NJ DFD
Child Care Stabilization Grant
FCC Provider Application
English
Provider Verification

Welcome to the NJ ARP Stabilization Grant Application!
To start your application, enter your NJCCIS ID.

* NJCCIS ID

Don’t know your NJCCIS ID?
Your NJCCIS ID can be found at the bottom left of the footer when you are logged into NJCCIS. This is a 9-digit number that starts with “10.” Click here to open the home page in a new tab. Copy or write down your NJCCIS ID number and then close the tab to return to this screen.
# Provider Verification

Welcome to the NJ ARP grant application system!

## Select a Facility

<table>
<thead>
<tr>
<th>Facility ID</th>
<th>Program Name</th>
<th>Facility Address</th>
<th>License Date</th>
<th>Sponsor Owner</th>
<th>Title</th>
<th>Facility Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Owner/Director</td>
<td>Active</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1-1 of 1

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Please note:

When you click "Next," a one-time security code will be sent to the email associated with the provider record in the New Jersey State database. The Security Code will expire 15 minutes after it is requested. Please make sure you have access to the email to retrieve this code to complete the verification process.

Next
Welcome Adrienne,

**NJ ARP Grant Eligibility**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Facility ID</th>
<th>Physical Address</th>
<th>Action</th>
</tr>
</thead>
</table>

Am I Eligible?

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.

As a condition of eligibility, all providers must meet applicable state and local health and safety requirements and be in good standing (have no enforcement actions). Providers must also meet the federal Child Care Development Fund (CCDF) health and safety provisions, including trainings and criminal background checks at the time of application.

Publicly funded pre-kindergarten and exclusive Head Start programs, in receipt of other and/or similar public funding are not eligible. Early or Head Start/ Child Care Partnerships may qualify for partial grants.
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 not-editable and will be grayed out; please carefully review all information. If any information that was auto-populated is incorrect, please contact DPD-ChildCareGrants@dhs.nj.gov.

- If you need assistance completing the application, please contact:
  
  For NJ ARP Stabilization Grant application-specific questions:
  
  Customer Service Phone: 1 855-590-3478
  
  Customer Service Email: njchildcaregranttechsupport@mtsc2b.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. When working through the application only use the PREVIOUS and NEXT buttons to move through the pages. Do not use the back button in your browser.

Make sure you have this information on hand:

- Program Information (e.g., program type)
- Hours of Operation
- Current Enrollment Information
- February 2020 Enrollment Information (only for providers licensed/registered on or before 3/11/2021)
- Staffing information
- Current Estimated Monthly Expenses
  
  - Personnel costs, including payroll and salaries or similar compensation for an employee (including any sole proprietor or independent contractor), employee benefits, premium pay, or costs for nonteaching employee recruitment and retention.
  
  - Rent (including rent under a lease agreement) or payment on any mortgage obligation, utilities, facility maintenance or improvements, or insurance.
  
  - Personal protective equipment (PPE), cleaning and sanitation supplies and services, or training and professional development-related to health and safety practices.
  
  - Purchases of, or updates to, equipment and supplies to respond to the COVID-19 public health emergency.
  
  - Goods and services necessary to maintain or resume child care services.
  
  - Mental health support for employees

- Banking information (blank account/routing number)
### General Applicant Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Program Name</td>
<td>DBA (Doing Business As)</td>
<td></td>
</tr>
<tr>
<td>Facility Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor/Owner Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director/Owner Name</td>
<td>Director/Owner Title</td>
<td></td>
</tr>
<tr>
<td>* Director/Owner Race</td>
<td>* Director/Owner Ethnicity</td>
<td></td>
</tr>
<tr>
<td>* Director/Owner Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director/Owner Contact Email</td>
<td>Facility Phone Number</td>
<td></td>
</tr>
</tbody>
</table>
Operational Status

* Estimated total monthly operational expenses

* Required

Your Program Facility Type is:

Family Child Care

* Was your program licensed/registered on or before March 11, 2021?

