

Child Care Workforce Retention Bonus Program Overview

SEPTEMBER 2022



Overview of Program

The Child Care Workforce Retention Bonus program aims to mitigate the significant negative impacts childcare and after school programs have sustained throughout the COVID-19 public health emergency by providing retention bonus payments to staff in eligible positions.

There are two phases to this program and each one has its own application.

- Phase 1 is a benefit payment to owners of an eligible program who are filling an eligible position in an ongoing basis. (Benefit Program – Application #1)
- Phase 2 is a grant award made to eligible employers who have staff (full or part time) in eligible positions. (Grant Program – Application #2)

Employers will have the flexibility to determine the frequency they want to use to distribute payments to their staff in the grant program (#2)

It is important for you to get familiar with whichever application you are going to submit, including required documents BEFORE you begin. Once the application has been submitted, you will not be able to make changes except by directly emailing AHS.DCFCDworkforcebonus@vermont.gov . We will be processing applications in the order they are received. Duplicate applications will delay processing.

Overview of Program (continued)

Phase 1, the benefit payment to owners **filling an eligible position**, will be paid in one lump sum payment to that applicant.

Phase 2, the grant award to eligible employers is a reimbursement for payments made to **staff in eligible positions**. For this grant program, the employer must pay the bonus to eligible staff and then submit the required documentation to the Department for Children and Families (DCF) Grants and Contracts Unit for reimbursement.

Everything you need is on the CDD webpage [CDD Funding Opportunities For Providers & Programs | Department for Children and Families \(vermont.gov\) Opportunities | Department for Children and Families \(vermont.gov\)](#) or on the Vermont business registry and bid system <http://www.vermontbusinessregistry.com/Default.aspx>

- Links to Applications
- Slide Show with instructions and screen shots of applications
- Recording with instructions and screen shots of applications
- Frequently Asked Questions (FAQs)

Please Do Not send a duplicate application, that will hold up the funding distribution process.

The applications will direct you where to send your questions should you still have them after listening to this webinar and reading the FAQs.

Eligible Programs

To be eligible, a program must:

- Have an active license for a:
 - Registered or Licensed Family Child Care Home (FCCH)
 - Center Based Child Care and Preschool Program (CBCCPP)
 - Afterschool Child Care Program (ASP); and
- Be located in Vermont; and
- Be open and serving Vermont children at the time of the application.

Application #1: the Owner Benefit Payment

This is a one-time lump sum payment for individual owners of an eligible program **IF** they are filling one of the eligible positions on an ongoing basis.

Review the FAQs before starting the application: [Workforce-Application1-FAQs.pdf \(vermont.gov\)](#)

You can find a link to the application on the CDD Funding Opportunities page:

[Funding Opportunities For Providers & Programs | Department for Children and Families \(vermont.gov\)](#)

You should receive a confirmation email from the system. The email is computer generated and is from Jotform <noreply@jotform.com>. You should check your spam or junk folders if you do not receive one shortly after submitting the application.

The first applications will be processed on September 30, 2022, and then on the last Friday of each month for new programs. Processing will take several days, and payments will be sent as soon as processing is complete.

You may only apply once!

Eligible Positions

Full and part time staff in the following positions are eligible for this program.

Director

Family child care
home provider

Afterschool
administrator

Afterschool program
staff

Teacher

Teacher associate

Assistant

Trainee

Aide

If the owner is on leave, but
is committed to returning to
work in one of the eligible
positions above, they are
also eligible.

- Full Time = Permanent employee and working 32 hours or more per week.
- Part Time = Permanent employee and working between 20 and 31 hours per week.

Benefit Application

If you wish to apply for this benefit payment, you must meet all the following eligibility requirements:

- Be the **individual owner** of a regulated family child care home, center based child care preschool program, or an afterschool program and work in one of the eligible positions below on an ongoing basis; and
- The program must be located in Vermont (overnight camps are not included); and
- The program must be open and serving Vermont children at the time of the application.

Eligible Positions

- Director
- Family Child Care Home Provider
- Afterschool program administrator
- Afterschool program staff
- Teacher
- Teacher associate
- Assistant
- Trainee
- Aide
- If the owner is on leave, but is committed to returning to work in one of the eligible positions above, they are also eligible.

If you have questions about this application, please contact workforcebonus@vermont.gov.

Do you meet the eligibility criteria as described above? *

☒ Yes

Benefit Application

Are you an owner of more than one regulated child care program? *

- ☐ Yes
- ☐ No

For each regulated child care program you own, please enter the program name as listed in BFIS/CDDIS, license number as listed on your license certificate, and program type. *

Program Name	License Number	Program Type
<input type="text"/>	<input type="text"/>	<input type="text" value="Please Select"/>
<input type="button" value="+"/>		

Program Name *

Enter your program name as listed in BFIS or CDDIS. If you are registered, list your own name.

