Registration

A Registration Email will be sent to invite the authorized user of a facility to participate.

1. Enter in requested personal information.
2. Create and enter in password information.
3. Click on “Register.”
Logging In
www.ar.gov/childcaregrants

1. Enter in your email and password.
2. Click “Log In”
3. If you have forgotten your password, click on “Forgot Password?”
4. Enter in your email. “Submit.”
5. Follow the instructions in the email to retrieve/reset your password.
# Dashboard | Single Facility

## Child Care Grant Application Program

### Your Facility

<table>
<thead>
<tr>
<th>Facility Number:</th>
<th>Application Owner: <strong>Courtney Deifel</strong></th>
<th>Authorized User:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:</td>
<td>+ Invite User</td>
<td></td>
</tr>
<tr>
<td>Address 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address 2:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Step 1: Facility Information

**Get Started**

**Status:**

### Step 2: Grant Application

- **Quality Improvement Grant**
  - Status: None

- **Operational Payments Grant**
  - Status: None

- **Child Expansion Grant**
  - Status: None
### Dashboard | Multiple Facilities

#### Child Care Grant Application Program

#### Your Facility

<table>
<thead>
<tr>
<th>Facility Number</th>
<th>Facility Name</th>
<th>Application Owner: Lance Harter + Invite User</th>
<th>Authorized User</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 1: Facility Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get Started</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Improvement Grant</th>
<th>Operational Payments Grant</th>
<th>Child Expansion Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply</td>
<td>Apply</td>
<td>Apply</td>
</tr>
<tr>
<td>Status: None</td>
<td>Status: None</td>
<td>Status: None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Number</th>
<th>Facility Name</th>
<th>Application Owner: Lance Harter + Invite User</th>
<th>Authorized User</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 1: Facility Information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get Started</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Improvement Grant</th>
<th>Operational Payments Grant</th>
<th>Child Expansion Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply</td>
<td>Apply</td>
<td>Apply</td>
</tr>
<tr>
<td>Status: None</td>
<td>Status: None</td>
<td>Status: None</td>
</tr>
</tbody>
</table>
# Child Care Grant Application Program

## Facility Information

**Facility Number:**
- **Facility Name:** Ranger Childcare Academy
- **Address 1:** 999 Ranger Road
- **Address 2:**

**Step 1:** Facility Information
- **Application Owner:** Courtney Deifel
- **Authorized User:**

**Step 2:** Grant Application
- **Quality Improvement Grant**
  - Status: None
- **Operational Payments Grant**
  - Status: None
- **Child Expansion Grant**
  - Status: None

---

**Logout**
- **ranger@academy.com**

**Language Toggle**
Dashboard

Child Care Grant Application Program

Your Facility

Facility Number: [Facility ID]
Facility Name: [Facility Name]
Address: [Address]

Application Owner: [Owner Name]
Authorized User: [Authorized User Name]

Step 1: Facility Information
Get Started

Step 2: Grant Application
Quality Improvement Grant
Operational Payments Grant
Child Expansion Grant
Apply
Status: None
Apply
Status: None
Apply
Status: None

Home
Click here to go back to your dashboard.

Invite User
To allow other trusted individuals to edit your applications, click on “+Invite User”
+Invite User

**Instructions:**
1. Enter in the email address of your trusted individual.
2. Enter in the person’s name.
3. Agree to the statements by placing a check in the box.
4. Click ”Submit.”
5. The invited user will receive an email.

**Notes:**
- Invited Users will only be able to edit the application(s).
- Invited Users DO NOT have the ability to submit an application.
- Invited Users will only have access to the facility they are invited to.
- If you want a trusted individual to have the ability to see multiple facilities, you will need to invite them to each one individually.
Facility Information

Facility Information must be entered and verified prior to starting any application. Click on “Get Started” to begin.
Facility Information | Facility Details

Instructions:
1. Verify the information displayed is correct.
2. Enter in your Facility Number for the facility details displayed. Do not enter any special characters, numbers only.
3. Click on "Confirm."

Note:
- If the Facility Number entered does not match the number DHS has on record, you will receive an error message when “Confirm” is clicked.