  ○ Yes
  ○ No

* Does your program meet NJ DFD and Child Care and Development Fund health and safety requirements including the completion of comprehensive background checks and health and safety trainings?

  ○ Yes
  ○ No

* Were you open and operating as of March 11, 2021?

  ○ Yes
  ○ No

* What is the current status of your program?

  ○ Open
  ○ Temporarily closed due to public health, financial hardship, or other reasons relating to the coronavirus disease 2019 (COVID-19) public health emergency

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.
## Child Count Information

**What is your total enrollment count by age group?**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Enrollment Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (0-17 months)</td>
<td></td>
</tr>
<tr>
<td>Toddlers (18-35 months)</td>
<td></td>
</tr>
<tr>
<td>Pre-School (3-5 years)</td>
<td></td>
</tr>
<tr>
<td>School Age (over 5)</td>
<td></td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>Enrollment Count</th>
</tr>
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<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

**What was your average enrollment by age in February 2020?**

<table>
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</table>
**Staff Count Information**

What is your current number of full and part-time staff?

### Full Time

* Administrative

* Support

* Educator(s)

### Part Time

* Administrative

* Support

* Educator(s)

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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, the applicant in the count.
Estimated Grant Award Amount

The total grant amount will be awarded in two payments, assuming no changes in application details or facility status.

The distribution timing and amounts of the two grant payments will be based on a) your program's operational status, b) your grant application submission date, and c) your eligibility status, as follows:

If your Family Child Care program is open, active and meets all eligibility criteria:

- The Initial Payment in the amount of 1/2 (one-half) of the Estimated Total Grand Award Amount shown above will be distributed within 30 days of your grant application approval date.
- The Second Payment in the amount of the remaining 1/2 (one-half) balance will be distributed 12 months after the date of the Initial Payment dependent on having recertified that all eligibility conditions have been met.

Changes in status could impact overall grant payment amounts. Payment dates are pending based on confirmation of no changes to your program's status. Payment dates are defined at the date of processing; providers should expect their funds within 14 days of a successful payment processing.
Options for Use of Funds

Estimated Grant Award Amount

Grants may only be used for one or more of the purposes below. Please check all applicable categories you will support with the funding:

☐ Personnel costs, benefits, premium pay, recruitment and retention
☐ Mortgage, rent, insurance, taxes, and utility
☐ PPE, cleaning, sanitizing, sanitation, air ventilation
☐ Professional Development – related health and safety
☐ Equipment and Supplies to respond to COVID-19
☐ Mental health supports for children and staff
☐ Goods and services necessary to maintain or resume child care services

Use of funds may cover expenditures from September 2021 through August 2023.

Total Monthly Estimated Amount Range for Use of Funds
Payment Information

Legal name of child care program

DBA (Doing Business As)

Tax Identification Number (EIN/SSN)

* Certification - Under penalties of perjury, I certify that the last four digits of the number shown above is my correct taxpayer identification number.

* Payment Method
  ○ Direct Deposit

* Account Type
  ○ Personal Checking
  ○ Personal Savings
  ○ Business Checking
  ○ Business Savings

* Bank Account Holder First Name

* Bank Account Holder Last Name

* Routing Number

* Confirm Routing Number

* Bank Account Number

* Confirm Bank Account Number

Validate

Previous    Next
### General Applicant Information

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<td>Director/Owner Race</td>
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<tr>
<td>Facility Phone Number</td>
<td></td>
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</table>

### Operational Status

- Estimated total monthly operational expenses
- Your Program Facility Type is: Family Child Care
- What type of program do you operate? Select all that apply:
- Was your program licensed/registered on or before March 11, 2021?
- Does your program meet NJ DFD and Child Care and Development Fund health and safety requirements including the completion of comprehensive background checks and health and safety trainings?
- Were you open and operating as of March 11, 2021?
- What is the current status of your program?
- Have you submitted or plan to submit a sponsor change application?

