Early Care and Education Access Grants

The Early Care and Education Access Grant Application is available in the programs Organization Dashboard. If an administrator listed on the license or an owner needs 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)
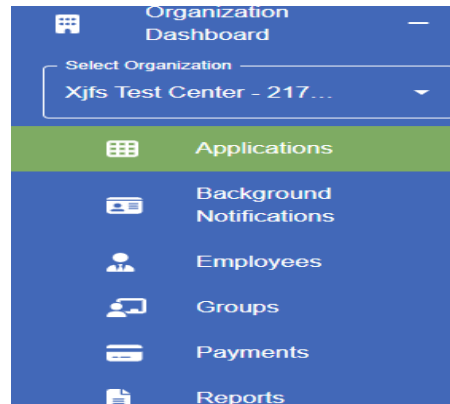

Click on "Select Organization" inside of the box and select the program for which you are completing the application.
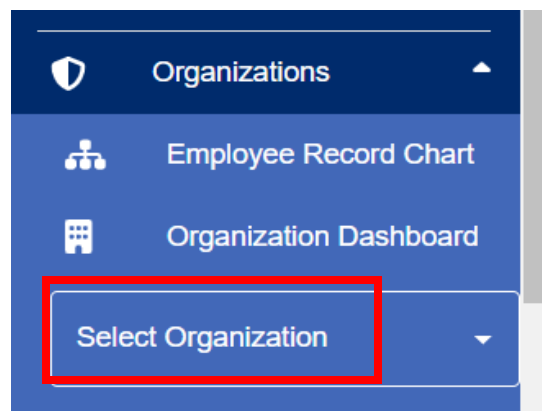
Navigate to the Applications tab in the program's Organization Dashboard.

There may be several applications available in this tab, however the Early Care and Education Access Grant 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 at https://occrra.org/ohio-professional-registry/access-grant/ for all resources.

To begin an application, click on the blue "Access Grant App" button in the top right corner.

Completing the Access 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
Mary Beth Test

Role
Administrator on JFS License

Program Name
Xjfs Test Center

Program Number
2170014187

Total License Capacity
58

Program Type
Jfscenter

Program Sub-Categories (select all that apply)
Head Start ✕

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.

Section II- Access Grant

This section includes the grant types along with a short description of each, a space for the Budget narrative, and a Certification area.. Please choose the one that best fits the grant for which your program is applying. Please complete all the information under the specific section and include attachments as needed/requested.

Section II Access Grant

☐ **New Center Start-Up Grant**
An existing license program applying for a new program yet to be licensed.

☐ **Program Expansion Grant**
Increasing your current program to serve more children based on age group defined and children with special needs or expanding hours of operation for non-traditional care.

☐ **Program Repairs Grant**
Completing facility maintenance, renovations or repairs to your current program for lead abatement, mold remediation, ADA Compliance, parking lot, playground, roof or plumbing repairs.

☐ **Increase Capacity for Children with Special Needs Grant**
A non-profit center or preschool applying to continue to provide training and support to children with special needs and support their community-based projects.

Budget Narrative
In the field below please describe your program need for the project you are spending the funds, describe the project and how the program will ensure expenses occurring in a short time frame.

Certification

In order to receive Access Grants, I agree to use the funds only for the categories and purposes I have stated on this application.

By submitting 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 DCY/ODE/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.

☐ I understand if I make purchases of personal protective equipment (PPE) worn to minimize exposure to hazards that cause workplace injuries and illnesses that the purchased items are either approved by the National Institute for Occupational Safety and Health (NIOSH) or authorized for use by the United States Food and Drug Administration (FDA), including under emergency use authorization.

☑ **New Center Start-Up Grant**

An existing license program applying for a new program yet to be licensed.