Facility Verification
Please enter your Facility Number to access your application

999

The Facility Number you entered for this Facility Name does not match DHS records
Facility Information | Information

Instructions:
1. Answer all questions presented by clicking on the circle next to your answer
2. Enter in your annual operating budget in the space provided.
3. Click on “Save and Continue.”
Facility Information | Child Count - Current Enrollment

**Instructions:**
1. Enter in your current average enrollment by age group by typing in the number or using the up and down arrows.

**Notes:**
- Age groups available for entry are dependent upon the facility type.
- If the current enrollment entered for any particular age group exceeds the registered number DHS has on record, you will receive an error message when “Confirm” is clicked.

*Count entered exceeds the registered count for the facility*
Facility Information | Child Count - Programs

Instructions continued:
2. Enter in the number of children enrolled funded by the programs requested by typing in the number or using the up and down arrows.
Facility Information | Child Count – Average Enrollment

Instructions continued:
3. Enter in your average enrollment by age group in January 2020 by typing in the number or using the up and down arrows.
4. Click “Save” and a popup will appear.
5. Click “Submit Now” to complete the facility information or “save for later” in order to make updates at a later time.

Note:
- Age groups available for entry are dependent upon the facility type.
Facility Information Complete | Applications Available

Once the Facility Information is complete, the **Status** will be updated and the ability to **Apply** for a grant is now available.

**Child Care Grant Application Program**

**Your Facility**

<table>
<thead>
<tr>
<th>Facility Number: 999999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: Ranger Childcare Academy</td>
</tr>
<tr>
<td>Address 1: 999 Ranger Road</td>
</tr>
<tr>
<td>Address 2:</td>
</tr>
</tbody>
</table>

**Step 1: Facility Information**

- View Facility Information

**Application Owner:** Courtney Deifel

**Authorized User:**

**Step 2: Grant Application**

- **Quality Improvement Grant**
  - Apply
  - Status: None

- **Operational Payments Grant**
  - Apply
  - Status: None

- **Child Expansion Grant**
  - Apply
  - Status: None

**Status:** Saved
Grant Application Types

Operational Payments Grant: Available October 2021
- Operational Payments provide funds to cover operational expenses incurred from March 2020 through the subgrant period.

Quality Improvement Grant: Tentatively Available November 2021
- Quality improvements provide equipment, supplies, professional development, or other items necessary for a facility to move up in the AR Better Beginnings rating system

Child Care Expansion Grant: Tentatively Available January 2022
- Child Care Expansion provides start-up funding to open a new classroom(s) at an existing facility.
Instructions:
1. Confirm Grant type then click “Save and Continue.”
2. Review the Operational Payments Calculator.
   - Information has been populated based on data provided previously for the facility.
3. Click “Save and Continue.”
**Operational Payments Grant Application | Budget**

**Instructions:**

1. Enter in dollar amounts for the budget line items to present how the grant will be utilized.
   - The **Remaining Grant Amount** is dynamic and will update as dollar amounts are entered. A negative amount means you are over budget.
2. Click “Save and Continue.”

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Grant Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/Response</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$0.00</td>
</tr>
<tr>
<td>Bonuses to Staff who worked during COVID</td>
<td>$0.00</td>
</tr>
<tr>
<td>Substitute</td>
<td>$0.00</td>
</tr>
<tr>
<td>Minor Renovations</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>Rent or Mortgage</td>
<td>$0.00</td>
</tr>
<tr>
<td>Utilities, Telephone, Internet</td>
<td>$0.00</td>
</tr>
<tr>
<td>Facility Maintenance, Repair &amp; Improvements</td>
<td>$0.00</td>
</tr>
<tr>
<td>Insurance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Annual Audit</td>
<td>$0.00</td>
</tr>
<tr>
<td>Office supplies</td>
<td>$0.00</td>
</tr>
<tr>
<td>Food Service Supplies</td>
<td>$0.00</td>
</tr>
<tr>
<td>Furniture and Equipment</td>
<td>$0.00</td>
</tr>
<tr>
<td>Curriculum Resources and Supplies</td>
<td>$0.00</td>
</tr>
<tr>
<td>Parent Involvement</td>
<td>$0.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$0.00</td>
</tr>
<tr>
<td>Professional Development</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Screenings/Assessment</td>
<td>$0.00</td>
</tr>
<tr>
<td>Technology</td>
<td>$0.00</td>
</tr>
<tr>
<td>Health and Safety Items (PPE)</td>
<td>$0.00</td>
</tr>
<tr>
<td>New or Updated Security Systems</td>
<td>$0.00</td>
</tr>
<tr>
<td>Mental Health Services for Children or Families</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Do you plan to use the funds for expenditure prior to March 11, 2021?
- Yes
- No

[Remaining Grant Amount]
Operational Payments Grant Application | Certification

**Instructions:**
1. Type Your Name.
2. Enter in the Date.
3. Upload a government ID.
4. Click “Submit Application.”
5. A confirmation popup will appear. Click “Submit Now” If you are done editing your application.

