



Step-by-Step Application Guide: Home-Based Providers

This guide is designed to support you as you complete your online ReInvigorate Child Care Stabilization Grants application. If you have additional questions, please reach out to childcaregrants@pcqus.com or **833-930-3540** for assistance in English or Spanish.

To begin your application, navigate to the following link: <https://bit.ly/ReInvigorateHomeBased>

Logging in

Sign into your account. If you have not yet created an account, please review the resource: “How to create an applicant profile” at <http://kids.ri.gov/funding-opportunities.php>.

English (American) ▾

Sign in Sign up

ENTER YOUR ACCOUNT DETAILS BELOW

Email address
hwells@pcqus.com

Password

Remember me

Sign in

Resend account verification email...

Forgot your password?

Powered by: YourCause

Need assistance? Email Live chat

You may be asked to verify your account. If so, enter the security code sent to the email address associated with this account.

English (American) ▾

Sign in Sign up

VERIFY YOUR ACCOUNT

A security code has been sent to the email entered on the previous step

Please enter the code below

This input is required

Remember me on this computer

Sign in

Back to sign in...

Resend security code

Powered by: YourCause

Need assistance? Email Live chat



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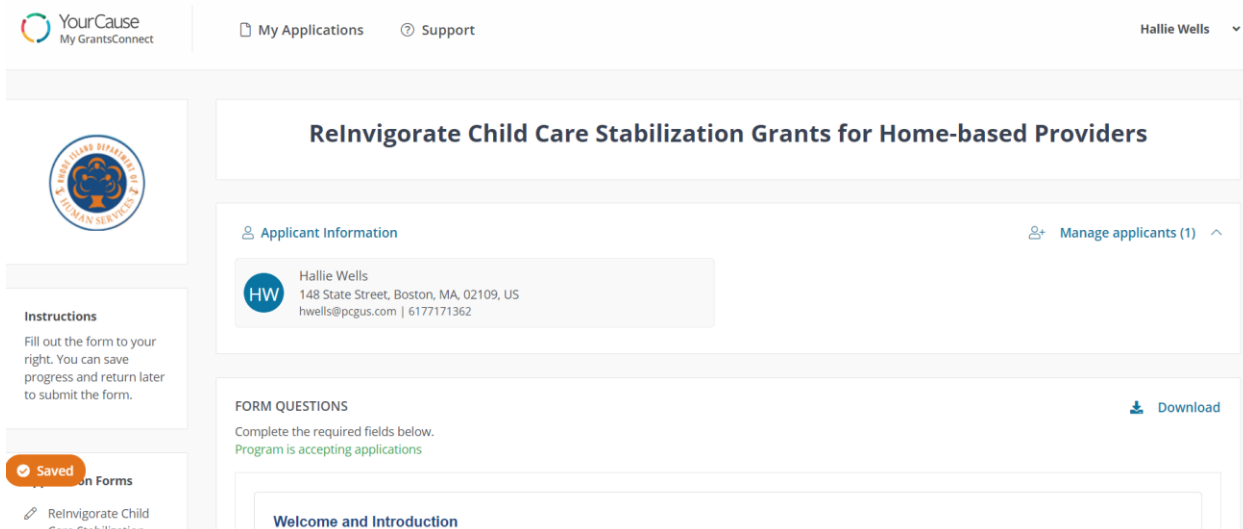
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The Welcome screen will give you an overview of this grant program. If you have previously started or submitted a draft, you may select 'View all my applications' to view these applications. To begin a new application, select "Start New Application".

My Applications Support



After selecting "Start new application", you will be brought to a new application. You will see your applicant information on the top left of the screen. There is also a "Saved" icon on the left side of the screen. The "Saved" icon will update as you enter information into the form.





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There are 6 sections to this application. All questions with an asterisk * are required.

Welcome and Introduction

The welcome and introduction section will include key information about the grant program along with links to resources to support you as you complete the application.

Welcome and Introduction

Welcome to the Reinvigorate Child Care Stabilization Grant! This grant is federally funded through the American Rescue Plan Act (ARPA) to support the child care system's recovery during the COVID-19 pandemic with key focus on allowable categories of spending designed to stabilize the system's ability to effectively and safely serve young children.

This application will be open to licensed Family Child Care Homes, licensed Group Family Child Care Homes, and License-Exempt providers from October 20, 2021 through February 4, 2022. During this application window, Group/Family Child Care Home and License-Exempt providers may apply once to receive a lump sum payment of 6 monthly grants.

