

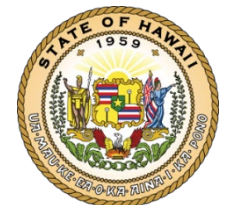
# CCSF Application Portal Walkthrough



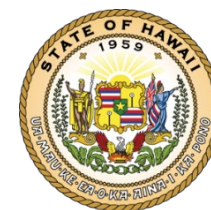
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# Invitation



# Profile



# Profile

Much of your information will be auto populated, simply fill out any blank fields and hit Save at the bottom of the screen.

Home > Profile

## Profile

Evie Taylor

Profile

To finish your registration, please complete all fields below.

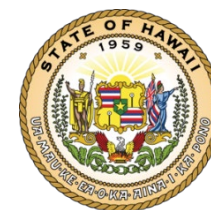
The information you provide below must match the documentation you submit with your application. You must complete all fields in order to create an application.

**IMPORTANT:** Registration and participation in this program grants the State of Hawaii Department of Human Services the right to contact you using the email address provided during your registration. Your email will only be used to contact you about the status of your application. You may also opt in to receive updates through additional communication methods.

### Your Information

<b>First Name *</b>	<input type="text" value="Evie"/>	<b>Last Name *</b>	<input type="text" value="Taylor"/>
<b>Title *</b>	<input type="text" value="Director"/>	<b>E-mail *</b>	<input type="text" value="evie.taylor@ey.com"/>
<b>Phone *</b>	<input type="text" value="111-111-1117"/>	<b>Mobile Phone</b>	<input type="text" value="222-222-2228"/>

# Section 1



# Section 1

Select the check boxes that are applicable to you.

### Child Care Stabilization Grants Application

#### Introduction

The State of Hawaii Department of Human Services has received funds through the American Rescue Plan (ARP) Act of 2021 to provide assistance to licensed child care providers experiencing financial hardship and child care market instability due to COVID-19. Funds are intended to cover the financial obligations of continuing operations, preventing permanent closures, and/or enabling programs to re-open safely and with financial resources to Hawaii's families. More information is located [here](#).

#### Section 1: Qualifying Criteria

**First, a few quick checks. Which of the following apply to you? (select all that apply)**

- You are a licensed, registered, and regulated Child Care Provider as of March 11, 2021 \*
- You have a Federal Taxpayer ID Number (TIN) or Social Security Number (SSN) \*
- Your program is currently open and available to provide services, or temporarily closed due to public health, financial hardship, or other reasons related to the COVID-19 health emergency, but will reopen within 60 days of receiving grant funds (or as otherwise approved by DHS in writing). \*

Which Provider are you applying for? (please use the lookup on the right to select your Provider and submit a separate application for each) \*

#### Guidelines

##### Instructions

This application has 6 sections and you must complete each section before moving to the next. You can save your progress at the end of each section and come back later. Go to the Application Status page to get back to an application in progress. Hover over each field name to see more instructions.

If you are experiencing problems when applying or if any of the information in this application looks incorrect, you can send an email to [childcaregrants@dhs.hawaii.gov](mailto:childcaregrants@dhs.hawaii.gov) or call our Call Center at (808) 470-3683.

For translation services, please contact (808) 586-5735.

##### Required Documents

- Your valid Driver's license or ID: scanned copy of the front of your Hawaii driver's license or government identification card
- Completed W-9 form
- Bank verification: scanned copy of a voided check (for a checking account) or a deposit slip (for a savings account)

##### Next Steps

After completing the application, you will be taken to the Application Status page, and you will receive an email confirming submission. Check your email frequently, because we may email you if we need more information.

# Section 1

When you click the magnifying glass, this window will pop up with your associated Provider name.

Make sure it is checked and correct, then hit Select.

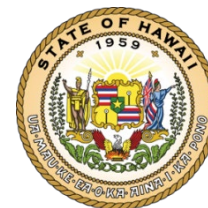
The screenshot shows a 'Lookup records' modal window overlaid on a form. The modal contains a search bar and a table with the following data:

Provider ID	Provider Name	CCSF Application	Director
506	PROVIDER 7		Evie Taylor

The background form includes a search input field with a magnifying glass icon highlighted in a green box. Below the form is a 'Save & Continue' button. The modal has 'Select', 'Cancel', and 'Remove value' buttons at the bottom.