**Important**
Please confirm that you would like to submit the application. Once submitted, the application cannot be edited or resubmitted.

**Certifications**
To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated on this application and have marked above which categories I plan to fund. Note: You can move funds between 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, and C.

By signing this application, I am certifying that I will meet requirements throughout the period of the subgrant, including the following:
A. When open and providing services, I will implement policies in line with guidance and orders from corresponding state, territorial, Tribal, 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 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 the subgrant. I understand that I may not furlough employees from the date of application submission through the duration of the subgrant period.
C. I will provide relief from copays and tuition payments for the families enrolled in the child care program, to the extent possible, and prioritize such relief for families struggling to make either type of payment.

The following signature attests that I will adhere to the items noted in A, B, and C. It also attests I will only use the funds in the area(s) selected in section 4 of this application.

**Note:**
✓ The application owner is the only person authorized to submit the application.
Instructions:
1. Confirm Grant type then click “Save and Continue.”
2. Review the Quality Payment Calculator. 
   - Information has been populated based on data provided previously for the facility.
3. Click ”Next.”
Quality Improvement Grant Application | Budget

Instructions:

1. Enter in dollar amounts for the budget line items to present how the grant will be utilized.
   - The Remaining Grant Amount is dynamic and will update as dollar amounts are entered. A negative amount means you are over budget.
2. Click "Save and Continue."

<table>
<thead>
<tr>
<th>Budget Line Items</th>
<th>Grant Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Staff Sign-on Bonus</td>
<td>$ 21,500</td>
</tr>
<tr>
<td>Substitutes</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>Minor Renovations</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>Furniture and Equipment</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>Curriculum Resources and Supplies</td>
<td>$ 25,000</td>
</tr>
<tr>
<td>Parent Involvement</td>
<td>$ 18,000</td>
</tr>
<tr>
<td>Professional Development</td>
<td>$ 18,000</td>
</tr>
<tr>
<td>Screenings/Assessment</td>
<td>$ 10,000</td>
</tr>
<tr>
<td>Technology</td>
<td>$ 90,000</td>
</tr>
<tr>
<td>New or Updated Security Systems</td>
<td>$ 15,000</td>
</tr>
<tr>
<td>Mental Health Services for Children or Families</td>
<td>$ 30,000</td>
</tr>
<tr>
<td>Other</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

Do you plan to use the funds for expenditure prior to March 11, 2021?

- Yes
- No
Quality Improvement Grant Application | Certification

Instructions:
1. Type Your Name.
2. Enter in the Date.
3. Upload a government ID.
4. Click “Submit Application.”
5. A confirmation popup will appear. Click “Submit Now” If you are done editing your application.

Note:
- The application owner is the only person authorized to submit the application.
**Instructions:**
1. Confirm Grant type then click “Save and Continue.”
2. Enter in the desired Additional Capacity and review the Child Expansion Calculator.
   - Care Type Amounts and the Total Grant Amount will update based on additional capacity entered.
3. Click ”Save and Continue.”
Instructions:

1. Enter in dollar amounts for the budget line items to present how the grant will be utilized.
   - The Remaining Grant Amount is dynamic and will update as dollar amounts are entered. A negative amount means you are over budget.
2. Click “Save and Continue.”
Child Expansion Grant Application | Certification

Instructions:
1. Type Your Name.
2. Enter in the Date.
3. Upload a government ID.
4. Click “Submit Application.”
5. A confirmation popup will appear. Click “Submit Now” If you are done editing your application.

Note:
- The application owner is the only person authorized to submit the application.
Once the individual applications have been submitted, the Status will be updated and the “Apply” button will say “View.”