



# Application Guide for Employer-Sponsored Child Care Fund



Learn about the grant opportunity and find details on eligibility and allowable expenses as well as a complete list of FAQs [online](#).



Applications must be submitted by **Nov. 22 at 11:59 p.m. ET**

## About this Guide

This guide is divided into two sections by application track. Understand your track and proceed to the corresponding section.



### Single Employer Application

For a business/corporation employing 20 or more Indiana-based employees.

*Page 3*



### Group Application

For either 1) a group of employers with 20 or more Indiana-based employees, or 2) a 501(c)(3) or 501(c)(6) community-based non-profit applying on behalf of a group of local employers that collectively represent 20 or more Indiana-based employees.

*Page 13*



Office of Early Childhood &  
Out-of-School Learning

# Employer-Sponsored Child Care Fund

The Employer-Sponsored Child Care Fund is a \$25 million grant effort developed in partnership between the Office of Early Childhood and Out-of-School Learning and the Indiana Chamber of Commerce. The effort, which Gov. Holcomb detailed in his 2023 Next Level Agenda, aims to mobilize Indiana's business community to support the state's growing child care needs.

Grant awards provide seed funding for employers and nonprofit organizations to create or expand employer-sponsored child care benefits for Hoosier families. Funding is available to support the implementation of a range of child care benefit offerings, enabling employers and communities of all sizes to participate.

For more information, visit the Employer-Sponsored Child Care Fund [webpage](#).

For questions or assistance with this application, please contact [OECOSLDirector@fssa.IN.gov](mailto:OECOSLDirector@fssa.IN.gov).

## Eligibility

To be eligible for this opportunity, applicants must be:

- A business or corporation employing 20 or more Indiana-based employees;
- A group of employers with a total of 20 or more Indiana-based employees; OR
- A 501(c)(3) or 501(c)(6) community-based nonprofit organization (i.e., community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers to collectively represent 20 or more Indiana-based employees.

Note: All entities included in the application, including lead applicants and supporting partners, must be located in Indiana and be in good standing with the Indiana Secretary of State Office.

Child care providers are not eligible to apply for this opportunity.

## Allowable Caps

Award amounts are capped based on employer size using the chart below. Applicants that request more than their award cap will be disqualified.

# of Total IN Employees Represented by Applicant	Award Cap
1,000+	\$750,000
500-999	\$350,000
250-499	\$200,000
100-249	\$100,000
50-99	\$50,000
20-49	\$25,000



*Guide for*

# Single Employer Application

For a business/corporation employing 20 or more Indiana-based employees.

*Note: Applicants must be located in Indiana and be in good standing with the Indiana Secretary of State Office*



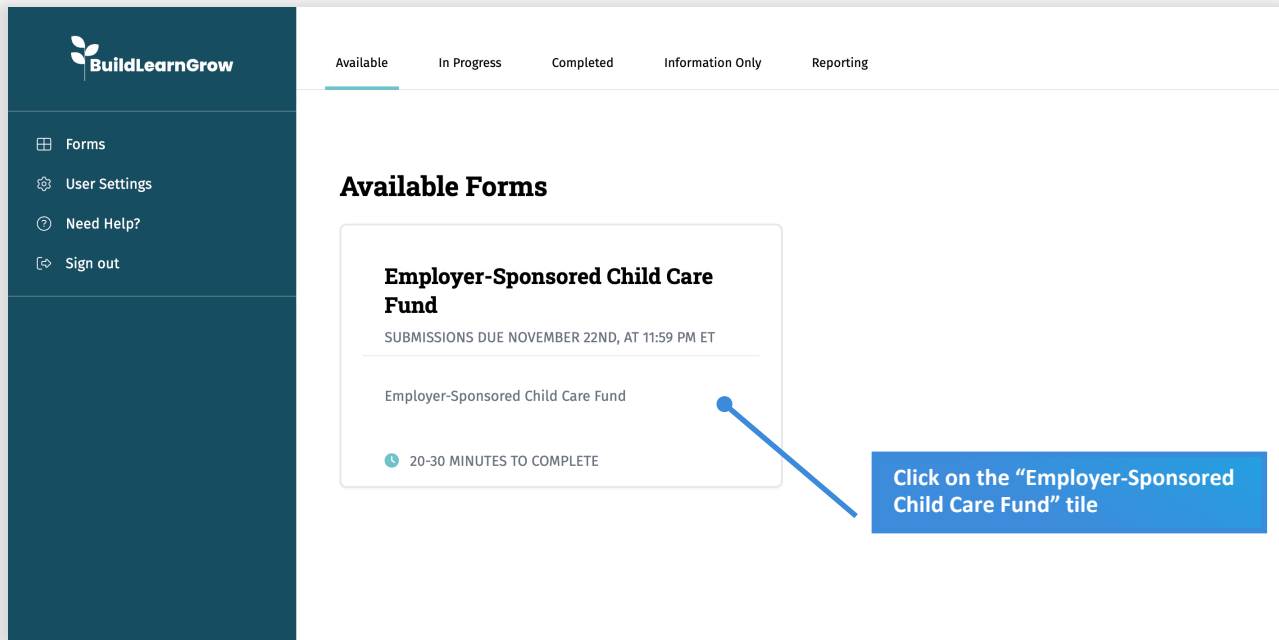
## Step 1: Log in to Access Indiana.

To apply, visit <https://childcaregrants.fssa.in.gov/> and log in with Access Indiana.



## Step 2: Access the Grant Portal.

Once logged in, click the Employer-Sponsored Child Care Fund tile.



## Step 2: Review grant eligibility and click Start Application.

Review the grant overview and eligibility requirements. If you meet all eligibility requirements, click “Start Form” to proceed.

**Employer-Sponsored Child Care Fund**

The Employer-Sponsored Child Care Fund is a \$25M grant effort developed in partnership between the Office of Early Childhood and Out-of-School Learning and the Indiana Chamber of Commerce. The effort, which Gov. Holcomb detailed in his 2023 Next Level Agenda, aims to mobilize Indiana's business community to support the state's growing child care needs.

Grant awards provide seed funding for employers and nonprofit organizations to create or expand employer-sponsored child care benefits for Hoosier families. Funding is available to support the implementation of a range of child care benefit offerings, enabling employers and communities of all sizes to participate.

For questions or assistance with this application, please contact [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov).  
For more information visit the Employer-Sponsored Child Care Fund webpage.

**Eligibility**

To be eligible, applicants must be located in Indiana and meet one of the following eligibility categories below. Please note, child care providers are not eligible to apply for this opportunity.

Select the appropriate eligibility category for your application and click Start Form to get started:

- A business or corporation employing 20 or more employees;
- A group of employers with a total of 20 or more employees; OR
- A 501(c)(3) or 501(c)(6) community-based nonprofit organization (i.e., community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers to collectively represent 20 or more employees.

Note: All entities included in the application, including lead applicants and supporting partners, must be located in Indiana and be in good standing with the Indiana Secretary of State Office.

**Award**

Award amounts are capped based on employer size using the chart below. Applicants that request more than their award cap will be disqualified.

Awards Caps	Award Cap
# of TOTAL IN Employees Represented by Applicant	
1000+	\$750,000
500-999	\$350,000
250-499	\$200,000
100-249	\$100,000
50-99	\$50,000
20-49	\$25,000

**Start Form**

## Step 3: Select your application track.

Click the “Single Employer Application” tile.

**Application Tracks**

Select a track to begin your application.

**Group Application**

Grants for a group application may be for the following two groups:

- Group of Employers with a total of 20 or more employees.
- 501(c)(3) or 501(c)(6) community based nonprofit organizations (i.e., community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers to collectively represent 20 or more employees.

**Single Employer Application**

Grants for a business or corporation employing 20 or more employees.

