

# Great Start Compensation Support Transition Grant 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 child care workers. The program will issue monthly payments to eligible child care providers to fund increases in compensation and benefits for early educators starting in July 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 [Transition Grant Frequently Asked Questions](#) webpage for additional eligibility requirements and other information.

## Applicant program information

CCAP Provider ID	Provider type
<input type="text"/>	<input type="text" value="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 June 15, 2023 through July 14, 2023 funding period of the Great Start Compensation Support Payment Transition Grant?

Yes  No

## Application questions

\*Was  operating and serving children for at least a portion of the June 15, 2023 through July 14, 2023 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

\*Which of the following best describes the child care provider / center director or operator of [redacted]?  
(One or more categories may be selected)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

\*What is the gender identity of the child care provider / center director or operator [redacted]?  
 Male  Female  Other gender identity  Prefer not to answer

\*What was your enrollment for a typical week from June 1, 2023 to June 30, 2023?

\*How many people did you employ both full- and part-time that regularly cared for children from June 1, 2023 to June 30, 2023?

Below, please list all staff (only enter initials) your program paid to regularly care for children and the number of hours they each worked caring for children from June 1, 2023 to June 30, 2023:

\*A full-time staff person is someone who works 32 hours per week or more. 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 grant award.

\*\*Regularly caring for children = A paid staff person 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.

* Staff member 1	* Hours worked caring for children from June 1, 2023 to June 30, 2023	FTE value
<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>

[Add staff member](#)

Total FTEs

\*What were your child care program's personnel expenses for staff regularly caring for children from June 1, 2023 to June 30, 2023?

\*What were your child care program's total operating expenses from June 1, 2023 to June 30, 2023?

\*Operating expenses = operating expenses includes any business expenses in the categories below:

- Payroll
- Benefits (health, dental, vision insurance, retirement contributions, etc.)
- Training and professional development expenses for staff
- Other personnel costs
- Equipment and supplies (software/computers, IT services, office supplies, etc.)
- Rent or mortgage
- Facility expenses (utilities, insurance, maintenance)
- Personal Protective Equipment (PPE), including cleaning and sanitation supplies and services
- Food
- Learning materials and activities
- Tuition relief for families
- Mental health supports

### Waiver to the Transition Grant 70 percent increased compensation requirement

Providers receiving Great Start Compensation Support Transition Grants are required by Minnesota State law to use at least 70 percent of the grant to provide increased compensation, benefits, or premium pay to all paid employees, sole proprietors (i.e. family child care provider), or independent contractors who regularly care for children. Applicants may request a waiver from this requirement if they cannot increase compensation, benefits, or premium pay due to restrictions included in agreements with employee bargaining units, or if the program is experiencing unusual and significant financial hardship.

\*Are you requesting a waiver from the requirement to use at least 70 percent of the grant to provide increased compensation, benefits or premium pay for this funding period?

Yes  No

If yes, then:

\*What is the primary reason for requesting a waiver to use at least 70 percent of the grant to provide increased compensation, benefits, or premium pay to all paid employees, sole proprietors (i.e. family child care provider), or independent contractors who regularly care for children?

Restrictions included in agreements with employee bargaining unit
Required COVID-19 closure
Low enrollment
Families unable to pay tuition
Significant unexpected repair/maintenance bills
Other

## Agreement to accept payment and funding requirements

As a condition of receiving a Great Start Compensation Support Transition Grant Grant, you must indicate that you are aware of and have complied with the requirement that your program remained operating and serving children during the funding period (June 15, 2023 to July 14, 2023). "Operating" means that your program has staff 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.

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 Transition Grant, 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 the Minnesota Department of Human Services (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, status as a Child Care Assistance Program provider, and your license, certification, or registration under Minnesota Statutes, chapters 119B, 245A, 245E, 245H, and Minnesota Statutes, section 245.095.

\* Does [redacted] accept this payment of the Great Start Compensation Support Transition Grant for the purposes provided and does [redacted] agree that it has met the funding requirements?