# Section 2



# Section 2

Options for “Are you operating under a different name?”

1

Section 2: Basic Information

Great, you meet the criteria to apply for funds. Let's continue with some more details:

Legal business name \*  
PROVIDER 7

Are you operating under a different name? \*  
▼

Federal Taxpayer ID Number (TIN) or SSN  
444-44-4461

Your name  
Evie Taylor

Your title  
Director

Your email address  
evie.taylor@ey.com

Your phone number  
111-111-1117

Which category describes your race? (used for equitable distribution reporting) \*  
▼

Which category describes your ethnicity? (used for equitable distribution reporting) \*  
▼

To which gender identity do you most identify? (used for equitable distribution reporting) \*  
▼

Save & Continue

2

Section 2: Basic Information

Great, you meet the criteria to apply for funds. Let's continue with some more details:

Legal business name \*  
PROVIDER 7

Are you operating under a different name? \*  
▼  
Yes  
No

Your name  
Evie Taylor

Your title  
Director

Your email address  
evie.taylor@ey.com

Your phone number  
111-111-1117

3

Section 2: Basic Information

Great, you meet the criteria to apply for funds. Let's continue with some more details:

Legal business name \*  
PROVIDER 7

Are you operating under a different name? \*  
Yes

DBA \*  
Provider 7

Federal Taxpayer ID Number (TIN) or SSN  
444-44-4461

## Section 2

---

Options for “What category describes your race?”

The screenshot shows a web form with two main sections. The first section is titled "Your phone number" and contains a text input field with the value "111-111-1117". The second section is titled "Which category describes your race? (used for equitable distribution reporting) \*". Below this title is a dropdown menu that is currently open, displaying a list of race categories. The categories listed are: White, Black or African American, American Indian or Alaska Native, Asian, Middle Eastern or North African, Native Hawaiian, Pacific Islander, Bi-racial, Multi-racial, Other, and Not Listed. A small teal button with the text "Save" is partially visible at the bottom left of the form area.

Your phone number

111-111-1117

Which category describes your race? (used for equitable distribution reporting) \*

White  
Black or African American  
American Indian or Alaska Native  
Asian  
Middle Eastern or North African  
Native Hawaiian  
Pacific Islander  
Bi-racial  
Multi-racial  
Other  
Not Listed

Save

## Section 2

---

Options for “What category describes your ethnicity?”

Which category describes your race? *(used for equitable distribution reporting)* \*

Which category describes your ethnicity? *(used for equitable distribution reporting)* \*

Hispanic  
Non-hispanic

Save & Continue

# Section 2

Options for “To which gender identity do you most identify with?”

Which category describes your ethnicity? (used for equitable distribution reporting) \*

To which gender identity do you most identify? (used for equitable distribution reporting) \*

- Male
- Female
- Transgender Male
- Transgender Female
- Gender Variant/Non-Conforming
- Not Listed

Section 3: Provider Details >

## Section 2

This is what your section 2 will look like completed, the grey filled boxes are auto populated and you will not be allowed to edit them.

Section 2: Basic Information

Great, you meet the criteria to apply for funds. Let's continue with some more details:

Legal business name \*  
PROVIDER 7

Are you operating under a different name? \*  
Yes

DBA \*  
Provider 7

Federal Taxpayer ID Number (TIN) or SSN  
444-44-4461

Your name  
Evie Taylor

Your title  
Director

Your email address  
evie.taylor@ey.com

Your phone number  
111-111-1117

Which category describes your race? (used for equitable distribution reporting) \*  
White

Which category describes your ethnicity? (used for equitable distribution reporting) \*  
Hispanic

To which gender identity do you most identify? (used for equitable distribution reporting) \*  
Female

Save & Continue

# Section 3



# Section 3

What you see when section 3 tab first opens.

Thanks!  
A few more questions to help us determine eligibility and priority. For more details, click [here](#).

**Instructions:** Please click the icon on the right of the table and complete the pop-up form for each of the Services listed. Please make sure pop-ups are enabled on your web browser. Once you have completed the form and confirmed accuracy of the information in the pop-up form, you can select "Verified". You can keep track of how many Services you've completed by the counter under the table.