Below is a summary of the grant awards for licensed Family Child Care Homes, licensed Group Family Child Care Home, and License-Exempt providers:

Provider Type	Application Window	Monthly Grant Amount	Anticipated Total Funding Amount (1 Lump Sum)
Family Child Care Home	October 20, 2021 - February 4, 2022	\$2,000	\$12,000
Group Family Child Care Home	October 20, 2021 - February 4, 2022	\$3,000	\$18,000
License-Exempt	October 20, 2021 - February 4, 2022	\$400	\$2,400

Instructions and Resources

In order to complete this application, it will be helpful for you to have your provider ID and program information such as the number of classrooms you currently have open by age group.

Please visit <http://kids.ri.gov/funding-opportunities.php> for more information, including grant resources, record keeping guidance, and webinars on how to complete this grant application.

Reminder: Providers are responsible for keeping supporting documentation including receipts, bank statements, invoices, or similar documents. Provider applicants should have supporting documentation for all eligible expenses and must be able to make those available upon request.

Please contact our support team at ChildCareGrants@pcgus.com or toll free at **833-930-3540** for assistance in English or Spanish.

Please be aware:

- If you received an award during a previous Child Care Stabilization Grant program in Spring or Summer 2021, previously submitted information, including the DUNS, W-9, and payment submission information will be used to issue this award unless you actively inform DHS, through its fiscal intermediary PCG, that new information should be used. If you have questions or need to update any of your banking information, please contact ChildCareGrants@pcgus.com.
- If you have never applied for a Child Care Stabilization Grant, you will need the following information to complete an application:
 - Doing Business As "DBA" name
 - DUNS number
 - Completed W9 form
 - Banking account information (routing and account numbers)



Program Information

First you will select your provider type from the drop down menu.

Provider Type

Please select your provider type from the drop down.

|

Family Child Care Home/Group Family Child Care Home

License Exempt

If you are a Family Child Care Home or a Group Family Child Care Home provider, you will select your Provider ID to identify the program for which you are applying. Your Provider ID is the ID located on the bottom left of your DHS Child Care License. The field is a drop-down menu. If you prefer, you can also type into the field, and it will auto-populate similar responses.

Family Child Care Home Program Information

Please select your **Provider ID** from the list below. This ID is located on the bottom left of your DHS Child Care License. Upon selecting your Provider ID, the program information associated with the Provider ID will populate. Please review and verify the accuracy of the pre-populated program information.

- If you need to update your program's information, please select the check box below next to "**Update Program Information**" and update the program information manually, as needed.
- If your **Provider ID** does not populate in the list below, please select the check box next to "**Provider ID Not Found**", at which point you will be require to enter your program information in manually.
- If you are a **License Exempt Provider**, please return to the top of the application and select the correct provider type from the drop down.

Provider ID and Program/Provider Name *

Search for your program by typing either your Provider ID or Program/Provider Name.

Program Address *

Provider ID Not Found

For License-Exempt providers, you will search only for your name.

License Exempt Provider Information

Please select your **name** from the list below. Upon selecting your name, the program information associated with the name on file will populate. Please review and verify the accuracy of the pre-populated program information.

- If you need to update your program's information, please select the check box below next to "**Update Provider Information**" and update the program information manually, as needed.
- If your **name** does not populate in the list below, please select the check box next to "**Provider Name Not Found**", at which point you will be required to enter your program information in manually.
- If you are a **Licensed Family Child Care Home OR Licensed Group Family Child Care Home**, please return to the top of the application and select the correct provider type from the drop down.

Provider Name *

Provider Name Not Found



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Information about your program will auto-populate.

If you see that information needs to be updated, or you do not see your Provider ID in the drop-down menu, you may select either of these checkboxes to provide updated or new information.

Update Program Information

Provider ID Not Found

If you select, "Update Program Information", you will be prompted to select the type of information you would like to update. Then you will be asked to enter this information.

Update Program Information

Provider ID Not Found

Update Program Information

Please input your updated program information into the fields below. All fields marked with an asterisk (*) are required. Please keep in mind, all updated information will be verified by DHS.

What program information should be updated? *

Provider ID

Program Name

Program Address



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If your Provider ID is not found in the system, you may select “Provider ID Not Found” and you will be prompted to enter your program information, including whether you received a Child Care Stabilization Grant in Spring or Summer of 2021.

Program Information Manual Entry


Please input your program information into the fields below. All fields marked with an asterisk (*) are required.

Please select your license type. *	Program/Provider Name *
<input type="text"/>	<input type="text"/>
Provider ID *	Program Address *
<input type="text"/>	<input type="text"/>
Program City *	Program Zip Code *
<input type="text"/>	<input type="text"/>
In the drop down below, please indicate if you receive a Child Care Stabilization Grant in Spring or Summer 2021 through an application on this portal. *	
<input type="text"/>	

Please note: For programs who were awarded a Child Care Stabilization Grant in Spring or Summer 2021, and previously submitted W-9, DUNS, and payment information through this system, we will be utilizing previously submitted data in executing this award, unless you advise PCG that new information should be utilized within this application. If you have questions or need to update this information, please contact Childcaregrants@pcgus.com.