License Number *

The license number is on the license certificate.

State of Vermont Vision Supply Number

Type of License *

- ☐ Registered Family Child Care Home (FCCH)
- ☐ Licensed Family Child Care Home (FCCH)
- ☐ Center Based Child Care and Preschool Program (CBCCPP)
- ☐ Afterschool Child Care Program (ASP)

Benefit Application

Mailing Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Owner's Name *

First Name

Last Name

Owner's Phone Number *

Please enter a valid phone number.

Owner's Email *

example@example.com

Benefit Application

Under the eligible position, do you work part-time (20-31 hours a week) or full-time(32 hours a week or more)? For part-time work you will be eligible for up to \$500.00, and for full-time work you will be eligible for up to \$1000.00. *

- ☐ Part-Time
☐ Full-Time

Are you requesting \$500.00 for part-time work? *

- ☐ Yes
☐ No

Are you requesting \$1000.00 for full-time work? *

- ☐ Yes
☐ No

If no, how much are you requesting? Please note: For part-time work you will be eligible for up to \$500.00, and for full-time work you will be eligible for up to \$1000.00. *

ex: 23

Under the eligible position, do you work part-time (20-31 hours a week) or full-time(32 hours a week or more)? For part-time work you will be eligible for up to \$500.00, and for full-time work you will be eligible for up to \$1000.00. *

- ☐ Part-Time
☒ Full-Time

Are you requesting \$1000.00 for full-time work? *

- ☐ Yes
☒ No

If no, how much are you requesting? Please note: For part-time work you will be eligible for up to \$500.00, and for full-time work you will be eligible for up to \$1000.00. *

850.00

Benefit Application

Applications will remain open for new owner applicants until June 30, 2023, or until all funds are awarded. Applicants can only apply once and will receive a one-time lump sum beneficiary payment.

Certifications

By signing this application, I am certifying the following:

- A. The information provided on this application is true and accurate.
- B. I understand that the information provided on this application may be verified by other programs, such as Child Care Licensing before a benefit payment is determined.
- C. I agree that as the Applicant, I must repay the benefit payment or a portion of the benefit payment to the Child Development Division if any payments received are based on incorrect representations made on this application.
- D. I understand the final determination of whether there is a duplication of benefits and the amount to be repaid, if any, will be made by the Child Development Division.

Owner's Signature *

Finding Your VISION Supplier ID Number

Steps to finding your VISION Supplier ID Number

- ❖ Log in to Provider portal
- ❖ click on My account
- ❖ This brings up the list of accounts, click the appropriate account:
- ❖ This brings up the details screen. Click related
- ❖ This brings up the provider information, click Parties
- ❖ This brings up the provider information, click the party name
- ❖ This screen will show the vision ID

Application #2: the Grant Program

Eligible programs may apply for a grant to distribute retention bonuses to staff who work in an eligible position on an ongoing basis.

Please review the FAQs prior to beginning the application for:

1. Information you need to have on hand to complete the application, and
2. Supporting documents you must upload.
 1. Signed Certificate of Suspension and Debarment if there is not an active SAMS Registration
 2. Certificate of Insurance (COI)
 3. Current W-9 for the child care or after school program applying (with original signature, dated within the last 6 months)
 4. Excel list of eligible employees

You can find more information on the Vermont business registry and bid system <http://www.vermontbusinessregistry.com/Default.aspx>

You can find a link to the application on the CDD Funding Opportunities page:

[Funding Opportunities For Providers & Programs | Department for Children and Families \(vermont.gov\)](#)

Eligible Positions

Full and part time staff in the following positions are eligible for this program.

Director

Family child care home
assistant

Afterschool administrator

Afterschool program staff

Teacher

Teacher associate

Assistant

Trainee

Aide

Long-term substitute covering a staff member who is on leave in one of the above eligible positions. If the staff member on leave is committed to returning to work in one of the eligible positions above, they are also eligible.

- Full Time = Permanent employee and working 32 hours or more per week.
- Part Time = Permanent employee and working between 20 and 31 hours per week.

Grant Award Application Instructions

Have you reviewed the Request for
Grant Applications: Child Care
Workforce Retention Bonus Grant
Program (Requisition #: #03440-
CDD_Workforce_23)?

Program Information



Exceptions to the Standard State Granting/Contracting Provisions



Employee Information



Retention Funding & Distribution



Certificate of Insurance



W-9 Form



Grant Award Application – Program Information

Are you applying for more than one regulated child care program? *

- ☐ Yes
☐ No

State of Vermont Vision Supplier ID *

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If you are unsure of your ID, please see the FAQs for instructions.