**Warning!**

Please ensure your list of Services and Employees below is complete and final before submitting your application. You will not be able to edit these lists after you click Submit on Section 6.

**List of Services**

Service ID	Child Care Provider	Site	Service Type	Service Name	Director Verification	
100006	PROVIDER 7	SITE A	GCC	SERVICE 7	Unverified	▼

Unverified Services: 1  
Verified Services: 0  
Opted Out Services: 0

**Instructions:** If you are interested in receiving retention bonuses for current employees, please fill out the table below. You may add an employee by clicking "Add Employee" and completing all required fields. You can keep track of how many Employees you have added with the counter under the table.

**List of Employees**

[Add Employee](#)

Employee Name	Service ID	Date of Hire	Part / Full Time	Hours per Week
There are no records to display.				

Employees: 0

[Save & Continue](#)




# Section 3

Select the arrow under “List of Services” to edit and verify or opt out of your provider’s services. Services will be auto populated.

**Warning!**

Please ensure your list of Services and Employees below is complete and final before submitting your application. You will not be able to edit these lists after you click Submit on Section 6.

### List of Services

Service ID	Child Care Provider	Site	Service Type	Service Name	Director Verification	
100006	PROVIDER 7	SITE A	GCC	SERVICE 7	Unverified	

Unverified Services: 1

Verified Services: 0

Opted Out Services: 0

**Instructions:** If you are interested in receiving retention bonuses for current employees, please fill out the table below. You may add an employee by clicking “Add Employee” and completing all required fields. You can keep track of how many Employees you have added with the counter under the table.

### List of Employees

[Add Employee](#)

Employee Name	Service ID	Date of Hire	Part / Full Time	Hours per Week
---------------	------------	--------------	------------------	----------------

There are no records to display.

Employees: 0

tak  
rec  
yo  
if v

# Section 3

Options for “Director Verification” of services. All services must be verified or opted out to move on to the next section.

receive an email confirming submission

Edit

Please either verify or opt out the service. If you choose to opt out, you are agreeing to opt out this particular service from receiving any funding. If you choose to verify, please review all fields below and confirm accuracy. You may leave it as unverified if you need to come back to complete the application at a later time. Once you are done, click Submit at the bottom of this window.

**Director Verification \***

Unverified

Unverified  
Verified  
Opt Out

Building 18

12350 Main St

**Street 2**

**City**

Kailua

**State**

HI

**Zip code**

96744

**DOE A+ Program**

No  Yes

**What is the licensed capacity at this location?**

Eligibility

# Section 3

If you select “Verified” .

Edit ✕

Please either verify or opt out the service. If you choose to opt out, you are agreeing to opt out this particular service from receiving any funding. If you choose to verify, please review all fields below and confirm accuracy. You may leave it as unverified if you need to come back to complete the application at a later time. Once you are done, click Submit at the bottom of this window.

**Director Verification \***

Verified ▾

**Service Details (pulled from HANA)**

<b>Site address: Building</b>	<b>Street 1</b>
Building 18	12350 Main St
<b>Street 2</b>	<b>City</b>
	Kailua
<b>State</b>	<b>Zip code</b>
HI	96744

**DOE A+ Program**

No  Yes

**What is the licensed capacity at this location?**

Eligibility ▾

# Section 3

Eligibility “Yes” or “No” questions.

**Edit**

DOE A+ Program  No  Yes

What is the licensed capacity at this location:

**Eligibility**

Is this a faith-based provider? \*

If you run a Head Start or Early Head Start, do you provide extended day child care services? \*

Is this service currently operating at reduced capacity? \*

Are you interested in receiving additional funds to provide educational stipends for current employees? \*

Do you offer services on the weekends or after 6:00 PM on weekdays ("nontraditional" hours)? \*

**Submit**

**Edit**

DOE A+ Program  No  Yes

What is the licensed capacity at this location:

**Eligibility**

Is this a faith-based provider? \*

Yes

No

If you run a Head Start or Early Head Start, do you provide extended day child care services? \*

Is this service currently operating at reduced capacity? \*

Are you interested in receiving additional funds to provide educational stipends for current employees? \*

Do you offer services on the weekends or after 6:00 PM on weekdays ("nontraditional" hours)? \*

**Submit**

# Section 3

If you select “Yes” for the eligibility questions you will answer these additional fields. Fill them all in and then select “Submit” at the bottom.