How many children do you anticipate serving in your new program?
| - ∨ |

How many infants do you plan to serve at your new program? (An infant is a child that is birth to 18 months.)
| - ∨ |

How many toddlers do you plan to serve at your new program? (A toddler is a child between 18 months and 3 years.)
| - ∨ |

How many days do you plan to provide evening care at your new program? (Evening care is provided from 6pm-6am.)
| - ∨ |

When do you plan to provide weekend care at your new program?
| - ∨ |

How much do you plan to spend on rent/mortgage? If you do not plan to use this category, please enter 0. If you enter a non-zero number, documentation will be requested prior to approval.
| 0 |

How much do you plan to spend on salary/benefits? A budget may be request prior to approval.
| 0 |

How much do you plan to spend on classroom supplies? A budget may be request prior to approval.
| 0 |

How much funding are you requesting total for this grant opportunity? You may request up to $500,000.
| 0 |

☑ **Program Expansion Grant**

Increasing your current program to serve more children based on age group defined and children with special needs or expanding hours of operation for non-traditional care.

How many new infant slots do you plan to create? (An infant is a child that is birth to 18 months.)
| - ∨ |

How many new toddler slots do you plan to create? (A toddler is a child between 18 months and 3 years.)
| - ∨ |

How many new preschool slots do you plan to create? (A preschool child is 3 years and not yet in kindergarten.)
| - ∨ |

How many days do you provide evening care? (Evening care is provided from 6pm-6am.)
| - ∨ |

When do you provide weekend care?
| - ∨ |

How much do you plan to spend on salary/benefits? A budget may be request prior to approval.
| 0 |

How much do you plan to spend on classroom supplies? A budget may be request prior to approval.
| 0 |

How much funding are you requesting total for this grant opportunity? You may request up to $50,000.
| 0 |

☑ **Program Repairs Grant**

Completing facility maintenance, renovations or repairs to your current program for lead abatement, mold remediation, ADA Compliance, parking lot, playground, roof or plumbing repairs.

How many children do you serve in your program?
| - ∨ |

Do you serve infants? (An infant is a child that is birth to 18 months.)
| - ∨ |

Do you serve toddlers? (A toddler is a child between 18 months and 3 years.)
| - ∨ |

How many days do you plan to provide evening care at your new program? (Evening care is provided from 6pm-6am.)
| - ∨ |

When do you plan to provide weekend care at your new program?
| - ∨ |

What repairs do you plan to complete with this funding? Estimates may be required prior to funding for significant repairs.
| Select... ∨ |

How much funding are you requesting total for this grant opportunity? You may request up to $100,000.
| 0 |

☑ **Increase Capacity for Children with Special Needs Grant**

A non-profit center or preschool applying to continue to provide training and support to children with special needs and support their community-based projects.

How many children do you anticipate serving?
| - ∨ |

How many infants do you plan to serve? (An infant is a child that is birth to 18 months.)
| - ∨ |

How many toddlers do you plan to serve? (A toddler is a child between 18 months and 3 years.)
| - ∨ |

How many school age children do you plan to serve? (A toddler is a child between 18 months and 3 years.)
| - ∨ |

How much do you plan to spend on training? A budget may be request prior to approval.
| 0 |

How much do you plan to spend on support? A budget may be request prior to approval.
| 0 |

How much funding are you requesting total for this grant opportunity? You may request up to $100,000.
| 0 |

Continue to Step 2

Once you have completed all sections of the first page of the application, continue to step 2 by selecting the green button at the bottom right hand corner.

Certification

In order to receive Access Grants, I agree to use the funds only for the categories and purposes I have stated on this application.

By submitting 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 DCY/ODE/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.

☑ I understand if I make purchases of personal protective equipment (PPE) worn to minimize exposure to hazards that cause workplace injuries and illnesses that the purchased items are either approved by the National Institute for Occupational Safety and Health (NIOSH) or authorized for use by the United States Food and Drug Administration (FDA), including under emergency use authorization.