VT Business ID # *

If you are unsure of your ID #, you can search for it on the Vermont Secretary of State's website at <https://bizfilings.vermont.gov/online/BusinessInquire/>.

SAMS Unique Entity ID (UEI) *

Please see SAM.gov for information and instructions for how to obtain a UEI if you do not have one.

Does your program also have an active SAMS Registration? Please see SAM.gov for information on the difference between a UEI and an active registration. *

- ☐ Yes
☐ No
☐ In process

Grant Award Application – UEI and SAMS

SAMS Unique Entity ID (UEI) *

Please see SAM.gov for information and instructions for how to obtain a UEI if you do not have one.

Does your program also have an active SAMS Registration? Please see SAM.gov for information on the difference between a UEI and an active registration. *

- ☐ Yes
- ☐ No
- ☒ In process

If you do not have an active SAMS registration or it is in process, please upload a Signed Certification of Suspension and Debarment. *



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Grant Award Application – UEI and SAMS – Certificate of Suspension or Debarment

State of Vermont Certificate of Suspension or Debarment

Non-federal entities are prohibited by Federal Executive Orders 12549 and 12689 from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions included procurement contracts for goods or services equal to or in excess of \$25,000.00 and non-procurement transactions such as grants or cooperative agreements.

I certify, to the best of my knowledge, that this organization and its principals are not suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded by any federal agency from federal procurement and non-procurement programs.

Organization/Business Name and Address:

Printed Name and Title of signatory who has authority to complete this certification on behalf of the organization/business:

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Name

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Title

Certification Signature and Date:

	
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Grant Award Application – Program Information

Contact person authorized to be the signatory and enter into a legally-binding grant agreement on behalf of your business/organization.

First Name

Last Name

Signatory's Phone Number

Please enter a valid phone number.

Signatory's Email

example@example.com

What type of accounting system do you use for your business/organization? *

- ☐ Automated
- ☐ Manual
- ☐ Combination (Automated & Manual)

Does your business or organization have an accounting system that allows you to completely and accurately track the receipt and disbursements of funds related to this grant award? *

- ☐ Yes
- ☐ No

Grant Award Application – Program Information

Does your business or organization maintain policies which include procedures for assuring compliance with the terms of grant and contract awards? *

- ☐ Yes
- ☐ No

Does your business or organization have a system in place that will account for 100% of each employee's time, including 100% of each employee's time associated with this award?

- ☐ Yes
- ☐ No

Did your business or organization have one or more audit findings in your last single audit regarding program non-compliance? A single audit is an organization-wide financial statement and federal awards' audit of a non-federal entity that expends \$750,000.00 or more in federal funds in one fiscal year. *

- ☐ Yes
- ☐ No
- ☐ Not Applicable—my business or organization did not meet the federal funding threshold for a single audit during any of the last three fiscal years and therefore has not had a single audit in the last three fiscal years.

Grant Award Application – Program Information

Did your business or organization have one or more audit findings in your last single audit regarding significant internal control deficiency? *

- ☐ Yes
- ☐ No
- ☐ Not Applicable—my business or organization did not meet the federal funding threshold for a single audit during any of the last three fiscal years and therefore has not had a single audit in the last three fiscal years.

Grant Award Application - Exceptions

Are any exceptions to the Standard State Granting/Contracting Provisions (noted in Chapter 1, Section 4.4 of the Request for Grant Applications) being proposed? *

- ☐ Yes
- ☐ No

Grant Award Application – Employee Information

Please provide the number of eligible employees at your business or organization. Please note that the applicant is not an eligible employee under this Request for Grant Applications opportunity. *

ex: 23

Please complete all the fields within the excel template for each eligible employee. If you are submitting this application for more than one program, please use one Excel tab per program. *



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Grant Award Application – Employee Excel Template

1	License #:							
2	Program Name:							
3								
4	Eligible Employee Name as it appears on their paycheck (First Name, Last Name)	Position Title	If Long-term Substitute is the position title, what is the position being covered by the Long-term Sub	If Long-term Substitute is the position title, name the staff person being covered by the Long-term Sub (First Name, Last Name)	Select Each Employee Classification: Part-time Full-time	# of hours worked per week per employee	Please list total amount of bonus payment. Up to \$500.00 if Part-time. Up to \$1000.00 if Full-time	Does the employee work directly for the grant? YES or NO
5								
6								
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11								
12								
13								
14								
15								
16								



Grant Award Application – Retention Funding and Distribution

Retention Funding & Distribution

How frequently are you proposing to distribute retention payments to eligible employees? *

- ☐ One Lump Sum Payment
- ☐ Monthly (One payment per eligible employee per month during the specific award term of the grant.)
- ☐ Bi-Monthly (One payment per eligible employee every two months during the specific award term of the grant.)
- ☐ Semi-Annually (One payment per eligible employee at the mid-point of the award term and one at the end of the award term.)