**Start Form**

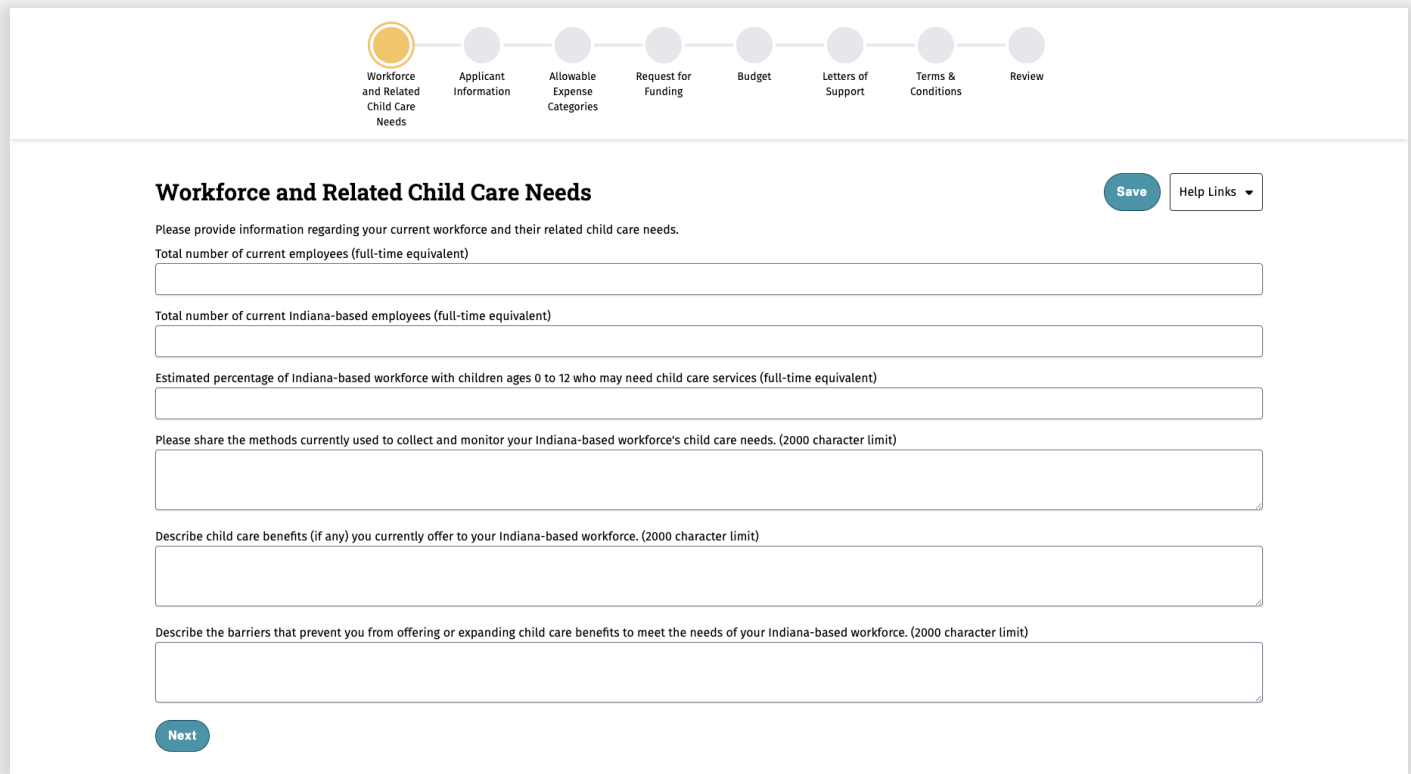


### Have questions about eligibility?

For eligibility questions, please email [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov) or contact your local [Child Care Resource and Referral agency](#).

## Step 4: Complete the Workforce and Related Child Care Needs page.

Provide information regarding your current workforce. Applicants are encouraged to be clear and concise in their responses.



**Workforce and Related Child Care Needs** Save Help Links ▾

Please provide information regarding your current workforce and their related child care needs.

Total number of current employees (full-time equivalent)

Total number of current Indiana-based employees (full-time equivalent)

Estimated percentage of Indiana-based workforce with children ages 0 to 12 who may need child care services (full-time equivalent)

Please share the methods currently used to collect and monitor your Indiana-based workforce's child care needs. (2000 character limit)

Describe child care benefits (if any) you currently offer to your Indiana-based workforce. (2000 character limit)

Describe the barriers that prevent you from offering or expanding child care benefits to meet the needs of your Indiana-based workforce. (2000 character limit)

Next

For additional questions and support, email [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov) or contact your local Child Care Resource and Referral agency (find yours [here.](#))

## Step 5: Complete the Applicant Information page.

Provide basic information regarding your company/organization and list a point of contact.

### Applicant Information

Provide information regarding the company/organization applying for this grant opportunity.  
For a company/organization with a main office outside of Indiana, ensure Indiana specific details are entered below.

Organization Legal Name \*

EIN \*

Example: 12-3456789

Street \*

City \*

County \*

State \*

Zip \*

If your city is not listed in the dropdown, type it and press enter.

If your county is not listed in the dropdown, type it and press enter.

Website

Category \*

Which ONE best describes your company/organization?

Describe your organization. (What services or goods does your organization provide, how long has your organization existed, etc.) \* (2000 character limit)

Upload your organization's most recently submitted IRS form 941 (Employer's QUARTERLY Federal Tax Return form). This form will be used to validate the size of your workforce. Please see a sample Form 941 [here](#). Note that Box 1 must be filled out. \*

Choose File | No file chosen

Save

Help Links ▾

### Applicant Contact Information

**Primary Contact**

First Name \*  Last Name \*  Title \*

Email \*  Phone \*

**Secondary Contact**

First Name  Last Name  Title

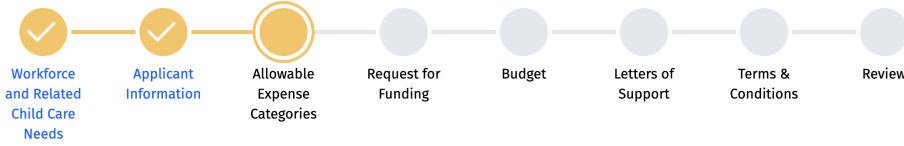
Email  Phone

Attach your most recent quarterly federal tax return form, which will be used to validate the size of your workforce

Secondary contact is optional

## Step 6: Select an Allowable Expense Category for your funding request.

Carefully review the allowable expense categories and select the one in which you'd like to request funding. You may only apply under one category.



### Allowable Expense Categories

Save Help Links ▾

Eligible applicants may request funding to expand or implement a wide range of employer-supported child care benefits, empowering them to choose what is most appropriate for their workforce or local employer community. More information is available in the Allowable Expense Guide, which outlines how funds may work across individual, group or community-wide employer efforts, and provides detail for allowable and unallowable expenses. Requests can be made in ONE of the following categories. Select the allowable expense category that applies to your application.

\* Carefully review the allowable expense categories below and select the one in which you'd like to request funding. You may only select one category.

- Sponsoring Dependent Care Assistance Plans (DCAPs)**
  - DCAPs are flexible spending accounts, like accounts used for healthcare costs. Employers and employees can contribute to these accounts, setting aside up to \$5,000 annually in pretax household income for child care expenses.
- Providing On-site or Near-Site Child Care**
  - Companies may choose to offer custom on-site or near-site child care programs for individuals or groups of employees. Companies provide space and contract with a child care provider to operate the program. Employers often choose to subsidize tuition costs for priority employee groups and may decide to make a portion of seats available to the broader community.
- Establishing Priority Waitlist Partnerships**
  - As an alternative to on-site child care, employers may partner with local child care programs to establish priority access for employees at specified programs. In this model, child care programs offer waitlist and placement services to employers.
- Offering Tuition Benefits**
  - Employers may also offer child care tuition benefits to employees, sharing the cost of care with employees (often using a sliding scale model). In this model, employers set the parameters for how and where employees can use tuition benefits (e.g., child care tuition discounts offered for families enrolling in licensed, high-quality care programs) while still providing families with a broad range of choices to decide the programs best for them.
- Reserving Seats in Local Child Care Programs**
  - Employers may partner with local programs to reserve seats for exclusive access by priority employee groups. In this model, the company pays enrollment costs for vacant seats to ensure their availability when needed. This benefit is common in companies facing high turnover in specific roles.
- Providing Backup Care Options**
  - Sick days, holidays and school breaks create one-off challenges for parents trying to balance home and work demands. Some employers provide backup care services for employees through partnerships with local child care and out-of-school time partners. Typically, employees receive a certain number of days (or credits) for use in approved partner programs in the case of emergency or short-term coverage needs.
- Community Infrastructure Investments**
  - Employers invest in a shared fund (generally operated by a local nonprofit organization) to support child care infrastructure costs such as increasing community-wide child care capacity (i.e., creation of a new child care program), expanding shared services that increase provider sustainability, investing in early care and education workforce programs/services, etc. Fund investment contributions are not an allowable expense.
- TriShare Programs**
  - In a TriShare benefit program, the cost of an employee's child care is shared equally among the employer, the employee and the local community with coordination provided regionally by a TriShare facilitator hub, generally a nonprofit intermediary organization. Participating employers set investment parameters and determine how many child care slots employees can be offered. Employees of participating employers sign up for the program and make contributions through payroll deduction.