**1**

**Eligibility**

Is this a faith-based provider? \*

Yes

What percentage of the curriculum is focused around faith? \*

Any funding received cannot be used for non-secular activities and/or curriculum. Funding will be awarded based on the percentage of the curriculum that is secular. For example, if 48% is focused around faith, 52% of the original funding amount will be paid to the program.

25.00

If you run a Head Start or Early Head Start, do you provide extended day child care services? \*

Yes

What percent of your program is for extended day child care services? \*

Funding for this program is intended for child care activities. Funding will be awarded based on the percentage of the curriculum that is dedicated to extended day child care services. For example, if 48% of your program is dedicated to extended day care, you will receive 48% of the grant allotment.

25.00

**2**

Is this service currently operating at reduced capacity? \*

Yes

What is the reduced capacity? \*

5

Why are you currently operating at reduced capacity? \*

lack of employees

Are you interested in receiving additional funds to provide educational stipends for current employees? \*

Yes

For how many employees? \*

5

**3**

Do you offer services on the weekends or after 6:00 PM on weekdays ("nontraditional" hours)? \*

Yes

Average "nontraditional" hours on weekdays (from 6:00 PM - 8:00 AM) per week \*

12.00

Average "nontraditional" hours on weekends (anytime) per week \*

12.00

In an average year, how many total weeks is this Service scheduled to be closed (e.g. for holidays or vacations)? \*

3.00

Submit

# Section 3

What you will see if you Opt Out of a Service.

The screenshot shows a web form titled "Edit" with a close button in the top right corner. A yellow warning banner at the top reads: "below and confirm accuracy. You may leave it as unverified if you need to come back to complete the application at a later time. Once you are done, click Submit at the bottom of this window." Below the banner is a "Director Verification \*" dropdown menu with "Opt Out" selected. The "Service Details (pulled from HANA)" section contains several input fields: "Site address: Building" (Building 18), "Street 1" (12350 Main St), "Street 2" (empty), "City" (Kailua), "State" (HI), and "Zip code" (96744). There is also a "DOE A+ Program" section with radio buttons for "No" (selected) and "Yes". A question "What is the licensed capacity at this location?" has an empty input field below it. A green "Submit" button is located at the bottom left of the form.

## Section 3

Be sure that you have no “Unverified Services” left.

A Service needs to be verified or opted out to proceed.

**Warning!**

Please ensure your list of Services and Employees below is complete and final before submitting your application. You will not be able to edit these lists after you click Submit on Section 6.

### List of Services

Service ID	Child Care Provider	Site	Service Type	Service Name	Director Verification	
100006	PROVIDER 7	SITE A	GCC	SERVICE 7	Verified	<input type="checkbox"/>

Unverified Services: 0

Verified Services: 1

Opted Out Services: 0

# Section 3

Once all of your services have been verified or opted out of, click “Add Employees” to add all employees of the provider.

**Warning!**

Please ensure your list of Services and Employees below is complete and final before submitting your application. You will not be able to edit these lists after you click Submit on Section 6.

### List of Services

Service ID	Child Care Provider	Site	Service Type	Service Name	Director Verification	
100006	PROVIDER 7	SITE A	GCC	SERVICE 7	Unverified	<input type="checkbox"/>

Unverified Services: 1

Verified Services: 0

Opted Out Services: 0

**Instructions:** If you are interested in receiving retention bonuses for current employees, please fill out the table below. You may add an employee by clicking “Add Employee” and completing all required fields. You can keep track of how many Employees you have added with the counter under the table.

### List of Employees

[Add Employee](#)

Employee Name	Service ID	Date of Hire	Part / Full Time	Hours per Week
---------------	------------	--------------	------------------	----------------

There are no records to display.

Employees: 0



# Section 3

Enter the employee's name in the first field and then select the service they are employed at. Services will be auto populated.

The screenshot shows a 'Create' form with a 'Lookup records' dialog box. The dialog box contains a search bar and a table of records. The table has the following data:

Service ID	Child Care Provider	Service Type	Service Name
100006	PROVIDER 7	GCC	SERVICE 7

Buttons at the bottom of the dialog are 'Select', 'Cancel', and 'Remove value'.

