



1 Legal Information

1. Step six has a few pre-filled fields that shows your legal information. These fields cannot be edited. If any of this information is incorrect, please contact your licensor.

STEPS	6: PAYMENT INFORMATION
<input checked="" type="radio"/> Instructions	Legal name of child care program Little Scholars, Inc.
<input checked="" type="radio"/> 1: General Applicant Information	Doing Business As (DBA) name if different Little Scholars Day School
<input checked="" type="radio"/> 2: Operational Status	Legal Entity Corporation
<input checked="" type="radio"/> 3: Child Count Information	SFS Vendor ID
<input checked="" type="radio"/> 4: Options for Use of Funds	*Tax Identification Type <input type="radio"/> Employer Identification Number (EIN) <input type="radio"/> SSN
<input checked="" type="radio"/> 5: Estimated Grant Award Amount	<input type="checkbox"/> Certification - Under penalties of perjury, I certify that the number submitted on this form is my correct taxpayer identification number.
<input checked="" type="radio"/> 6: Payment Information	*What is your role in program <input type="text"/>
<input type="radio"/> 7: Review Application	<input type="checkbox"/> I hereby attest I have authority to apply for the Child Care Stabilization grant on the behalf of this program.
<input type="radio"/> 8: Provider Attestations	*What is your preferred payment method for receipt of the grant funds? <input type="radio"/> Direct Deposit <input type="radio"/> Paper Check
<input type="radio"/> Thank You	

2 Tax Identification Type

1. Select your Tax Identification Type, either **Employer Identification Number (EIN)** or **Social Security Number (SSN)**.
2. **Type the number** into the Tax ID or SSN field that appears.

*Tax Identification Type
 Employer Identification Number (EIN)
 SSN

*Tax ID


*Tax Identification Type
 Employer Identification Number (EIN)
 SSN

*SSN



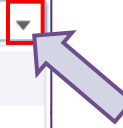

3 Certification, Role in Program and Attestation

1. **Check the box** to the left of the Certification statement.



Certification - Under penalties of perjury, I certify that the number submitted on this form is my correct taxpayer identification number.

2. **Click on the drop-down arrow** for *what is your role in program?*
3. **Click on and select a role.**



What is your role in program

-- Clear --

Provider

Director

Other

Note: If **Other** is selected you will **type in your role**.

What is your role in program

Other

Please specify your role here


4. **Check the box** to the left of the Attestation statement.



I hereby attest I have authority to apply for the Child Care Stabilization grant on the behalf of this program.

4 Setup Direct Deposit or Paper Check

1. Choose your preferred payment method for receipt of the grant funds. Click on **Direct Deposit or Paper Check**.



* What is your preferred payment method for receipt of the grant funds?

Direct Deposit

Paper Check

For Paper Check

1. **Select the address** to which paper check payments will be sent. Click on **Program Physical Site Address or Mailing Address**. If the address is incorrect, contact your regulator or enrollment agency immediately.

*What is your preferred payment method for receipt of the grant funds?

Direct Deposit

Paper Check

Select the address to which paper check payments will be sent. If the address is incorrect, contact your regulator or enrollment agency immediately.

Program Physical Site Address Mailing Address

*Program Physical Site Address *Mailing Address

ITLLE SCHOLARS DAY SCI 112 Glen Head Roa

Detailed description: This is a screenshot of a web form. At the top, it asks for the preferred payment method. 'Paper Check' is selected with a blue dot. Below this, there is a text instruction. Then, two radio buttons are shown: 'Program Physical Site Address' and 'Mailing Address'. Both are currently unselected. Below these are two text input fields. The first field contains 'ITLLE SCHOLARS DAY SCI' and the second contains '112 Glen Head Roa'. Red boxes highlight the radio buttons, and grey arrows point to them from the left. Another grey arrow points to the 'Paper Check' radio button.

For Direct Deposit

1. While a direct deposit account is being setup, OCFS will mail a paper check. **Select the address** to which paper check payments will be sent. Click on **Program Physical Site Address or Mailing Address**. If the address is incorrect, contact your regulator to avoid delays in payment processing.

*What is your preferred payment method for receipt of the grant funds?

Direct Deposit

Paper Check

While a direct deposit amount is being set up OCFS will disburse payments by paper check. Select the address where paper check payments will be sent. If the address is incorrect, contact your regulator to avoid delays in payment processing.