Back Next



## Step 7: Complete the Request for Funding page.

Describe how you propose to use funding. Applicants are encouraged to be clear and concise in their responses. Responses are limited to 2,000 characters.

Workforce and Related Child Care Needs   Applicant Information   Allowable Expense Categories   Request for Funding   Budget   Letters of Support   Terms & Conditions   Review

### Request for Funding

[Save](#) [Help Links](#)

Please describe how you propose to use funds to address the child care needs of your workforce.

Please describe your proposed uses of funds. Additionally, please provide a detailed description of how the requested funding will be used to help address the unmet child care needs within your workforce. (2000 character limit)

Please describe the outcomes expected to be achieved through this effort including impacts on business and support for families. (2000 character limit)

Describe how the proposed use of funds helps to address the child care needs of the workforce this application represents. (2000 character limit)

Please describe in detail your implementation plan including key timelines and milestones. Please describe how you plan to spend all funds within 12 months. (2000 character limit)

Describe any partners that will support the implementation of your proposed effort and the roles each will play. (2000 character limit)

Please describe your plan for how these grant funds will allow for a continued and sustainable path to child care for your workforce after the grant period ends. (2000 character limit)

Please describe how you considered both the strengths and needs of your local community in developing your proposed use of funds, including how grant funds will be used to support local child-care providers and families that are in vulnerable situations (i.e. financially, geographically, or culturally disenfranchised families). (2000 character limit)

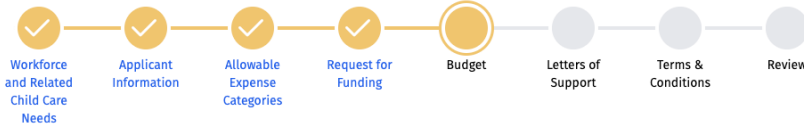
[Back](#)

[Next](#)

## Step 8: Provide your project budget.

Complete the budget template regarding your proposed use of funds. Include the total cost of implementing your project, the funds you are requesting through this opportunity and any funding you are providing. Remember, applicants must contribute at a minimum an additional 10% of the total funding request through in-kind or monetary contributions.

If awarded, grantees will be required to submit a finalized implementation plan to the state. When the finalized implementation plan is approved by the state, you may be compensated for up to 30% of your total grant dollar request at the time of receipt of the approved implementation plan.



### Budget

Save Help Links

Provide budget detail regarding your proposed use of funds. For each line, name the budget item, provide a brief description, add cost assumptions, and enter the total funding requested. For additional direction, please see the example in italics, or the Allowable Expense Guide listed in the Help Links.

Please include all project costs associated with an allowable expense category even if no funds are being requested to fund the item.

Applicants must contribute at a minimum, an additional 10% of the total requested funding, either in in-kind or monetary contributions. Be sure the contribution is well documented. In kind match needs to be quantifiable, and you need to determine and document a date by which it will be met.

The requested funding must be positive and cannot be more than the award cap based on number of Indiana-based employees. Because you have 24.0 Indiana-based employees, your award cap is \$25,000.

#### Portion of Requested Funds to be Compensated at the Time of Implementation Plan Approval

If awarded, Grantees will be required to submit a finalized implementation plan to the State. When the finalized implementation plan is approved by the State, you may be compensated for up to 30% of your total grant dollar request at the time of receipt of the approved implementation plan.

Please indicate the percent of your total grant request (0-30%) that you request is paid out for the receipt of approved implementation plan

#### Offering Tuition Benefits

Item	Brief Description	Cost Assumptions	Funding Request
<i>Ex. Plan Set Up Fee</i>	<i>Ex. Cost associated with care assistance plan set up</i>	<i>Ex. Cost is based on quote received of \$50 per employee for up to 100 employees through ABCD Bank</i>	<i>Ex. \$5000</i>

+ Add an Item

#### Applicant Contributions

Item	Brief Description	Valuation Assumptions	Contribution Type	Valuation
			Select Contribution Type	

+ Add an Item

#### Budget Summary

Total Applicant Contribution (Separate from the Total Funding Request) \$0 (0.0% of Total Funding Request) Total Funding Request \$0

Portion of Requested Funds to be Compensated at the Time of Implementation Plan Approval \$0

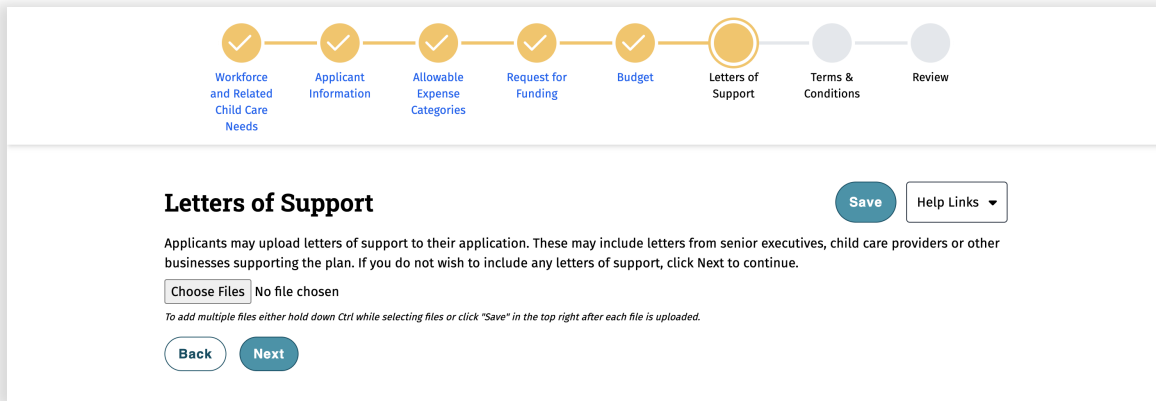
Back Next

Budget summary totals will auto-calculate as you complete the budget template

May be up to 30% of total funding request

## Step 9: Upload letters of support.

Letters of support are optional and may include letters from senior executives, child care providers or other businesses supporting the plan. If you do not wish to include any letters of support, click "Next" to continue.



**Letters of Support** Save Help Links ▾

Applicants may upload letters of support to their application. These may include letters from senior executives, child care providers or other businesses supporting the plan. If you do not wish to include any letters of support, click Next to continue.

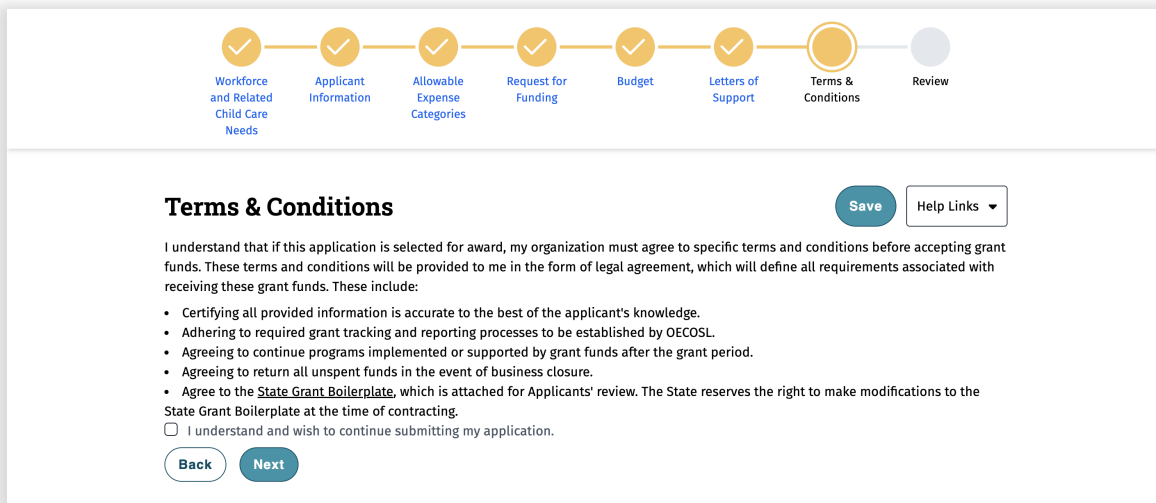
Choose Files No file chosen

To add multiple files either hold down Ctrl while selecting files or click "Save" in the top right after each file is uploaded.