## Section 3

Next select the calendar icon and select the employee's date of hire. Then select their part or full time status and their hours per week.

Create ✕

Employee Name \*  
Anna P

Service ID \*  
100006 ✕ 🔍

Date of Hire \*  
 📅

Part / Full Time \*  
 Part Time  Full Time

Hours per Week \*

October 2021

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

# Section 3

This will be what your section 3 looks like after you have verified all services and added all employees. Select “Save & Continue” to move onto section 4.

Please ensure your list of Services and Employees below is complete and final before submitting your application. You will not be able to edit these lists after you click Submit on Section 6.

### List of Services

Service ID	Child Care Provider	Site	Service Type	Service Name	Director Verification	
100006	PROVIDER 7	SITE A	GCC	SERVICE 7	Verified	▼

Unverified Services: 0

Verified Services: 1

Opted Out Services: 0

**Instructions:** If you are interested in receiving retention bonuses for current employees, please fill out the table below. You may add an employee by clicking “Add Employee” and completing all required fields. You can keep track of how many Employees you have added with the counter under the table.

### List of Employees

[Add Employee](#)

Employee Name	Service ID	Date of Hire	Part / Full Time	Hours per Week	
Anna P	100006	10/6/2021	Full Time	40	▼

Employees: 1

[Save & Continue](#)

# Section 4



## Section 4

---

Select the check box here to attest to the statements and move onto section 5.

Section 4: Use of Funds ∨

Subgrant funds may only be used for the categories detailed below. Please attest that you will only use the subgrant funds for the categories detailed below. You understand it is your responsibility to maintain records and other documentation to support the use of funds received.

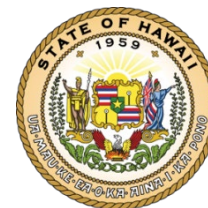
If you do not spend all or a portion of the subgrant, the remaining funds are called “unexpended funds.” Grantees must return any unexpended funds to the DHS by 3/31/23 with the option to extend upon approval.

- Personnel costs, including payroll and salaries or similar compensation for an employee, and benefits
- Rent or payment towards mortgage obligations, utilities, facility maintenance or improvements, or insurance
- Personal protective equipment, cleaning, and sanitization supplies and services
- Staff training and professional development related to health and safety practices
- Purchase or updates to equipment and supplies to respond to the COVID-19 public health emergency
- Goods and/or services necessary to maintain or resume child care services, including consultations with nurses or other medical professionals to ensure a healthy environment
- Mental health support for children and employees
- Reimbursement of expenditures incurred prior to March 11, 2021 for goods or services procured to respond to the COVID-19 public health emergency

To receive a stabilization grant, I agree to use the funds only for the categories and purposes indicated in the categories detailed above. Please click the box provided to attest to this statement. \*

Save & Continue

# Section 5



# Section 5

Click “Add File” and select the applicable file from your computer. The document will appear in the subgrid and a green check will appear next to “Add File” when the file has successfully uploaded.

**1**

Section 5: Documentation

Please provide the following list of documents and your payment information. You authorize FIS, as designated agent for the DHS-BESSD, to deposit the emergency child care services contract payment for the child care business listed above into the bank account designated below.

Changes you make here will be updated in HANA.

Completed W-9 form:

[Add File](#)

Copy of your driver's license or valid government ID:

[Add File](#)

Bank/Institution Name \*

Account Type \*

Routing Number \*

Account Number \*

Please attach either a voided check (if this is a checking account) or a deposit slip (if this is a savings account):

[Add File](#)

Name	Document Type
feedback.PNG	Bank

**2**

Completed W-9 form:

[Add File](#) ✓

Copy of your driver's license or valid government ID:

[Add File](#) ✓

Bank/Institution Name \*

Account Type \*

Routing Number \*

Account Number \*

Please attach either a voided check (if this is a checking account) or a deposit slip (if this is a savings account):

[Add File](#) ✓

Name	Document Type
feedback.PNG	Bank

## Section 5

---

Adding your bank account information, options for “Account Type” displayed here.

Changes you make here will be updated in HANA.

