completing the payment method can select the “No bank account available”. This will provide the program with a paper check mailed to the address on file.



The professional completing the payment method can also add a fiscal representative to the application if notification regarding payments is requested.

Attestation/Signature

The professional completing the payment method must attest to the State within the application and type their Authorized Signer name. The date will auto-populate to today's date when a signature is typed.

By signing this form Electronically, I attest to the following:

Under penalties of perjury, I certify that:

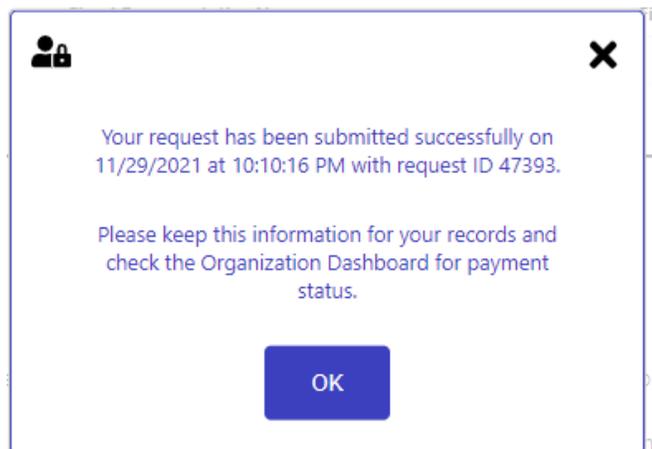
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I'm subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on the form (if any) indicating that I am exempt from FATCA reporting is correct.

Authorized Signer	Date
Application Tester	11/29/2021

Submit Form

The “Submit Form” button becomes clickable when all required fields are completed correctly. If there are errors within the payment method form, the system will provide the professional completing the payment method an error message that displays what needs to be completed to submit the form.

Once “Submit Form” is clicked, a successful submission box appears with the date, time, and the request ID number. Please keep this information on record should the program need it again. Click OK to return the professional's registry profile.

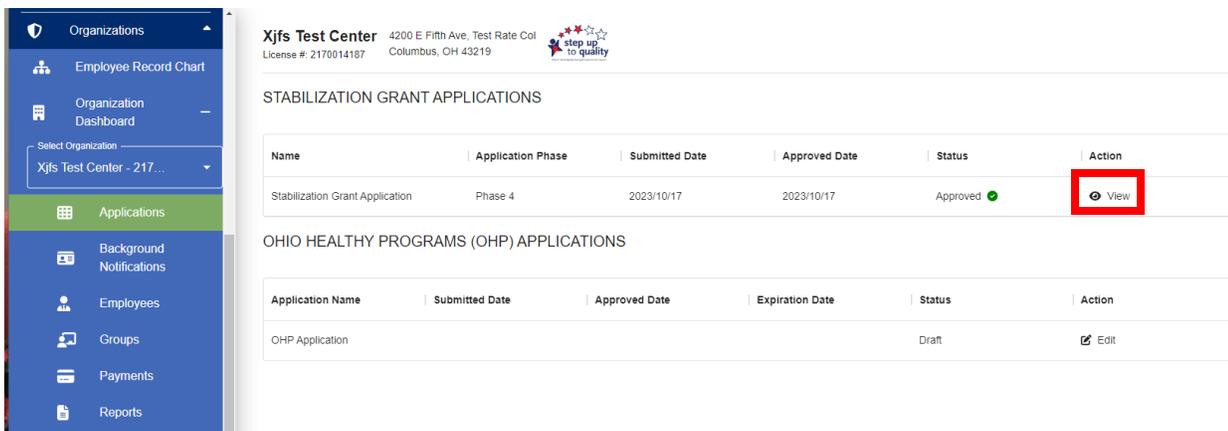


Reviewing the application and/or payment method submission

Application Status

The professional who completed the application and the professional who entered the payment method (as these could be two separate professionals) will both receive a notification in their profile that the payment information has been submitted with the program license number included.