Back To Applications   Save as Draft   **Continue to Step 2**

You should receive the following message on the screen:

Step 1 of 2: Application Saved

Step 2 of 2: Setup Payment Method
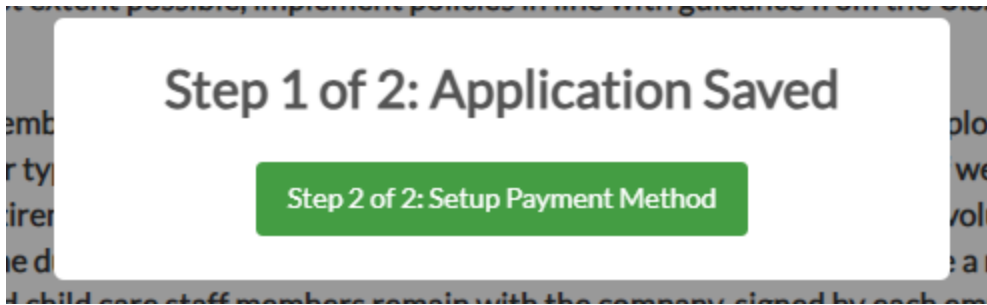
<u>Payment Portal</u>

Please take the time to confirm the information that is provided on this page. The information is pulled directly from OCLQS. If any of the information is not accurate please go to OCLQS and update it there. Once confirmed check the boxes and select "Start Request".

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		2170014187	

Program Physical Address	City	State	Zip Code
4201 E. Fifth Ave -test	Test	Oh	12345

Mailing Address	City	State	Zip Code
4201 E. Fifth Ave -test	Test	Oh	12345

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 address, if applicable, are accurate and I am ready to enter the Payment Portal.

☑ I understand that I have <u>one opportunity</u> to provide this information correctly. If the banking information does not pass validation, I will receive a paper check.

Cancel   **Start Request**

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.

- ◉ Individual/sole proprietor or single-member LLC
- ○ C Corporation
- ○ S Corporation
- ○ Partnership
- ○ Trust/estate
- ○ Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) [____]

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.

- ○ Other [____]

Exemptions

Exempt Payee code
[____]

Exemption from FATCA reporting code
[____]

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

☐ 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	Routing Number (Please re-enter)
044000037	044000037

Account Number: Please carefully enter your bank account number including leading zeros.

Account Number	Account Number (Please re-enter)
123456	123456

☐ 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

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 is 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.

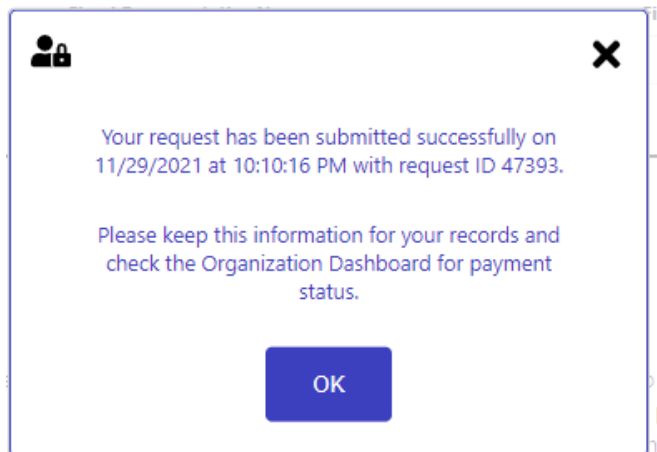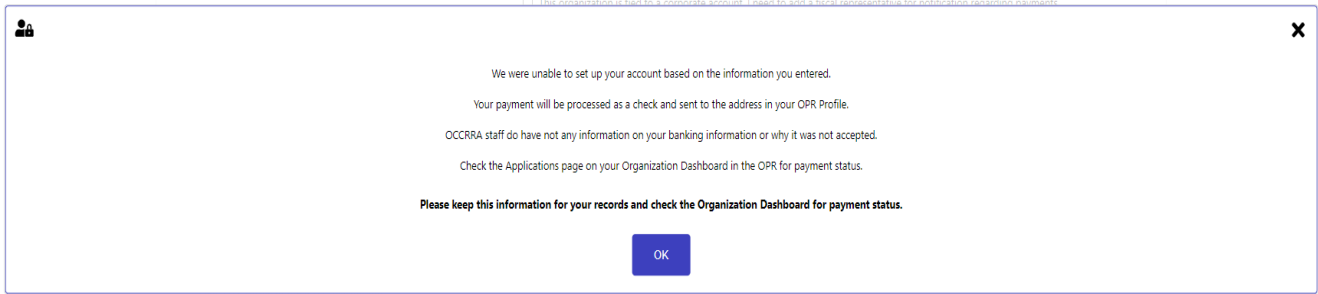| Authorized Signer	Date
Application Tester	11/29/2021