Completed W-9 form:

[Add File](#)

Copy of your driver's license or valid government ID:

[Add File](#)

Bank/Institution Name \*

Account Type \*

Checking  
Savings

Account Number \*



## Section 5

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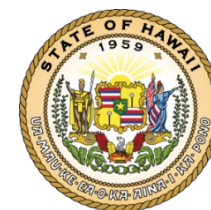
Check each box to agree to the attestations.

I understand and agree to the following:

- I shall not hold DHS-BESSD responsible in the event that DHS-BESSD is unable to route the emergency child care services contract payment to the bank account listed above, provided that DHS-BESSD has in good faith authorized and routed the emergency child care services contract payment to the correct bank account and routing number as provided on this form. Furthermore, I am aware that if DHS-BESSD has routed the emergency child care services contract payment to the incorrect bank account due to my error, I will be responsible to correct the error with my banking institution. There will be no alternate funds issues for these errors. \*
- In the event that funds cannot be deposited into my bank account, they will be returned to DHS-BESSD by FIS. DHS-BESSD will then re-issue to corrected banking information by updating this application form and submitting it to the DHS-BESSD. \*
- If there is a change to the banking information listed above, I will notify the DHS-BESSD immediately of the change and will request that this application be reopened for updating the payment information and submitting it to the DHS-BESSD. \*

Save & Continue

# Section 6



# Section 6

You will see this when section 6 expands. Check all attestation boxes and sign the signature box to submit your application.

If you are approved for funding, payment will be made based on the payment information provided in Section 5.

- You understand it is your responsibility to maintain records and other documentation to support the use of funds received, as well as document compliance with the requirements described in requirements below. \*
- You certify that your program is in good standing and complies with the State of Hawaii Department of Commerce and Consumer Affairs for the type of business which it is held out to the public. \*
- You certify that your program complies with the State of Hawaii Department of Taxation and Internal Revenue Service's tax requirements and is current with all state and federal tax obligations. \*
- You certify that your program complies with the State of Hawaii Department of Labor and Industrial Relations requirements which include, but are not limited to, section 103-55, wages, hours, and working conditions of employees for workers' compensation, unemployment compensation, payment of wages, and safety. \*
- By submitting this application for financial assistance, if money is awarded, you, as the beneficiary have read, understand, and agree to be bound by the following terms and conditions. \*
- You confirm the business and account information provided above in Section 5 is correct and accurate and that you have authority to certify such information on behalf of the business. \*
- You certify the information listed above is complete and accurate to the best of your knowledge. You understand that withholding information or giving false information may result in denial of financial assistance requested and/or received. \*

By signing this application and accepting Stabilization Fund grants, you certify that you will meet requirements throughout the period of the subgrant:

- When open and providing services, implement health and safety 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 Centers for Disease Control and Prevention (CDC). \*
- For each employee, pay at least the same amount in weekly wages and maintain the same benefits and not involuntarily furlough employees. \*
- Provide relief from copayments and tuition payments for families enrolled in the program when able and, to the greatest extent possible, prioritize relief for families struggling to make either type of payment if unable to provide relief for all families. \*

Type your full name here to electronically acknowledge signature. Your signature affirms that you will adhere to the requirements above. It also affirms that use of funds will be limited to the categories noted in Section 4 of this application.