### Staff Count Information

<table>
<thead>
<tr>
<th>What is your current number of full and part-time staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
</tr>
<tr>
<td>Full Time</td>
</tr>
<tr>
<td>Part Time</td>
</tr>
</tbody>
</table>

### Estimated Grant Award Amount

### Options for Use of Funds

- Personnel costs, benefits, premium pay, recruitment and retention
- Estimated Monthly Amount
- Total Monthly Estimated Amount Range for Use of Funds

### Payment Information

- Legal Name of Child Care Program: DBA (Doing Business As)
- Tax Identification Number (EIN/SSN)
- Certification - Under penalties of perjury, I certify that the last four digits of the number shown above is my correct taxpayer identification number.
- What is your preferred payment method for receipt of the grant funds?
Provider Attestations

Certification

To receive a stabilization grant, I agree to use the funds for the categories I have selected on the options for Use of Funds section on this application.

Note: You may utilize funds between selected expense categories without prior approval.

I also understand that it is my responsibility to maintain records and other documentation to support the use of funds I receive as well as to document my compliance with the requirements described in A, B, C, D and E below.

By signing this application, I am certifying that I will meet requirements throughout the period of the grant, including the following:

A. I will implement policies in line with guidance and orders from corresponding state and local authorities and, to the greatest extent possible, implement policies in line with guidance from the U.S. Centers for Disease Control and Prevention (CDC).

B. For each employee (including lead teachers, aides, and any other staff who are employed by the child care provider 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 this grant. I understand that I may not furlough employees from the date of application submission through the duration of the grant period.

C. I will provide relief from copayments, tuition payments, and fees for the families enrolled in the child care assistance program, and prioritize such relief for families struggling to make either type of payment.

D. I will agree to keep my child care center/home operational through the grant period, and understand that if I close my child care center/home prior to September 30, 2023, I will return awarded funds to New Jersey Department of Human Services, Division of Family Development (DHS/DFD).

E. I understand, the grant is meant to cover operational expenses not supported or covered with other federal and state funds for the same period of time or goods and services.

Audit and Monitoring

Please understand your business, center, or home at any time during the grant period is subject to monitoring to determine whether the funds distributed through this grant are being spent properly and according to the provisions set forth herein. By submitting this application and accepting a grant award, you hereby agree to permit, DHS/DFD, the State of New Jersey, and/or the federal government to audit your business, center or home and agree to cooperate to the fullest extent possible.

Provider Attestation

The following signature affirms that I will adhere to the items noted in A, B, C, D, and E within the Certification section. It also affirms I will only use the funds in the areas noted in section 4 (Options for Use of Funds) of this application.

Applicant Name

*Applicant Title

Representative

*Enter the full legal name of the authorized individual completing this application

Date of Signature

By clicking on this box, I acknowledge that I have read, understand, and agree to abide by the terms and provisions of the Child Care Stabilization Grant and hereby affix my electronic signature to this form, affirming that all information contained herein is accurate to the best of my knowledge and belief.
Application Submitted

Thank you for submitting an application for the NJ ARP Stabilization grant

Your application number is
FR-000000

You may review your application by clicking the 'View PDF' button below

If you have questions about the status of your grant application or need to update information, please contact: njchildcaregranttechsupport@mtxb2b.com

Applications will be reviewed as they are received. You may be contacted by a NJ Division of Family Development representative if there are any questions about your application. Payments will be issued via direct deposit or paper check depending on which you selected on your application.

View PDF   I'm Done
Welcome

NJ ARP Grant Eligibility

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Facility ID</th>
<th>Physical Address</th>
</tr>
</thead>
</table>

Submitted Applications

<table>
<thead>
<tr>
<th>Application ID</th>
<th>Status</th>
<th>Applied On</th>
<th>Submitted By</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FR-000000</td>
<td>Submitted</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The application has been submitted successfully. A confirmation email has been sent.