Back Next

## Step 10: Agree to the Terms and Conditions.

Carefully review the terms and conditions by which you must abide should your application get awarded. Check the "I understand and wish to continue submitting my application" button and click "Next."



**Terms & Conditions** Save Help Links ▾

I understand that if this application is selected for award, my organization must agree to specific terms and conditions before accepting grant funds. These terms and conditions will be provided to me in the form of legal agreement, which will define all requirements associated with receiving these grant funds. These include:

- Certifying all provided information is accurate to the best of the applicant's knowledge.
- Adhering to required grant tracking and reporting processes to be established by OECOSL.
- Agreeing to continue programs implemented or supported by grant funds after the grant period.
- Agreeing to return all unspent funds in the event of business closure.
- Agree to the [State Grant Boilerplate](#), which is attached for Applicants' review. The State reserves the right to make modifications to the State Grant Boilerplate at the time of contracting.

I understand and wish to continue submitting my application.

Back Next

For additional questions and support, email [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov) or contact your local Child Care Resource and Referral agency (find yours [here.](#))

## Step 11: Review all application information before submitting.

Please take a moment to review your application information one last time to ensure it accurately reflects your request. If the information is correct, click the “Finish” button to submit your application. After submission, applications may not be reopened or altered.

The screenshot shows a progress bar at the top with steps: Workforce and Related Child Care Needs, Applicant Information, Allowable Expense Categories, Request for Funding, Budget, Letters of Support, Terms & Conditions, and Review. The Review section is active and contains several panels:

- Workforce and Related Child Care Needs:** Includes fields for total number of current employees (24.0), methods used to address needs, child care benefits, and barriers to integration.
- Applicant Information:** Includes organization name (Test Company), city (Indianapolis), zip (46201), and a description of the organization.
- Request for Funding:** Contains detailed text prompts for describing proposed uses of funds, expected outcomes, implementation plans, and community support.
- Budget:** Includes a table for 'Offering Tuition Benefits' and 'Contributions', and a 'Budget Summary' table.
- Applicant Primary:** Includes fields for first name (Test) and email (test@test.com).

At the bottom, there is a 'Review Agreement' section with a 'Finish' button highlighted by a blue arrow pointing to a large blue button that says 'Click to submit your application'.



Applications may be denied due to falsification of application information. Review your application carefully to make sure the information you provided accurately represents your program. Applications will not be reopened except under special circumstances.

For additional questions and support, email [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov) or contact your local Child Care Resource and Referral agency (find yours [here.](#))



Guide for

# Group Applications

For either:

1. A group of employers with 20 or more Indiana-based employees, or
2. A 501(c)(3) or 501(c)(6) community-based non-profit (i.e., community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers that collectively represent 20 or more Indiana-based employees.

*Note: All entities included in the application, including lead applicants and supporting partners, must be located in Indiana and be in good standing with the Indiana Secretary of State Office*



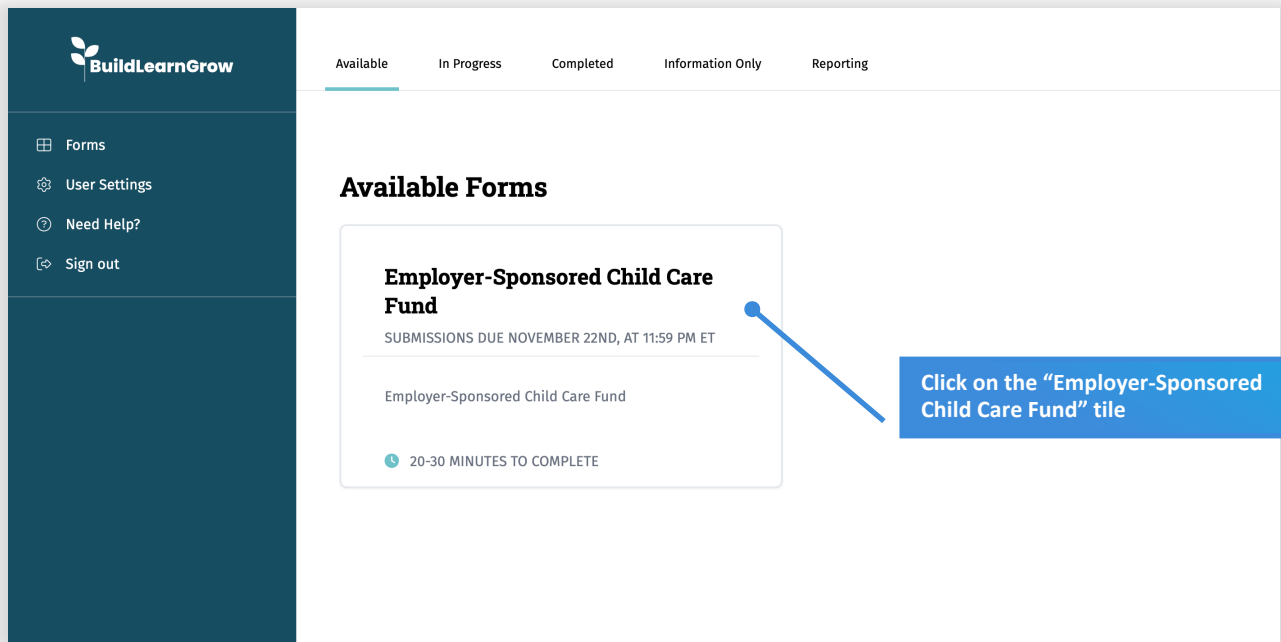
## Step 1: Log in to I-LEAD.

To apply, visit <https://childcaregrants.fssa.in.gov/> and log in with Access Indiana.