Signature (must exactly match your name in Section 2 above) \*

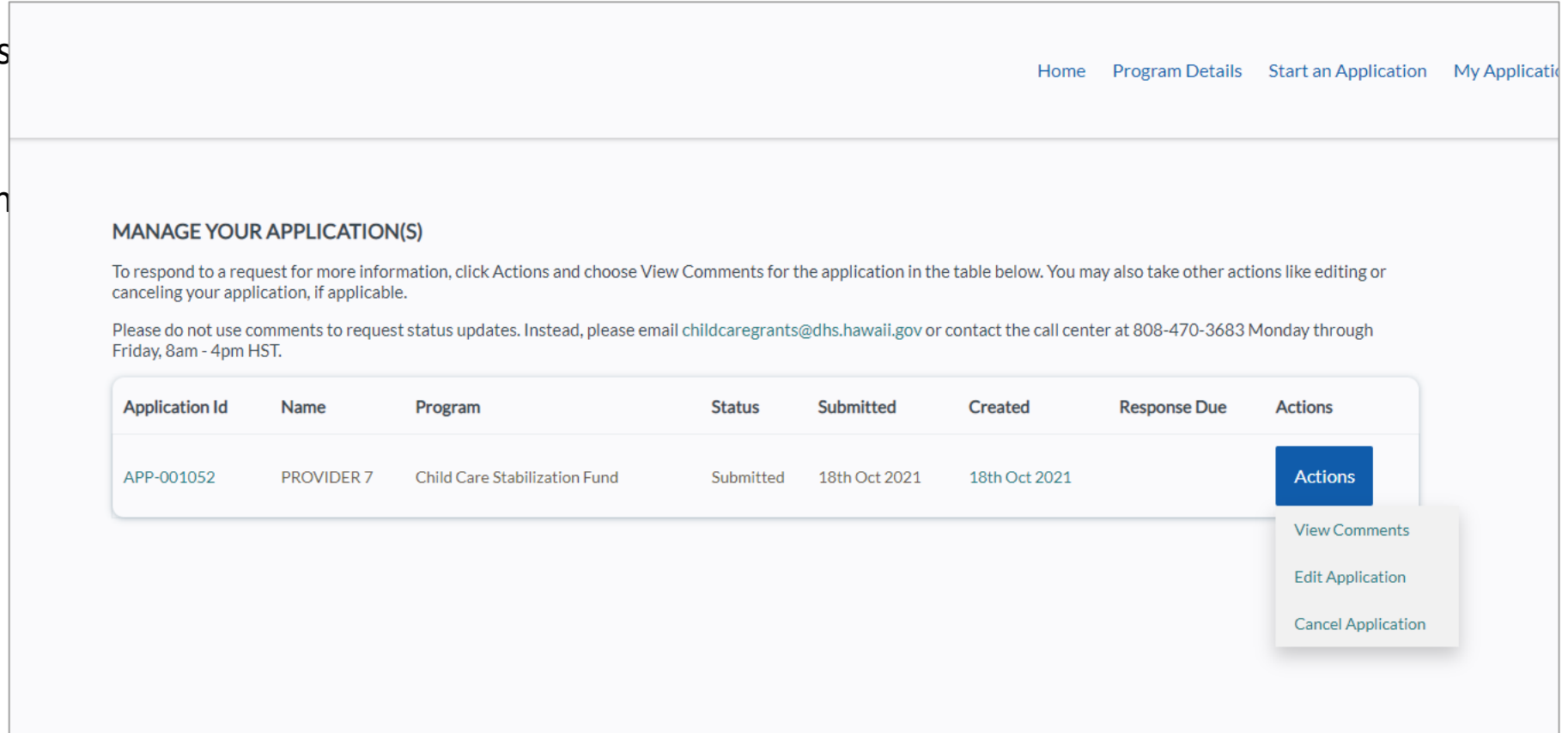
Evie Taylor

# Managing Your Application



# Managing Your Application

To go back and access your application select “My Application” and then you can select “Actions” where you have the following options.



The screenshot shows a web application interface with a navigation bar at the top containing links for Home, Program Details, Start an Application, and My Application. The main content area is titled "MANAGE YOUR APPLICATION(S)" and includes instructions on how to interact with the application table. Below the instructions is a table with columns for Application Id, Name, Program, Status, Submitted, Created, Response Due, and Actions. A single application is listed in the table, and the "Actions" column for that application is expanded to show options: View Comments, Edit Application, and Cancel Application.

Home Program Details Start an Application My Application

### MANAGE YOUR APPLICATION(S)

To respond to a request for more information, click Actions and choose View Comments for the application in the table below. You may also take other actions like editing or canceling your application, if applicable.

Please do not use comments to request status updates. Instead, please email [childcaregrants@dhs.hawaii.gov](mailto:childcaregrants@dhs.hawaii.gov) or contact the call center at 808-470-3683 Monday through Friday, 8am - 4pm HST.

Application Id	Name	Program	Status	Submitted	Created	Response Due	Actions
APP-001052	PROVIDER 7	Child Care Stabilization Fund	Submitted	18th Oct 2021	18th Oct 2021		<a href="#">Actions</a> <ul style="list-style-type: none"><li><a href="#">View Comments</a></li><li><a href="#">Edit Application</a></li><li><a href="#">Cancel Application</a></li></ul>