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 displaying one of the following messages. Click OK to return the professional's registry profile.

We were unable to set up your account based on the information you entered.

Your payment will be processed as a check and sent to the address in your OPR Profile.

OCCRRA staff do have not any information on your banking information or why it was not accepted.

Check the Applications page on your Organization Dashboard in the OPR for payment status.

Please keep this information for your records and check the Organization Dashboard for payment status.

OK

Your request has been submitted successfully on 11/29/2021 at 10:10:16 PM with request ID 47393.

Please keep this information for your records and check the Organization Dashboard for payment status.

OK

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.
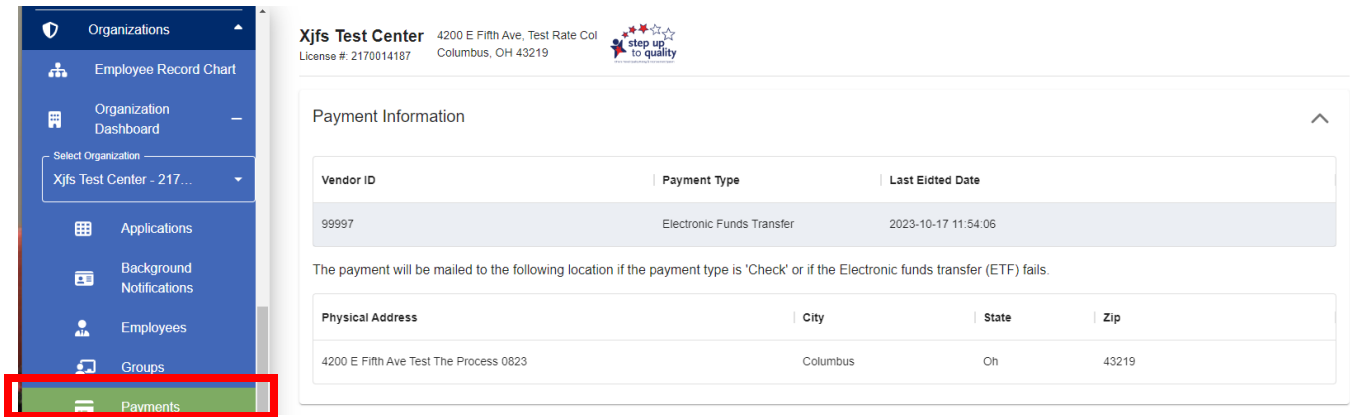
Xjfs Test Center 4201 E. Fifth Ave -test
License #: 2170014187   Test, OH 12345

GRANT APPLICATIONS

Name	Application Phase	Submitted Date	Approved Date	Status	Action
Grant Application	Phase 1		2022/05/02	Unable to Verify	◉ View
Grant Reconciliation	Phase 1	2022/05/03		Closed	◉ View
Grant Application	Phase 2			Closed	◉ View
Grant Application	Phase 3			Closed	◉ View
Grant Application	Phase 3	2022/08/24	2022/08/24	Unable to Verify	◉ View
Grant Reconciliation	Phase 3	2022/08/24		Unable to Verify **Repayment Due**	◉ View
Grant Application	Phase 4	2024/01/01		Unable to Verify	◉ View
Grant Application	Access	2024/04/15		Submitted	◉ View

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.

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 614-396-5959.