## Step 2: Access the Grant Portal.

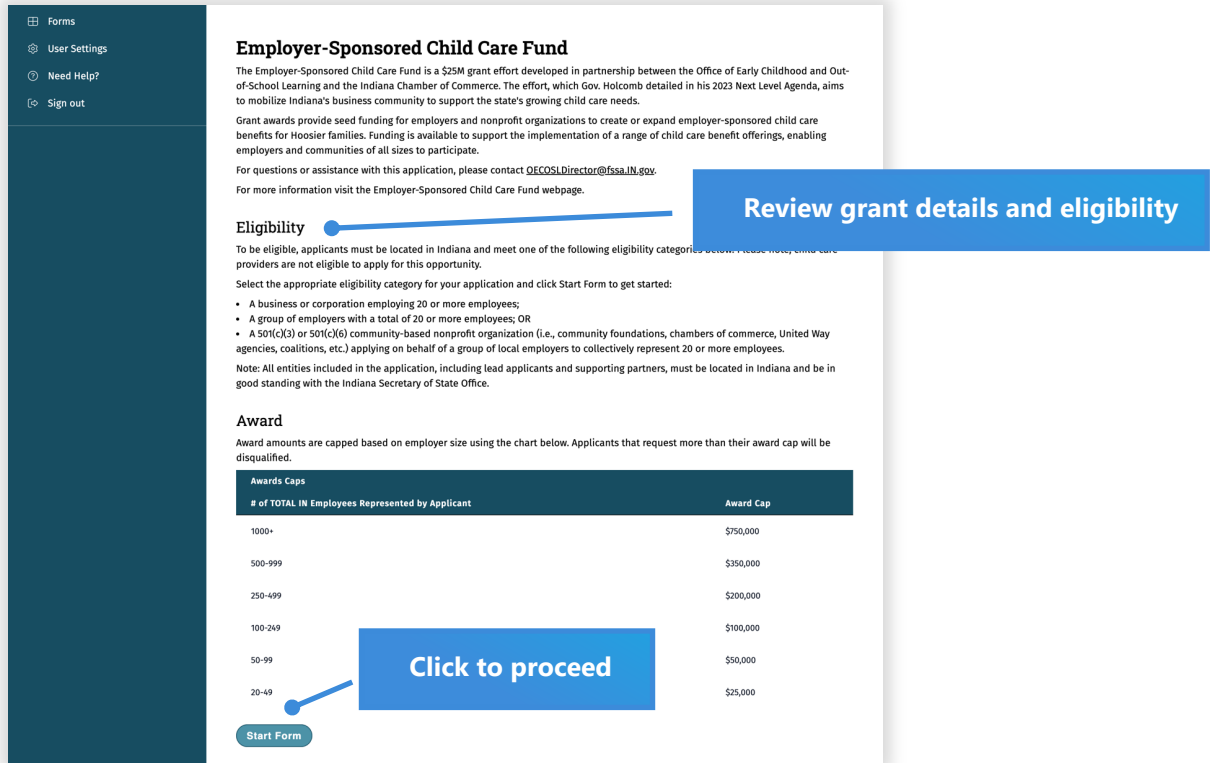
Once logged in, click the Employer-Sponsored Child Care Fund tile.



1-800-299-1627

## Step 2: Review grant eligibility and click Start Application.

Review the grant overview and eligibility requirements. If you meet all eligibility requirements, click "Start Form" to proceed.



**Employer-Sponsored Child Care Fund**

The Employer-Sponsored Child Care Fund is a \$25M grant effort developed in partnership between the Office of Early Childhood and Out-of-School Learning and the Indiana Chamber of Commerce. The effort, which Gov. Holcomb detailed in his 2023 Next Level Agenda, aims to mobilize Indiana's business community to support the state's growing child care needs.

Grant awards provide seed funding for employers and nonprofit organizations to create or expand employer-sponsored child care benefits for Hoosier families. Funding is available to support the implementation of a range of child care benefit offerings, enabling employers and communities of all sizes to participate.

For questions or assistance with this application, please contact [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov). For more information visit the Employer-Sponsored Child Care Fund webpage.

**Eligibility**

To be eligible, applicants must be located in Indiana and meet one of the following eligibility categories below. Please note, child care providers are not eligible to apply for this opportunity.

Select the appropriate eligibility category for your application and click Start Form to get started:

- A business or corporation employing 20 or more employees;
- A group of employers with a total of 20 or more employees; OR
- A 501(c)(3) or 501(c)(6) community-based nonprofit organization (i.e., community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers to collectively represent 20 or more employees.

Note: All entities included in the application, including lead applicants and supporting partners, must be located in Indiana and be in good standing with the Indiana Secretary of State Office.

**Award**

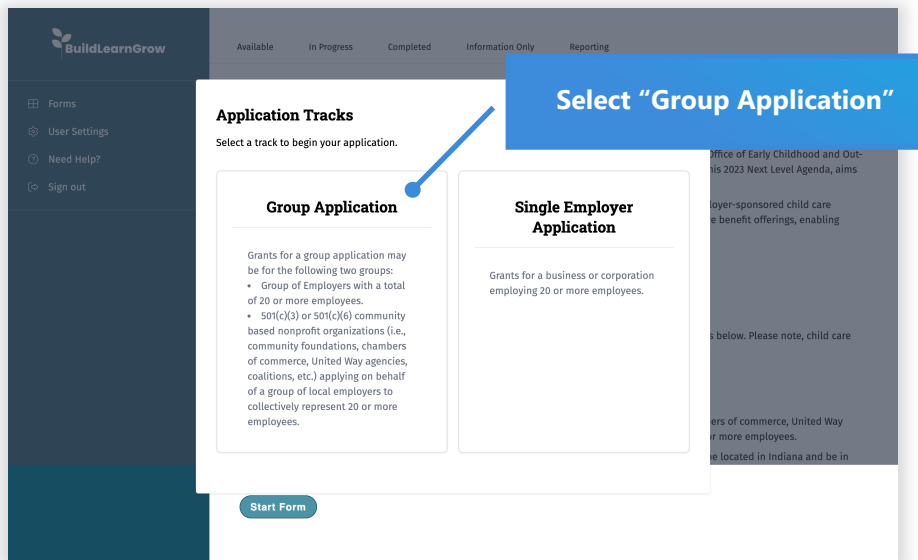
Award amounts are capped based on employer size using the chart below. Applicants that request more than their award cap will be disqualified.

Awards Caps	Award Cap
# of TOTAL IN Employees Represented by Applicant	
1000+	\$750,000
500-999	\$350,000
250-499	\$200,000
100-249	\$100,000
50-99	\$50,000
20-49	\$25,000

**Start Form**

## Step 3: Select your application track.

Click the "Group Application" tile.



**Application Tracks**

Select a track to begin your application.

**Group Application**

Grants for a group application may be for the following two groups:

- Group of Employers with a total of 20 or more employees.
- 501(c)(3) or 501(c)(6) community based nonprofit organizations (i.e., community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers to collectively represent 20 or more employees.

**Start Form**

**Single Employer Application**

Grants for a business or corporation employing 20 or more employees.

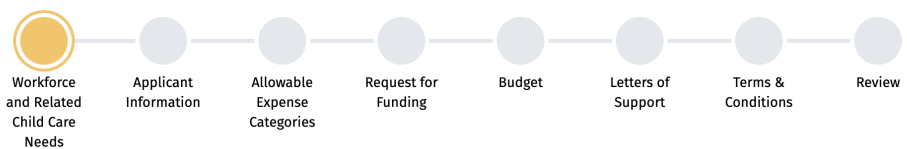


### Have questions about eligibility?

For eligibility questions, please email [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov) or contact your local [Child Care Resource and Referral agency](#).

## Step 4: Complete the Workforce and Related Child Care Needs page.

Provide information regarding the workforce you seek to support. Applicants are encouraged to be clear and concise in their responses.



### Workforce and Related Child Care Needs

[Save](#) [Help Links](#)

Provide information regarding the workforce your application seeks to support.

Total number of employers represented

Please list the employers involved in this grant proposal. If your application involves a specific group of employers, provide the legal names of each employer. If your application represents a general employer group, (e.g., all employers in a county or a specific trade), provide detail on why you are applying as a group and your shared objectives. (2000 character limit)

Total number of current employees represented across involved employer group (full-time equivalent)

Total number of current Indiana-based employees represented across involved employer group (full-time equivalent)

Estimated percentage of Indiana-based workforce with children ages 0 to 12 who may need child care services (full-time equivalent)

Please share the methods currently used to collect and monitor your Indiana-based workforce's child care needs. (2000 character limit)

Describe child care benefits (if any) currently offered by employers represented in this application. (2000 character limit)

