

# Great Start Compensation Support Payment Application

\* Required field

The Great Start Compensation Support Payment Program was signed into law in May 2023, creating a new program designed to support the child care industry and early childhood educators. The program will issue monthly payments to eligible child care providers to fund increases in compensation and benefits for early educators starting in October 2023.

Applicants are required to answer all questions contained in this application. Be sure to carefully read all information and review the details contained in the attestation prior to submitting your application.

## Assistance in completing this application

For assistance completing this application, please contact Child Care Aware of Minnesota at 651-290-9704 or by email at [supportfunds@childcareawaremn.org](mailto:supportfunds@childcareawaremn.org). Please see the [Great Start Compensation Support Payment Program](#) webpage for additional eligibility requirements and other information.

- Si necesita ayuda para comprender esta carta, comuníquese con Rocío Sosa, [rsosa@thinksmall.org](mailto:rsosa@thinksmall.org), 651-641-6660
- Si aad u hesho turjumaan Soomaali ah, fadlan wac 1-888-291-9811 oo dooro doorashada 5. Ha dooran doorashada 4.
- Yog tias koj xav tau kev pab nkag siab tsab ntawv no, thov hu rau Ka Youa Vang, [kvang@thinksmall.org](mailto:kvang@thinksmall.org), 651-366-6792

## Applicant program information

CCAP Provider ID

Provider type

Certified Child Care Center

Name of program

Services provided at:

Name of Provider

\*Is the information for your program as stated above correct?

Yes  No

## Intent to apply for funding

\*Do you intend to apply for the April 1, 2024 through April 28, 2024 funding period of the Great Start Compensation Support Payment Program?

Yes  No

## Application questions

\*Was  (CCAP Provider ID ) operating and serving children for at least a portion of the April 1, 2024 through April 28, 2024 funding period (temporary closures including seasonal closures for summer-only and school year-only programs are allowable, programs that permanently close during the funding period are ineligible)?

Yes  No

\*What was your enrollment for a typical week from April 1, 2024 to April 30, 2024?

\*What was your program's highest attendance on a single day during April 2024?

\*How many days did you care for at least 3 children during April 2024?

Required field

\*How many people did you employ both full- and part-time that regularly cared for children from April 1, 2024 to April 30, 2024?

Below, please list all early childhood educators (only enter initials) your program paid to regularly care for children and the number of hours they each worked caring for children from April 1, 2024 to April 30, 2024:

\*One "full-time equivalent" (FTE) is defined as an individual caring for children 32 hours per week. An individual can count as more or less than one full-time equivalent staff, but as no more than two. The application will calculate the Full-Time Equivalent (FTE) value for each person listed and then calculate the total FTE value for your program. This total FTE value is the basis for your Compensation Support Payment award.

\*\*Regularly caring for children = A paid early childhood educator whose job description / responsibilities include interacting with, caring for, and supervising children enrolled in the program. **Only include hours spent caring for children.** Time spent on other child care related activities such as preparations before children arrive or after children leave, record keeping, cleaning, etc. should not be included when reporting hours caring for children.

\*Early Childhood Educator 1

\*Hours worked caring for children from April 1, 2024 to April 30, 2024

FTE value

0.00

Add Early Childhood Educator

Total FTEs

0.00

\*What were your child care program's personnel expenses for early childhood educators regularly caring for children from April 1, 2024 to April 30, 2024?

\*How much in Great Start Compensation Support Payments did you spend for early childhood educator compensation and/or benefits from April 1, 2024 to April 30, 2024?

## Agreement to accept payment and funding requirements

As a condition of receiving a Great Start Compensation Support Payment, you must indicate that you are aware of and have complied with the requirement that your program remained operating and served a minimum of 3 children during the funding period (April 1, 2024 to April 28, 2024). "Operating" means that your program was available to care for children if so requested by enrolled families or families wishing to enroll in your program, during hours your program is licensed to operate and to the extent your program had the licensed capacity, and clearly communicated that it was open to current and inquiring families. The only exceptions to operating during the funding period include:

- service disruptions that are necessary to protect the safety and health of children and child care programs based on public health guidance issued by the Centers for Disease Control and Prevention, the commissioner of health, the commissioner of human services, or a local public health agency; and
- planned temporary closures for provider vacation and holidays during each payment period.