Yes  No

## Intended use of funds

\* Grant funds may only be used for the following purposes. Which purpose(s) did you use or plan to use your most recently received grant funds for?

- Personnel costs, benefits, premium pay, and recruitment and retention
- Rent or mortgage payments, utilities, facilities maintenance and minor improvements, or insurance
- Personal protective equipment, cleaning and sanitation supplies and services
- Training and professional development related to health and safety practices
- Purchases of or updates to equipment and supplies to respond to COVID-19
- Goods and services necessary to maintain or resume child care services
- Mental health supports for children and employees

## Collection of tax information

In order to process and create your payment you must provide either the Federal Employer Identification Number (FEIN) for [redacted] with the associated business name or the Social Security Number of the License Holder for [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 2023.

\* Does [redacted] have a Federal Employer Identification Number?

Yes  No

If yes, then:

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

\* Enter the Federal Employer Identification Number (FEIN) for [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:

If no, then:

\* Enter the License Holder's legal **FIRST** name for [REDACTED]. Only one name is needed if there are multiple License Holders:

\* Enter the License Holder's legal **LAST** name for [REDACTED]. Only one name is needed if there are multiple License Holders:

\* Enter the Social Security number of the License Holder for [REDACTED]. Only one number is needed if there are multiple License Holders. 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:

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## Attestation

To be eligible to apply for and receive the Great Start Compensation Support Transition Grant, [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 (June 15, 2023 to July 14, 2023).
- My program agrees to use these funds for one or more of the following purposes:
  - Personnel costs, benefits, premium pay, and recruitment and retention
  - Rent or mortgage payments, utilities, facilities maintenance and minor improvements, or insurance
  - Personal protective equipment, cleaning and sanitation supplies and services
  - Training and professional development related to health and safety practices
  - Purchases of or updates to equipment and supplies to respond to COVID-19
  - Goods and services necessary to maintain or resume child care services
  - Mental health supports for children and employees
  - Reimbursement for any of the uses above, paid after January 31, 2020, that has not already been paid for with other federal, state, tribal or local public funds.
- My program agrees to:
  - When open and providing services, implement policies in line with guidance and orders from corresponding state, tribal, and local authorities and, to the greatest extent possible, guidance from the Centers for Disease Control and Prevention (CDC) (available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>).
  - Pay at least the same amount in weekly wages and maintain the same benefits (such as health insurance and retirement, if applicable). Specifically, this means that providers must maintain weekly wages and benefits for staff:
    - during program or classroom COVID caused closures
    - who are quarantining after testing positive for COVID
    - who are isolating after being exposed to COVID, unless providers have internal policies that state they will not maintain wages for unvaccinated staff who experience a COVID exposureProviders can follow internal policies for non-COVID-related sicktime instances.
  - Use at least 70 percent of the grant to provide increased compensation, benefits, or premium pay to all paid employees, sole proprietors (i.e. family child care provider), or independent contractors who regularly care for children, unless a waiver has been received from DHS.
  - Provide relief from co-payments and tuition payments for the families enrolled in the provider's program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.
  - Report/update program capacity information, at a minimum every six weeks, via the Provider Business Update tool at <https://stage.worklifesystems.com/program/47>. For more information on this requirement, please refer to the [Great Start Compensation Support Transition Grant webpage](#).
- My program agrees **NOT** to:
  - involuntarily furlough or layoff employees.
  - use these funds to pay taxes (other than payroll taxes, which are allowed).
  - 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 June 15, 2023 to July 14, 2023.

## 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 Transition Program.

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 [REDACTED] will be sent to the Authorized Agent of [REDACTED] at the following address:

[REDACTED]

A provider may receive a 10% bonus if they received payment(s) for serving children participating in either the CCAP or ELS programs during the billing periods starting March 20, 2023 and ending April 16, 2023.

## 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 ([Minn. Stat. sec. 325L.07](#)).

\*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.