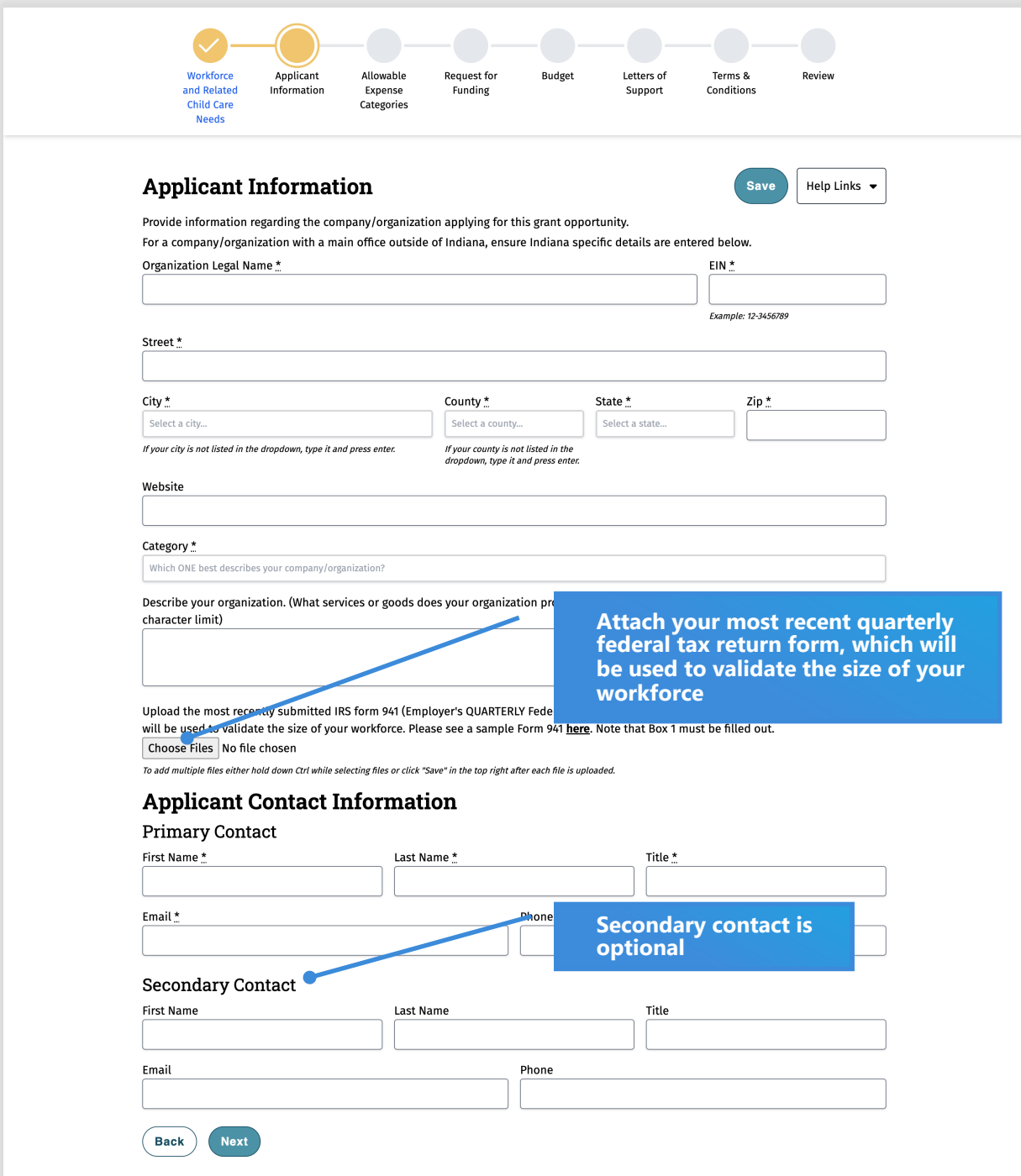
Describe current barriers that prevent employers from offering or expanding child care benefits to meet the needs of the workforce. (2000 character limit)

[Next](#)



## Step 5: Complete the Applicant Information page.

Provide basic information regarding your company/organization and list a point of contact. This information should reflect the lead applicant.



**Applicant Information** Save Help Links ▾

Provide information regarding the company/organization applying for this grant opportunity.  
For a company/organization with a main office outside of Indiana, ensure Indiana specific details are entered below.

Organization Legal Name \*  EIN \*   
Example: 12-3456789

Street \*

City \*  County \*  State \*  Zip \*   
Select a city... Select a county... Select a state...  
If your city is not listed in the dropdown, type it and press enter. If your county is not listed in the dropdown, type it and press enter.

Website

Category \*   
Which ONE best describes your company/organization?

Describe your organization. (What services or goods does your organization provide? 250 character limit)

Upload the most recently submitted IRS form 941 (Employer's QUARTERLY Federal Tax Return) to validate the size of your workforce. Please see a sample Form 941 [here](#). Note that Box 1 must be filled out.  
 No file chosen  
To add multiple files either hold down Ctrl while selecting files or click "Save" in the top right after each file is uploaded.

**Applicant Contact Information**

**Primary Contact**

First Name \*  Last Name \*  Title \*

Email \*  Phone \*

**Secondary Contact**

First Name  Last Name  Title

Email  Phone

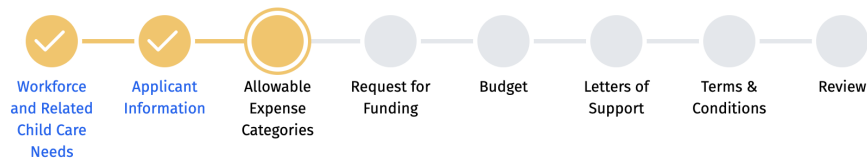
Back Next

Attach your most recent quarterly federal tax return form, which will be used to validate the size of your workforce

Secondary contact is optional

## Step 6: Select an Allowable Expense Category for your funding request.

Carefully review the allowable expense categories and select the one in which you'd like to request funding. You may only apply for one category.



### Allowable Expense Categories

Save

Help Links

Eligible applicants may request funding to expand or implement a wide range of employer-supported child care benefits, empowering them to choose what is most appropriate for their workforce or local employer community. More information is available in the Allowable Expense Guide, which outlines how funds may work across individual, group or community-wide employer efforts, and provides detail for allowable and unallowable expenses. Requests can be made in ONE of the following categories. Select the allowable expense category that applies to your application.

\* Carefully review the allowable expense categories below and select the one in which you'd like to request funding. You may only select one category.

#### Sponsoring Dependent Care Assistance Plans (DCAPs)

- DCAPs are flexible spending accounts, like accounts used for healthcare costs. Employers and employees can contribute to these accounts, setting aside up to \$5,000 annually in pretax household income for child care expenses.

#### Providing On-site or Near-Site Child Care

- Companies may choose to offer custom on-site or near-site child care programs for individuals or groups of employees. Companies provide space and contract with a child care provider to operate the program. Employers often choose to subsidize tuition costs for priority employee groups and may decide to make a portion of seats available to the broader community.

#### Establishing Priority Waitlist Partnerships

- As an alternative to on-site child care, employers may partner with local child care programs to establish priority access for employees at specified programs. In this model, child care programs offer waitlist and placement services to employers.

#### Offering Tuition Benefits

- Employers may also offer child care tuition benefits to employees, sharing the cost of care with employees (often using a sliding scale model). In this model, employers set the parameters for how and where employees can use tuition benefits (e.g., child care tuition discounts offered for families enrolling in licensed, high-quality care programs) while still providing families with a broad range of choices to decide the programs best for them.

#### Reserving Seats in Local Child Care Programs

- Employers may partner with local programs to reserve seats for exclusive access by priority employee groups. In this model, the company pays enrollment costs for vacant seats to ensure their availability when needed. This benefit is common in companies facing high turnover in specific roles.

#### Providing Backup Care Options

- Sick days, holidays and school breaks create one-off challenges for parents trying to balance home and work demands. Some employers provide backup care services for employees through partnerships with local child care and out-of-school time partners. Typically, employees receive a certain number of days (or credits) for use in approved partner programs in the case of emergency or short-term coverage needs.

#### Community Infrastructure Investments

- Employers invest in a shared fund (generally operated by a local nonprofit organization) to support child care infrastructure costs such as increasing community-wide child care capacity (i.e., creation of a new child care program), expanding shared services that increase provider sustainability, investing in early care and education workforce programs/services, etc. Fund investment contributions are not an allowable expense.

#### TriShare Programs

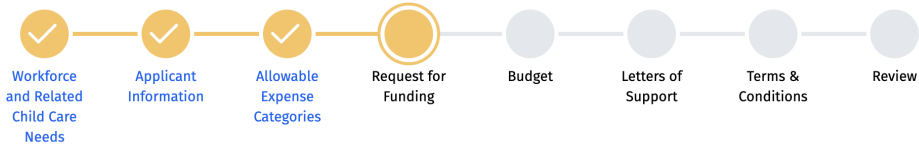
- In a TriShare benefit program, the cost of an employee's child care is shared equally among the employer, the employee and the local community with coordination provided regionally by a TriShare facilitator hub, generally a nonprofit intermediary organization. Participating employers set investment parameters and determine how many child care slots employees can be offered. Employees of participating employers sign up for the program and make contributions through payroll deduction.