A program must be licensed, certified or registered and in good standing throughout the funding period with the Minnesota Department of Human Services (DHS) (under Minnesota Rules, Chapters 9502 and 9503, or Minnesota Statutes, Chapter 245H or 119B) or their Tribe. This means the program must not be:

- The subject of a current or past finding of fraud for which the program or individual is currently serving a penalty or exclusion;
- The subject of suspended, denied, or terminated payments to a provider under Minnesota Statutes, section [256.98, subdivision 1; 119B.13, subdivision 6, paragraph \(d\), clauses \(1\) and \(2\);](#) or [245E.02, subdivision 4, paragraph \(c\), clause \(4\)](#), regardless of whether the action is under appeal;
- Prohibited from receiving public funds under [Minnesota Statutes, Section 245.095](#), regardless of whether the action is under appeal; or
- Under license revocation, suspension, temporary immediate suspension, or decertification, regardless of whether the action is under appeal.

To receive funds, an eligible program must have been operating and serving children and in an allowable license state for the entire funding period of April 1, 2024 to April 28, 2024.

Once your application has been received and it is determined your program is eligible to receive funds, you will receive notification of funding and receive that month's payment.

If there is indication that you have failed to meet requirements associated with the Great Start Compensation Support Payments, you will receive written notice and be provided an opportunity to clarify and/or correct any non-compliance. Failure to make the required corrections, or providing false or misleading information to DHS with regard to the funding requirements, may result in discontinuation of future installment payments, recovery of installment payments already made, and/or referral to the DHS Office of Inspector General for additional action related to the funds, which may affect your status as a Child Care Assistance Program provider, and your license, certification, or registration under Minnesota Statutes, chapters 119B, 245A, 245E, 245H, and your ability to receive public funds under Minnesota Statutes, section 245.095.

\* Does [redacted] (CCAP Provider ID [redacted]) accept this payment of the Great Start Compensation Support Payment for the purposes provided and does [redacted] (CCAP Provider ID [redacted]) agree that it has met the funding requirements?

Yes  No

## Collection of tax information

In order to process and create your payment you must provide either the Federal Employer Identification Number (FEIN) for [redacted] (CCAP Provider ID [redacted]) with the associated business name or the Social Security Number of the Program for [redacted] (CCAP Provider ID [redacted]) with the associated legal first and last name. This information will be used to issue a Form 1099 for tax purposes at the end of [redacted].

\* Does [redacted] (CCAP Provider ID [redacted]) have a Federal Employer Identification Number?

Yes  No

If yes, then:

\* Enter the Business Name for [redacted] (CCAP Provider ID [redacted]) as it appears on your W-9 form or other federal tax documents:

\* Enter the Federal Employer Identification Number (FEIN) for [redacted] (CCAP Provider ID [redacted]). The Federal Employer Identification Number (FEIN) must match the business name in the question above. FEIN must be in the format XX-XXXXXXX or XXXXXXXXX:

Note: If you have entered your FEIN previously, then your FEIN will populate automatically.

If no, then:

\*Enter the Program's legal **FIRST** name for [REDACTED] (CCAP Provider ID [REDACTED]). Only one name is needed if there are multiple Programs:

\*Enter the Program's legal **LAST** name for [REDACTED] (CCAP Provider ID [REDACTED]). Only one name is needed if there are multiple Programs:

\*Enter the Social Security number of the Program for [REDACTED] (CCAP Provider ID [REDACTED]). Only one number is needed if there are multiple Programs. The Social Security number must match the first and last names entered above. Social Security number must be in the format XXX-XX-XXXX or XXXXXXXXX:

**Note: DHS will never populate your previously entered SSN automatically.**

### Attestation

To be eligible to apply for and receive the Great Start Compensation Support Payment, [REDACTED] (CCAP Provider ID [REDACTED]) hereafter referred to as "my program" attests and agrees to the following:

