NJ ARP Stabilization Grants Application

How to complete an Application
Completing the Application

Instructions

- Read the Am I Eligible? text to learn more about the application eligibility criteria.
- To begin your grant application, click on the Apply Now button.

Key Points

- The ‘Am I Eligible?’ excerpt will help determine if your child care program meets the requirements to be considered for a New Jersey ARP Stabilization Grant.
- You will have 60 minutes to complete the application once you hit Apply Now before your session times out.
Completing the Application

Instructions

Welcome to the NJ ARP Stabilization Grant Application

Eligible Providers

- Licensed Child Care Centers and Registered Family Child Care Providers with an active status are eligible. Temporarily closed Child Care Centers and Registered Family Child Care Providers are NOT eligible.

Important Application Information

- Providers may apply from June 6, 2022 through July 8, 2022
- Sponsor, sponsor representative, owner or director are the only individuals authorized to complete the application due to the information required for submission.
- Please note: Some of the provider facility information required for the application is auto-populated from NJCCIS (e.g., Tax Identification Number (your EIN or SSN) and Legal Name of Child Care Program). These fields are non-editable and will be grayed out; please carefully review all information. If any information that was auto-populated is incorrect, please contact DFC-ChldCcrGrnts@doh.nj.gov.
- If you need assistance completing the application, please contact:
  - For NJ ARP Stabilization Grant application-specific questions: Customer Service Phone: 1-888-600-2478
  - Customer Service Email: njchldcaregranttechsupport@smh2b.com
- The application will take approximately 45 minutes and MUST be completed in one session.

WARNING! The application will take approximately 45 minutes and MUST be completed in one session. For security reasons, your session will expire after 60 minutes and all data will be lost.

On the Instructions step, read the instructions carefully and click on the Next button.

Key Points

- On the next few pages, the information shown is for an example facility. Be sure to fill out the application with information as it relates to your facility.
- The application will take approximately 45 minutes and MUST be completed in one session. For security reasons, your session will expire after 60 minutes and all data will be lost.
Completing the Application

Instructions

- On the General Applicant Information, select the Director/Owner’s Race, Ethnicity, and Gender from the dropdowns.
- Click on the Next button.

Key Points

Some of the provider facility information required for the application is auto-populated from NJCCIS (e.g., Tax Identification Number (your EIN or SSN) and Legal Name of Child Care Program). These fields are not editable and will be grayed out. Please carefully review all information. If any of the auto-populated information is incorrect, please contact DFD-ChildcareGrants@dhs.nj.gov.
Completing the Application

In the **Operational Status** step, enter/select the applicable answers.

**Key Points**

FCC Providers do not need to answer questions about the types of programs operated.
Completing the Application

Instructions

- Enter/ Select the applicable answers.
- Click the Next button.

Key Points

Note: Temporarily Closed Providers are not eligible for this round of the ARP Stabilization Grants. You may apply prior to July 8th if your child care program reopens and is in active status in NJCCIS.
Completing the Application

### Instructions

- In the **Child Count Information** step, enter the count of children appropriately.
- Click on the **Next** button.

*Note: If the Provider Type is **Child Care Center**, then the value in Total capacity field will be auto-populated from NJCCIS.*

### Key Points

If you do not have any children enrolled in a category, enter '0'.

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In the **Child Count Information** step, enter the count of children appropriately.

- **Total Capacity**: 60

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*Note: If the Provider Type is **Child Care Center**, then the value in Total capacity field will be auto-populated from NJCCIS.*

- **Total**: 0

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If you do not have any children enrolled in a category, enter '0'.

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*Note: If the Provider Type is **Child Care Center**, then the value in Total capacity field will be auto-populated from NJCCIS.*

- **Total**: 0
Completing the Application

Instructions
Click the **Next** button.

Key Points
Note: If you were not licensed and operating prior to March 2021, you will see zero in this field and will not need to answer this question.
Completing the Application

**Instructions**

- In the **Staff Count Information** step, enter the count of your staff members appropriately.
- Click the **Next** button.

**Key Points**

Be sure to include yourself in the number of staff. If you do not have any staff for a category, enter '0'.

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### Staff Count Information

<table>
<thead>
<tr>
<th></th>
<th>Full Time</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>* Required</td>
<td>* Required</td>
</tr>
<tr>
<td>Support</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Educator(s)</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

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Example functional roles:

- **Administrative** - This function consists of roles such as Director, Owner, Sponsor, Facility Manager, etc...
- **Support** - This function consists of roles such as Janitor, Bus Driver, etc...
- **Educator** - This function consists of roles such as Teacher, Assistant Teacher, Substitute Teacher, etc...

**Note:** Do not forget to include yourself in the applicant in the count.
Completing the Application

Instructions

- In the Estimated Grant Award Amount step, view the estimated amount.
- Read the information carefully.
- Click on the Next button.

Key Points

No key points.
Completing the Application

**Instructions**

- In the **Options for Use of Funds** step, select the options for which the funds will be used.
- Select the appropriate amount for the **Estimated Monthly Cost** field that will be used for the selected usage option.
- Click on the **Calculate** button to know the range of monthly estimated usage of funds.
- Click on the **Next** button.

**Key Points**

No key points.
Completing the Application

Instructions

- In the **Payment Information** step, select the **Certification** checkbox to certify.
- Select the **Direct Deposit** payment method.
- Select the **Account Type**.
- Enter your banking information.
- Click the **Validate** button.

Key Points

- Under Payment Information, the last four digits shown is your correct Taxpayer Identification Number.
- Tax Identification number has no impact on mode of payment.
Completing the Application

If the bank details are unverified, you will need to select "Paper Check." If the entered bank details are not verified, you will be prompted to edit the entered Bank Account information and the "Paper Check" option will be displayed.
Completing the Application

Instructions

- Select Facility Address or Mailing Address as applicable.
- Click on the Next button.

Key Points

No key points.
Completing the Application

In the Review Application step, review your application and click on the Next button.
Completing the Application

In the Provider Attestations step, enter your title in the Applicant Title box, and enter your full name in the signature box to sign the application.

Select the terms acknowledgement checkbox.

Click on the Submit button.
Completing the Application

Instructions

- The application is submitted. You can view and download a PDF version of the application by clicking on the View PDF button.
- Click on the I’m Done button when you are finished.

Key Points

No key points.
This Concludes ‘Completing the Application’ Guide