Back

Next

## Step 7: Complete the Request for Funding page.

Describe how you propose to use funding. Applicants are encouraged to be clear and concise in their responses. Responses are limited to 2,000 characters.



### Request for Funding

Save

Help Links ▾

Please describe how you propose to use funds to address the child care needs of your workforce.

Please describe your proposed uses of funds. Additionally, please provide a detailed description of how the requested funding will be used to help address the unmet child care needs within your workforce. (2000 character limit)

Please describe the outcomes expected to be achieved through this effort including impacts on business and support for families. (2000 character limit)

Describe how the proposed use of funds helps to address the child care needs of the workforce this application represents. (2000 character limit)

Please describe in detail your implementation plan including key timelines and milestones. Please describe how you plan to spend all funds within 12 months. (2000 character limit)

Describe any partners that will support the implementation of your proposed effort and the roles each will play. (2000 character limit)

Please describe your plan for how these grant funds will allow for a continued and sustainable path to child care for your workforce after the grant period ends. (2000 character limit)

Please describe how you considered both the strengths and needs of your local community in developing your proposed use of funds, including how grant funds will be used to support local child-care providers and families that are in vulnerable situations (i.e. financially, geographically, or culturally disenfranchised families). (2000 character limit)

Back

Next

## Step 8: Provide your project budget.

Complete the budget template regarding your proposed use of funds. Include the total cost of implementing your project, the funds you are requesting through this opportunity and any funding you are providing. Remember, applicants must contribute at a minimum, an additional 10% of the total funding request through in-kind or monetary contributions.

If awarded, grantees will be required to submit a finalized implementation plan to the state. When the finalized implementation plan is approved by the state, you may be compensated for up to 30% of your total grant dollar request at the time of receipt of the approved implementation plan.

**Budget** Save Help Links ▾

Provide budget detail regarding your proposed use of funds. For each line, name the budget item, provide a brief description, add cost assumptions, and enter the total funding requested. For additional direction, please see the example in italics, or the Allowable Expense Guide listed in the Help Links.

Please include all project costs associated with an allowable expense category even if no funds are being requested to fund the item.

Applicants must contribute at a minimum, an additional 10% of the total requested funding, either in in-kind or monetary contributions. Be sure the contribution is well documented. In kind match needs to be quantifiable, and you need to determine and document a date by which it will be met.

The requested funding must be positive and cannot be more than the award cap based on number of Indiana-based employees. Because you have 30.0 Indiana-based employees, your award cap is \$25,000.

**Portion of Requested Funds to be Compensated at the Time of Implementation Plan Approval**

If awarded, Grantees will be required to submit a finalized implementation plan to the State. When the finalized implementation plan is approved by the State, you may be compensated for up to 30% of your total grant dollar request at the time of receipt of the approved implementation plan.

Please indicate the percent of your total grant request (0-30%) that you request is paid out for the receipt of approved implementation plan

**Offering Tuition Benefits**

Item	Brief Description	Cost Assumptions	Funding Request
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Ex. Plan Set Up Fee</i>	<i>Ex. Cost associated with care assistance plan set up</i>	<i>Ex. Cost is based on quote received of \$50 per employee for up to 100 employees through ABCD Bank</i>	<i>Ex. \$5000</i>

+ Add an Item

**Applicant Contributions**

Item	Brief Description	Valuation Assumptions	Contribution Type	Valuation
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select Contribution Type	<input type="text"/>

+ Add an Item

**Budget Summary**

Total Applicant Contribution (Separate from the Total Funding Request)  
\$0 (0.0% of Total Funding Request)

Total Funding Request  
\$0

Portion of Requested Funds to be Compensated at the Time of Implementation Plan Approval  
\$0

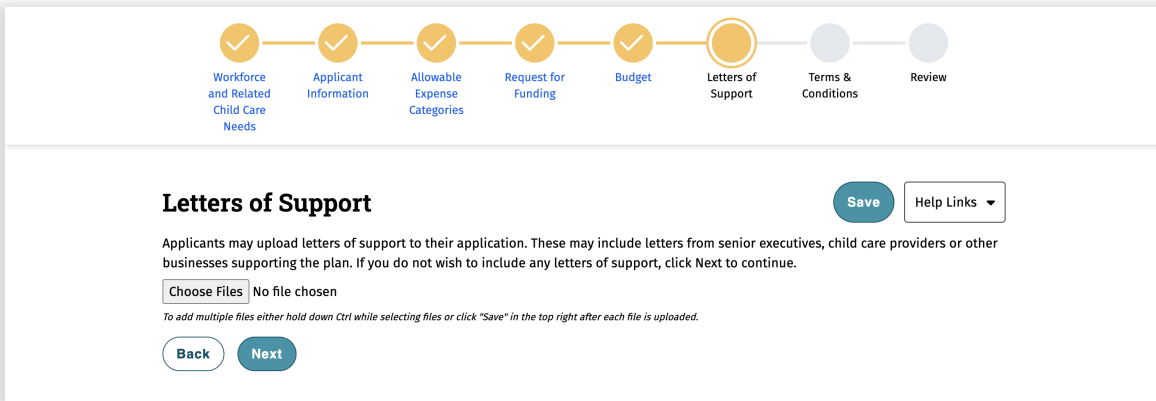
Back Next

**Budget summary totals will auto-calculate as you complete the budget template**

**May be up to 30% of total funding request**

## Step 9: Upload letters of support.

Letters of support are optional and may include letters from senior executives, child care providers or other businesses supporting the plan. If you do not wish to include any letters of support, click "Next" to continue.



**Letters of Support** Save Help Links ▾

Applicants may upload letters of support to their application. These may include letters from senior executives, child care providers or other businesses supporting the plan. If you do not wish to include any letters of support, click Next to continue.

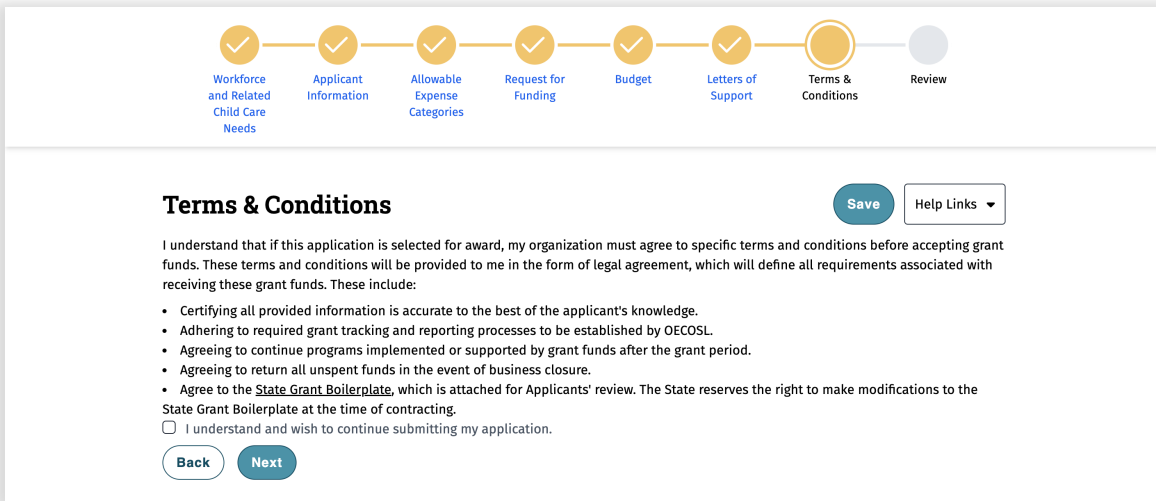
Choose Files No file chosen

To add multiple files either hold down Ctrl while selecting files or click "Save" in the top right after each file is uploaded.

Back Next

## Step 10: Agree to the Terms and Conditions.

Carefully review the terms and conditions by which you must abide should your application get awarded. Check the "I understand and wish to continue submitting my application" button and click "Next".