For programs who were not awarded in Spring or Summer 2021, you will be asked to submit:

- Your program DBA name (if applicable)
- Your program’s DUNS number
- A signed W-9
- Payment information, either bank account information for direct deposits or address information for check payments.

Program DBA *	Will the grant funds be disbursed to a Checking or Savings account? *
<input type="text"/>	<input type="text"/>
DUNS Number *	Name of Account Holder *
<input type="text"/>	<input type="text"/>
Please submit your completed and signed W-9 to the dropbox below. If you need to complete a new W-9, you can access a blank one here .	Routing Number *
	Account Number *
<input type="text"/>	<input type="text"/>
 Click or drop files here to upload	

Support materials for finding or creating a DUNS number may be found on the Provider Checklist posted on <http://kids.ri.gov/funding-opportunities.php>.



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Demographics

Per federal guidance, programs must submit demographic information for the Licensee/Owner. This data is informational only and will not be used to determine awards, in any way.

Demographics	What is the gender of the Program Owner? *	What is the race of Program Owner? *	What is the ethnicity of Program Owner? *
Please select the appropriate responses from the drop downs.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Program Enrollment and Status

Next, you will be asked a few questions about your program’s operating status, including if the program is currently open, your program’s licensing/approval status as of March 11, 2021, and if your program participates in the Child Care Assistance Program (CCAP).

Program and Enrollment Status

Please indicate your program status in the drop down.

- **Open and available** means your program is currently open and operating normal business hours.
- **Closed due to COVID-19** means your program is closed temporarily due to the COVID-19 public health emergency.

What is the current status of your program? *

What was your provider status as of March 11, 2021? *

Do you accept DHS subsidy (Child Care Assistance Program- CCAP)? *

Next, you will be asked to enter the total number of children enrolled and the percentage of seats available in your program. Meaning, if a new family called you today, would you be able to serve their child? For example, if your program is licensed for 8 children, and you have 2 seats available during the day, you would enter 25% (2 open seats divided by 8 total capacity is 25 percent). This number may be an estimate or average over the course of the past month.

TOTAL number of children currently enrolled: *

What percentage of seats are currently available in your program? *

Example: If a family called you today, would you have availability to serve their child? For example, if your program capacity is 10 seats and you have 3 full time seats available, your percentage of available seats is 30%. If you have no available seats in your program, please enter "0".

Program Expenses and Plan for Spending

To help DHS understand if the grant awards are meeting your program needs, you will be asked to submit an estimated monthly program budget using budget categories provided by federal guidance. As you enter estimated monthly amounts into each category field, they will total to show



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an estimated monthly total expense amount. You may compare this amount to the anticipated award amount, then select “Yes or No” for the question “Does your estimated monthly grant amount reflect your total average monthly expenses?”

Program Expenses

In the following table, please indicate your average monthly expenses for each of the categories listed below. Budget categories include:

- **Equipment or supplies to respond to COVID-19:** Purchases of or updates to equipment and supplies to respond to the COVID–19 public health emergency.
- **Goods or services necessary to maintain child care services:** Goods and services necessary to maintain or resume child care services.
- **Mental health supports:** Mental health supports for children and employees.
- **Personnel costs:** 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 employee recruitment and retention.
- **Personal Protective Equipment:** Personal protective equipment, cleaning and sanitization supplies and services, or training and professional development related to health and safety practices.
- **Rent or mortgage:** Rent (including rent under a lease agreement) or payment on any mortgage obligation, utilities, facility maintenance or improvements, or insurance.

Equipment or supplies to respond to COVID-19 \$ 0.00 USD	Mental Health Supports \$ 0.00 USD	Personal Protective Equipment \$ 0.00 USD
Goods or services necessary to maintain child care services \$ 0.00 USD	Personnel Costs \$ 0.00 USD	Rent or Mortgage \$ 0.00 USD
Total Monthly Expenses \$ 0.00 USD	Anticipated Monthly Award \$ 2,000.00 USD	Does your estimated monthly stipend amount reflect your total average monthly expenses? * ▼

I certify that the above is accurate and true. *

▼



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Next, you will be asked to select the spending categories in which you plan to spend your grant funds. These categories are provided by federal guidance. You must select at least one category and complete the attestation that grant funds will be spent within at least one of the allowable spending categories.