Program Physical Site Address Mailing Address

*Program Physical Site Address *Mailing Address

TLE SCHOLARS DAY SCI 112 Glen Hea

Detailed description: This is a screenshot of a web form. At the top, it asks for the preferred payment method. 'Direct Deposit' is selected with a blue dot. Below this, there is a text instruction. Then, two radio buttons are shown: 'Program Physical Site Address' and 'Mailing Address'. Both are currently unselected. Below these are two text input fields. The first field contains 'TLE SCHOLARS DAY SCI' and the second contains '112 Glen Hea'. Red boxes highlight the radio buttons, and grey arrows point to them from the left. Another grey arrow points to the 'Direct Deposit' radio button.

2. **Select the Account Type**, click on Personal or Business Checking/Savings.

*Account Type

Personal Checking

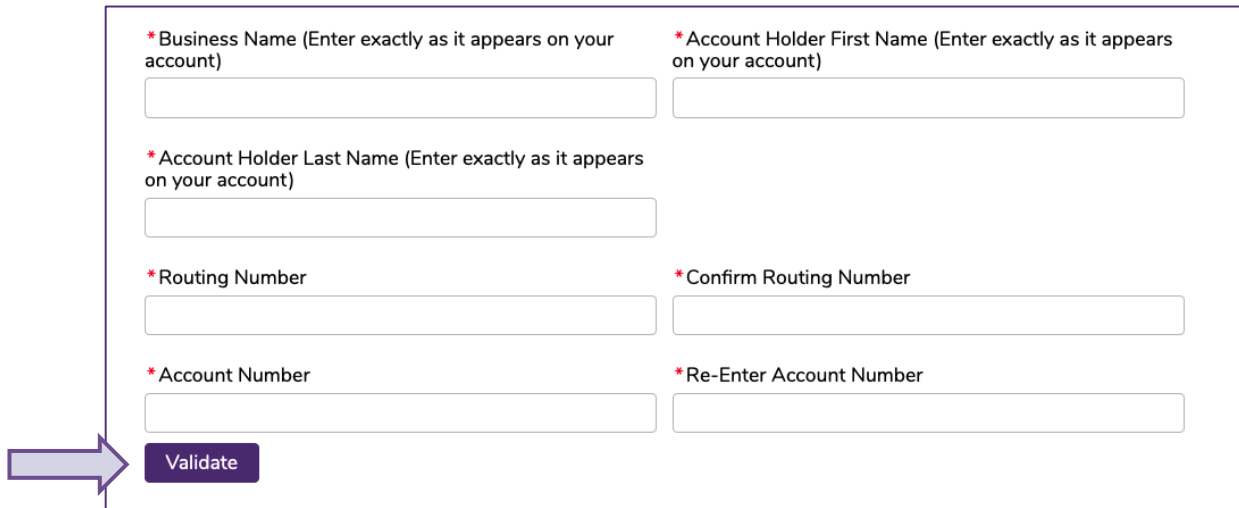
Personal Savings

Business Checkings

Business Savings

Detailed description: This is a screenshot of a web form showing a list of account types. There are four radio buttons, all of which are unselected. A grey arrow points from the left towards the top of the list.

3. **Fill out the rest of the direct deposit form** with your banking information.
4. **Click on the Validate** button at the bottom of the form to validate and confirm that your entered banking information is correct.



* Business Name (Enter exactly as it appears on your account)

* Account Holder First Name (Enter exactly as it appears on your account)

* Account Holder Last Name (Enter exactly as it appears on your account)

* Routing Number

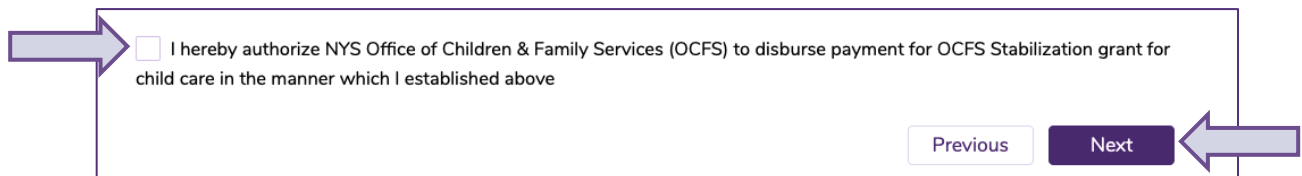
* Confirm Routing Number

* Account Number

* Re-Enter Account Number

Validate

5. **Check the box to the left** of the Authorization statement.
6. **Click on the Next** button.



I hereby authorize NYS Office of Children & Family Services (OCFS) to disburse payment for OCFS Stabilization grant for child care in the manner which I established above

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