Retention Funding & Distribution

How frequently are you proposing to distribute retention payments to eligible employees? *

- ☐ One Lump Sum Payment
- ☒ Monthly (One payment per eligible employee per month during the specific award term of the grant.)
- ☐ Bi-Monthly (One payment per eligible employee every two months during the specific award term of the grant.)
- ☐ Semi-Annually (One payment per eligible employee at the mid-point of the award term and one at the end of the award term.)

Please specify how many months you would like to distribute payments over for part time employees. *

ex: 23

Please specify how many months you would like to distribute payments over for full time employees. *

ex: 23



Grant Award Application – Certificate of Insurance

Certificate of Insurance

The Certificate of Insurance must include the following minimum coverages:

- Workers Compensation
- General Liability and Property Damage
 - The policy shall be on an occurrence form and limits shall not be less than:
 - \$1,000,000 Each Occurrence
 - \$2,000,000 General Aggregate
 - \$1,000,000 Products/Completed Operations Aggregate
 - \$1,000,000 Personal & Advertising Injury
- Must have the State of Vermont listed as the Certificate Holder. Any State of Vermont address is allowable. Here is an example of one that may be used: State of Vermont, 280 State Drive, Waterbury, VT 05671
- Must include the State of Vermont and its agencies, departments, officers, and employees listed as additional insureds for general liability.

Upload of copy of your Certificate of Insurance. *



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Grant Award Application – Current W-9 Form

W-9 Form



Upload a current W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>) for the child care or afterschool program. Must have an original signature and be dated within the last six months. *



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Back

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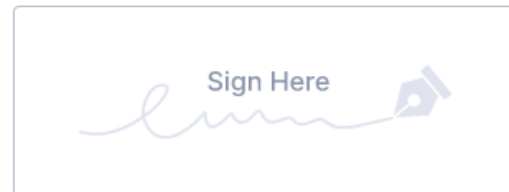
Grant Award Application – Certifications and Signature

Certifications

By submitting this application, you certify to the following:

- The information provided on this application is true and accurate.
- I understand that the information provided on this application may be verified by other programs, such as Child Care Licensing, prior to a grant award being issued.
- I agree that, as the Applicant, I must repay the grant or portion of the grant to the Child Development Division if any grant funds received are based on incorrect representations made on this application or to the State related to this application.

Signatory's Signature *

A rectangular box containing a light blue placeholder signature and a pen icon. The text "Sign Here" is written above the signature.

Clear

Back

Save

Submit



Finding information you need to complete your application

If you are unsure of your VT Business ID #, you can search for it on Vermont's Secretary of State website (<https://bizfilings.vermont.gov/online/BusinessInquire/?isStartupAction=False>)

For more information regarding UEs and SAMS registration:

- [Important Message Regarding State of Vermont Funding Opportunities | Department for Children and Families](#)
- [OMB Grants Innovation Exchange - Jan 12, 2022 \(govdelivery.com\)](#)

To find the most current version of a W-9 Form:

- [Form W-9 \(Rev. October 2018\) \(irs.gov\)](#)

Finding your VISION Supplier ID:

- ❖ Log in to Provider portal
- ❖ click on My account
- ❖ This brings up the list of accounts, click the appropriate account:
- ❖ This brings up the details screen. Click related
- ❖ This brings up the provider information, click Parties
- ❖ This brings up the provider information, click the party name

This screen will show the vision ID

Important Things to Know

- You are responsible for making sure your application is complete, accurate, and received on time. Submitting early will not affect the outcome.
- Gather your documents and use the FAQs to pull all materials together before you apply.
- Applications can be saved and returned to as you go.
- Grant Awards arising from this Request For Grant Application (RFGA) will be issued on a rolling basis. Payment terms are Net 30 calendar days from the date the State receives error-free financial and program reports.



Questions?

- Questions about the owner **benefit payment** can be emailed to:
 - AHS.DCFCDDworkforcebonus@vermont.gov
- Questions about the **grant award** can be emailed to
 - AHS.DCFContractsandGrantsRFP@Vermont.gov
- Questions will be added to the Frequently Asked Questions (FAQs) document periodically.
 - [Workforce-Application1-FAQs.pdf \(vermont.gov\)](#)
 - [Workforce-Application2-FAQs.pdf \(vermont.gov\)](#)
- Review the department response document that will be posted on the bid site as soon as it is available.