Once both pieces, the application, AND the payment method have been completed, the application status will change to “Submitted” in the Organization Dashboard under the Applications tab. This means the application and payment method has been submitted to OCCRRA for review and approval. Once an application is submitted and pending review the application can only be viewed and cannot be edited. To view the submitted application, click the view button.



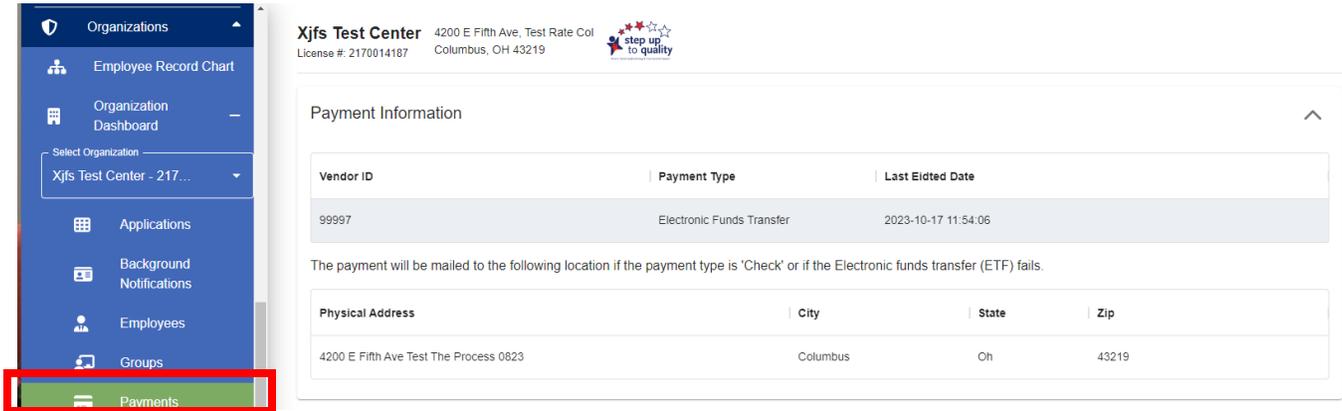
The screenshot shows the dashboard for Xjfs Test Center. The left sidebar contains navigation options: Organizations, Employee Record Chart, Organization Dashboard, Applications (highlighted), Background Notifications, Employees, Groups, Payments, and Reports. The main content area displays the organization's name and address, followed by a table of STABILIZATION GRANT APPLICATIONS. The table has columns for Name, Application Phase, Submitted Date, Approved Date, Status, and Action. One application is listed with a status of 'Approved' and a 'View' button highlighted in a red box. Below this is a table for OHIO HEALTHY PROGRAMS (OHP) APPLICATIONS, which shows one application in 'Draft' status with an 'Edit' button.

Name	Application Phase	Submitted Date	Approved Date	Status	Action
Stabilization Grant Application	Phase 4	2023/10/17	2023/10/17	Approved ●	View

Application Name	Submitted Date	Approved Date	Expiration Date	Status	Action
OHP Application				Draft	Edit

Payment Method Status

To review or update the payment method for the program, navigate to the Payments tab in the programs Organization Dashboard. This screen will display the vendor ID (once processed), the payment type selected in the payment method set up (check or EFT), the last date the payment method was edited and the address the payment would be mailed to if “No bank account available” option was selected.



The screenshot shows the 'Xjfs Test Center' organization dashboard. The left sidebar has the 'Payments' tab highlighted in green. The main content area displays 'Payment Information' for the selected organization. It includes a table with the following data:

Vendor ID	Payment Type	Last Edited Date
99997	Electronic Funds Transfer	2023-10-17 11:54:06

Below the table, a note states: "The payment will be mailed to the following location if the payment type is 'Check' or if the Electronic funds transfer (ETF) fails." This is followed by another table with the following data:

Physical Address	City	State	Zip
4200 E Fifth Ave Test The Process 0823	Columbus	Oh	43219

A vendor ID must be assigned prior to the system allowing any payment method editing/updates.

Please contact OCCRRA with questions at support@occrra.org or call 1-877-547-6978.