- My program was operating and serving children during the funding eligibility period (April 1, 2024 to April 28, 2024).
- My program attests and agrees that the program was open and operating and served a minimum number of children, as determined by the commissioner, during the funding period, with the exceptions of:
  - service disruptions that are necessary to protect the safety and health of children and child care programs based on public health guidance issued by the Centers for Disease Control and Prevention, the commissioner of health, the commissioner of human services, or a local public health agency; and
  - planned temporary closures for provider vacation and holidays during each payment period. The commissioner must establish the maximum allowed duration for vacations and holidays.
- My program agrees to use these funds for one or more of the following purposes:
  - pay for increases in compensation, benefits, premium pay, or additional federal taxes assessed on the compensation of employees as a result of paying increased compensation or premium pay to all paid employees or independent contractors regularly caring for children.
- My program agrees to:
  - Expend money received under this section no later than six months after the date the payment was received.
  - Keep accurate and legible records of the following:
    - use of money;
    - early childhood educator employment, compensation, and benefits, which must include time sheets or other records of daily hours worked; documentation of compensation and benefits; documentation of written changes to employees' rate or rates of pay and basis thereof as a result of payments received under this section, as required under section [181.032](#), paragraphs (d) to (f); and any other records required to be maintained under section [177.30](#). This applies to licensed child care centers, certified child care centers, and Tribally licensed child care centers. It also applies to family and group family child care homes only if the funds are used for employee compensation or benefits.
    - attendance. Daily attendance records must be completed every day and must include the date, the first and last name of each child in attendance, and the time each child is dropped off at and picked up from the program. To the extent possible, the person dropping off or picking up the child must enter the times.
  - Share information with the department about how the funds awarded were used.
- My program agrees **NOT** to:
  - use these funds for items that have already been paid for by other federal, state, tribal and/or local public funding.

### Duration of funding and attestation period

I understand if my program is determined to be eligible, that the funds will be dispersed in one installment and that this attestation is for the period of April 1, 2024 to April 28, 2024.

## Data sharing

I understand that by signing this agreement, I am allowing Minnesota Department of Human Services to share information with contracted agencies and other state agency partners for the following purposes, to:

- Administer the funding application process.
- Analyze data on use of funds.
- Analyze the effectiveness of the process of administering the Great Start Compensation Support Payment Program.
- Assess provider compliance with program requirements and investigate potential non-compliance.
- Develop policy initiatives to support the child care industry.

I understand that the information I submit for this application is considered public, unless it could potentially identify children in my program or if is considered private data on an individual, such as a phone number, email address, social security number, or other data classified as private under the Minnesota Government Data Practices Act.

## Payment distribution

Upon eligibility confirmation, a payment of approximately [REDACTED] will be sent to the Provider of [REDACTED] (CCAP Provider ID number [REDACTED]) to the following SWIFT Supplier:

Supplier ID: [REDACTED]

Supplier Name: [REDACTED]

Location Address: [REDACTED]

Payment Method: [REDACTED]

A provider may receive a 10% bonus if they received payment(s) for serving children participating in either the Minnesota Child Care Assistance Program (CCAP), the Early Learning Scholarship (ELS) program during the lookback periods associated with this month's funding period January 22, 2024 through April 14, 2024, or are located in an a "child care access equity area".

## Signature

By typing my name in the "Enter Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that I have verified that the information provided above is true and accurate. I understand that if I knowingly submit false or fraudulent information during the funding application process or thereafter, including in this attestation, my program will no longer be eligible for future funds and may be subject to criminal and civil penalties, including but not limited to repayment of funds previously received. Finally, I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature ([Minnesota Statutes, sec. 325L.07](#) and [325L.18](#)).

\* ENTER ELECTRONIC SIGNATURE

Please click "Submit" to ensure that your answers have been recorded. Thank you for taking the time to fill out this form.

Submit

**PLEASE NOTE:** If multiple applications are submitted for a program during an application period, DHS will accept only the last application submitted.