**Terms & Conditions** Save Help Links ▾

I understand that if this application is selected for award, my organization must agree to specific terms and conditions before accepting grant funds. These terms and conditions will be provided to me in the form of legal agreement, which will define all requirements associated with receiving these grant funds. These include:

- Certifying all provided information is accurate to the best of the applicant's knowledge.
- Adhering to required grant tracking and reporting processes to be established by OECOSL.
- Agreeing to continue programs implemented or supported by grant funds after the grant period.
- Agreeing to return all unspent funds in the event of business closure.
- Agree to the [State Grant Boilerplate](#), which is attached for Applicants' review. The State reserves the right to make modifications to the State Grant Boilerplate at the time of contracting.

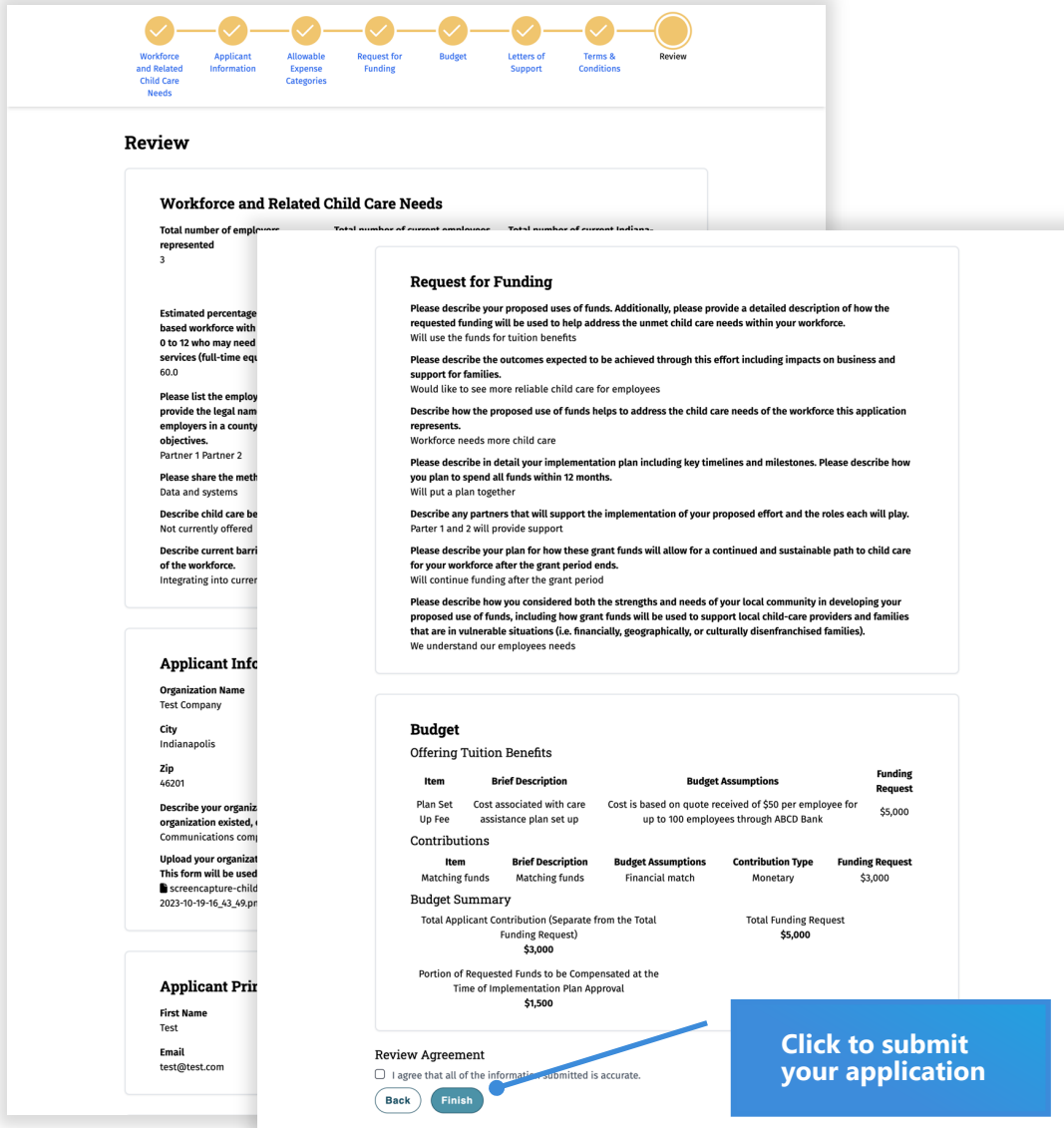
I understand and wish to continue submitting my application.

Back Next

For additional questions and support, email [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov) or contact your local Child Care Resource and Referral agency (find yours [here.](#))

## Step 11: Review all application information before submitting.

Please take a moment to review your application information one last time to ensure it accurately reflects your request. If the information is correct, click the “Finish” button to submit your application. After submission, applications may not be reopened or altered.



The screenshot shows a progress bar at the top with eight steps: Workforce and Related Child Care Needs, Applicant Information, Allowable Expense Categories, Request for Funding, Budget, Letters of Support, Terms & Conditions, and Review. The 'Review' step is currently active.

**Review**

**Workforce and Related Child Care Needs**

Total number of employees represented: 3

Estimated percentage based workforce with 0 to 12 who may need services (full-time eq): 60.0

Please list the employ provide the legal nam employers in a county objectives.  
Partner 1 Partner 2

Please share the meth Data and systems

Describe child care be Not currently offered

Describe current barrier of the workforce.  
Integrating into current

**Applicant Information**

Organization Name: Test Company  
City: Indianapolis  
Zip: 46201

Describe your organization existed, i Communications comj

Upload your organization This form will be used screencapture-child 2023-10-19-16\_43\_49.pr

**Applicant Primary Contact**

First Name: Test  
Email: test@test.com

**Request for Funding**

Please describe your proposed uses of funds. Additionally, please provide a detailed description of how the requested funding will be used to help address the unmet child care needs within your workforce.  
Will use the funds for tuition benefits

Please describe the outcomes expected to be achieved through this effort including impacts on business and support for families.  
Would like to see more reliable child care for employees

Describe how the proposed use of funds helps to address the child care needs of the workforce this application represents.  
Workforce needs more child care

Please describe in detail your implementation plan including key timelines and milestones. Please describe how you plan to spend all funds within 12 months.  
Will put a plan together

Describe any partners that will support the implementation of your proposed effort and the roles each will play.  
Partner 1 and 2 will provide support

Please describe your plan for how these grant funds will allow for a continued and sustainable path to child care for your workforce after the grant period ends.  
Will continue funding after the grant period

Please describe how you considered both the strengths and needs of your local community in developing your proposed use of funds, including how grant funds will be used to support local child-care providers and families that are in vulnerable situations (i.e. financially, geographically, or culturally disenfranchised families).  
We understand our employees needs

**Budget**

Offering Tuition Benefits

Item	Brief Description	Budget Assumptions	Funding Request
Plan Set Up Fee	Cost associated with care assistance plan set up	Cost is based on quote received of \$50 per employee for up to 100 employees through ABCD Bank	\$5,000

**Contributions**

Item	Brief Description	Budget Assumptions	Contribution Type	Funding Request
Matching funds	Matching funds	Financial match	Monetary	\$3,000

**Budget Summary**

Total Applicant Contribution (Separate from the Total Funding Request)	\$3,000	Total Funding Request	\$5,000
Portion of Requested Funds to be Compensated at the Time of Implementation Plan Approval	\$1,500		

**Review Agreement**

I agree that all of the information submitted is accurate.

[Click to submit your application](#)



Applications may be denied due to falsification of application information. Review your application carefully to make sure the information you provided accurately represents your program. Applications will not be reopened except under special circumstances.

For additional questions and support, email [OECOSLDirector@fssa.in.gov](mailto:OECOSLDirector@fssa.in.gov) or contact your local Child Care Resource and Referral agency (find yours [here.](#))



**Office of Early Childhood & Out-of-School Learning**