Plan for Spending

Please select the spending categories that your program plans to use this grant money for. (Select all that apply) **Please note:** Providers must use their grant awards in at least one of the allowable spending categories. Allowable spending categories, defined by the American Rescue Plan Act, include:

- **Equipment or supplies to respond to COVID-19:** Purchases of or updates to equipment and supplies to respond to the [COVID-19 public health emergency](#).
- **Goods or services necessary to maintain child care services:** Goods and services necessary to maintain or resume [child care services](#).
- **Mental health supports:** Mental health supports for children and employees.
- **Personnel costs:** 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 employee recruitment and retention.
- **Personal Protective Equipment:** Personal protective equipment, cleaning and sanitization supplies and services, or training and professional development related to health and safety practices.
- **Rent or mortgage:** Rent (including rent under a lease agreement) or payment on any mortgage obligation, utilities, facility maintenance or improvements, or insurance.

Please select the spending categories that your program plans to use this grant money for. (Select all that apply) *

- Equipment or supplies to respond to COVID-19
- Goods or services necessary to maintain child care services
- Mental Health Supports
- Personnel Costs
- Personal Protective Equipment
- Rent or Mortgage

I agree that the grant award funds shall be spent within the following expense categories listed. *

We recognize spending plans may change. The intention of this question is to affirm funds will only be spent within the allowable spending categories.



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Attestations and Certifications

Finally, you will be asked to review a series of attestations related to the use of funds and program operations as a grant participant. You will select “Agree” or “Disagree”.

Attestations and Certifications

Please carefully review the following attestations and select the responses that apply.

Your program is currently open/operating or has a plan to reopen/resume operations in the next 15 days: *

By accepting these funds, your program commits to remaining open and operational for at least 6 months after receipt of award. *

You will notify DHS immediately of any changes in operating status or necessary edits to application. *

Your program will follow all health and safety guidelines as required by the Rhode Island Department of Human Services. *

Your program will continue to pay at least the same amount in weekly wages and maintain the same benefits (if applicable) to staff for the duration of this grant. *

Your program will provide relief from copayments and tuition for parents struggling to afford child care, to the extent possible, and prioritize such relief for families struggling to make either type of payment. Recognizing that RI DHS is currently covering CCAP copays for families, all other efforts should be made to support families struggling to cover the cost of tuition, to the extent possible. *

You agree that these funds will not be used to replace other federal funding sources, but will be used to support and build upon other federal funding sources. *

You understand any grant funds that remain unspent at the end of the calendar year may be considered taxable income, and it is your responsibility to consult with a tax expert to understand the tax implications of receiving this grant award for your specific program. You also understand it is your responsibility to choose in which calendar year (2021-2022) to apply based on the needs of your program. *



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Finally, the attestation paragraph should be reviewed carefully. This section includes additional agreements and acknowledgements related to receipt of funds and grant program participation. After carefully reviewing this language, you will be asked to digitally sign this application.

If you have any questions regarding these attestations, please contact ChildCareGrants@pcgus.com or review the webinar for more information.

Electronic Signature and Certification

I hereby attest to all of the statements above. *

Applicant First and Last Name *


Date *

Date is required

Submit

Once signed, you may select submit.

If edits need to be completed in the application, a red indicator will appear on the screen.

 **Form is invalid. Please fix the errors below.**

The required fields to edit will be listed at the beginning of the application.

Applicant Information

 Manage applicants (1) ^



Hallie Wells
148 State Street, Boston, MA, 02109, US
hwells@pcgus.com | 6177171362

FORM QUESTIONS

 Download

Complete the required fields below.

Program is accepting applications

Please fix the following errors before submitting.

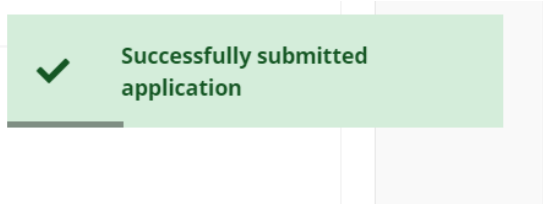
- What is the gender of the Program Owner? is required
- What is the race of Program Owner? is required
- What is the ethnicity of Program Owner? is required




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If the submission is successful, a green box will appear on the screen indicating the form has been submitted.



You will then be returned to your application home screen where you can review all submitted and draft applications. Your submitted application will appear with the status “Awaiting Review”.

	Reinvigorate Child Care Stabilization Grants	● Awaiting review
	Hallie Wells	
<hr/>		
	Reinvigorate Child Care Stabilization Grants for Home-based Providers	✔ Submitted on Sep 21, 2021
Application ID: 1272386	Created on Sep 21, 2021	Manage application

For additional tips on how to edit or withdraw an application, please refer to the “Application Tips” resource posted at: <http://kids.ri.gov/funding-opportunities.php>.

If you have any additional questions or required additional support in completing an application, please contact: childcaregrants@pcgus.com or **833-930-3540**.