

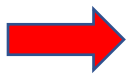
How to Submit Your Application for the Child Care Workforce Appreciation Bonus

Electronic submission

Please Note: If you are unable to submit your application electronically, please proceed to Submission Option #2.

Step 1. Visit www.ks.childcareaware.org/grants/ to download and print the W-9 that is needed for the submission of your application. If you are unable to print the W-9 it can be requested by sending an email to KDHE.CCLBonus@ks.gov

- a) Go to the drop-down tab below and click



▼ Child Care Workforce Appreciation Bonus – **Now Available**

- b) Scroll down to the documents section

Documents

- [Frequently Asked Questions](#)
- [Instructions: IRS Request for Taxpayer Identification Number and Certification \(Form W-9 Form\)](#)
- [IRS Request for Taxpayer Identification Number and Certification \(Form W-9\)](#)



Step 2. Once downloaded and printed, fill out the required highlighted information as seen below. This document **REQUIRES** a handwritten signature. Any other form of signature will not be accepted.

- a) The payment is taxable income so please make sure the information entered on the W-9 matches the 2021 Federal Tax Return of the applicant. If you are not the business owner/operator please see step b.

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Sally Smith

2 Business name/disregarded entity name, if different from above
ABC Child Care Center

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

☐ Other (see instructions) ►

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
123 Street C

6 City, state, and ZIP code
Topeka, KS 66618

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	Employer identification number																																				
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-				-																																	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► *Sally Smith* Date ► 7-12-2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Enter developments. For the latest information about developments

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

b) If you are not the business owner/operator, you will complete the W-9 as follows:

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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Sally Smith

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Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
1	2	3	-	4	5	-	6	7	8	9

or

Employer identification number										
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Sign Here

Signature of U.S. person *Sally Smith*

Date 7-22-2022

Send to Acrobat

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

Step 3. Gather your documentation for employment verification.

- If you're an **employee**, provide a *recent pay stub* (within 1 month) that includes the facility/employer information, pay rate, # of hours paid during that period, and other available information (year to date hours, pay, etc.), OR a canceled check* from the employer.
- If you're an **owner/operator** that does not have a pay stub for verification, a *current license issued by KDHE* with your name printed on the license is allowable documentation.
 - o If more than one owner is printed on the license, all individuals may use the license as proof of employment. Family members of owners, including spouses, children, and other residents or family members, are not eligible unless their name is printed on the license or they have proof of employment (a pay stub or canceled check*).
 - o If you're an owner/operator and established a business entity that is printed on the license instead of your name (e.g., LLC, Inc.), submit a business organization document that has your name as an authorized person as well as the business name.

***NOTE:** A canceled check should come from a facility/business account, if possible, and include required payment information in the memo (hours worked, pay period.) If a business account is not available, please include the facility name in the memo along with the payment information. Example check memo: "ABC Child Care Wages 9/1-9/15/22, 20 hours"



Shannon Medical Center
Children's Miracle Network
FOR DEPOSIT ONLY

DEPOSITED TO THE CREDIT
THE WINN NAMED PARTY
ENDORSEMENT GUARANTEED
FIRST FINANCIAL TRUST &
MANAGEMENT CO., N.A.

Visit www.ks.childcareaware.org/grants/ to access the electronic application.

Application Submission

Applications and required attachments/documents should be submitted online for expedited processing.



Child Care Workforce Appreciation Bonus Facility Application – English

Bono de agradecimiento a la fuerza laboral de cuidado infantil de Kansas – Empleado de la instalación

Child Care Workforce Appreciation Bonus Facility Application – Spanish

Step 6. Now follow the pictures below to submit your electronic application.

Kansas Child Care Workforce Appreciation Bonus - Facility Employee

resize font:
+ | -

Please complete the application fields below. You cannot save the application and return at a later time to complete it, so be sure to have all your information and required documentation ready to upload. If you need assistance with the application, please call 855-750-3343.

Child Care Facility

Facility/License Type

(only select one - if you currently work at more than one type, choose the one where you have worked the longest/most hours)

* must provide value

- ☒ Licensed Day Care Home (LDCH)
☐ Group Day Care Home (GDCH)
☐ Child Care Center (CCC) including licensed Head Start
☐ Head Start - unlicensed
☐ Preschool (PS)
☐ School Age Program (SAP)
☐ Drop-In Program for School Age (DIP)

reset

Child Care Facility Name

* must provide values

ABC Center

License

(enter 7 digits including any zeros;
enter 0000000 if unlicensed Head
Start)

1234567

Your Details

First Name

* must provide values

Sally

Middle Name

Jo

Last Name

Smith

Phone Number

* must provide values

(415) 555-1212

Email Address

email@email.com

Residential Mailing Address**Unit/Apt. #**

* must provide values

[Expand](#)**City****County****State****Zip**

* must provide values

Facility Affiliate Role/Title

(select the role that best fits your current position; verify with supervisor, owner, or program director if needed)

* must provide value

- ☐ Administrator
- ☐ Assistant Director
- ☐ Cook
- ☐ Driver
- ☐ Nurse
- ☒ Owner/operator
- ☐ Primary Caregiver
- ☐ Program Director
- ☐ Resource Specialist
- ☐ Teaching Staff
- ☐ Substitute (regularly working)
- ☐ Other

[reset](#)

I certify that I have at least 6 months of continuous child care employment (does not have to be at same location).

* must provide value

Total Years & Months of Experience

* must provide values

Years

Months

Start Date of Employment at Current Facility

* must provide values



Today

M-D-Y

Hours Per Week at Current Facility

Highest Level of Education

(only select one)

* must provide values

- ☐ Less than HS diploma or GED
- ☐ HS diploma or GED
- ☐ Some Post-Secondary
- ☐ Associates
- ☒ Bachelors
- ☐ Masters

Major

[reset](#)

Child Care Credentials

(select any that apply)

* must provide values

- ☐ None
- ☒ Child Development Associate (CDA) Credential
- ☐ Other
- ☐ Other

Other

Step 7. Upload your W-9 to the application from the location that it was saved in.

Upload file

Completed W-9 (complete the form offline, save, and upload for submission with form)

Select a file then click the 'Upload File' button

Choose File No file chosen

No file chosen

Upload file (Max file size: 32 MB)


↑

Documents > Training Guide

↺

🔍

Search Training Guide

Name	Date modified	Type	Size
 W-9-Form-Taxpayer-ID	9/14/2022 11:32 AM	Adobe Acrobat Docum...	85 KB

Upload file

Completed W-9 (complete the form offline, save, and upload for submission with form)

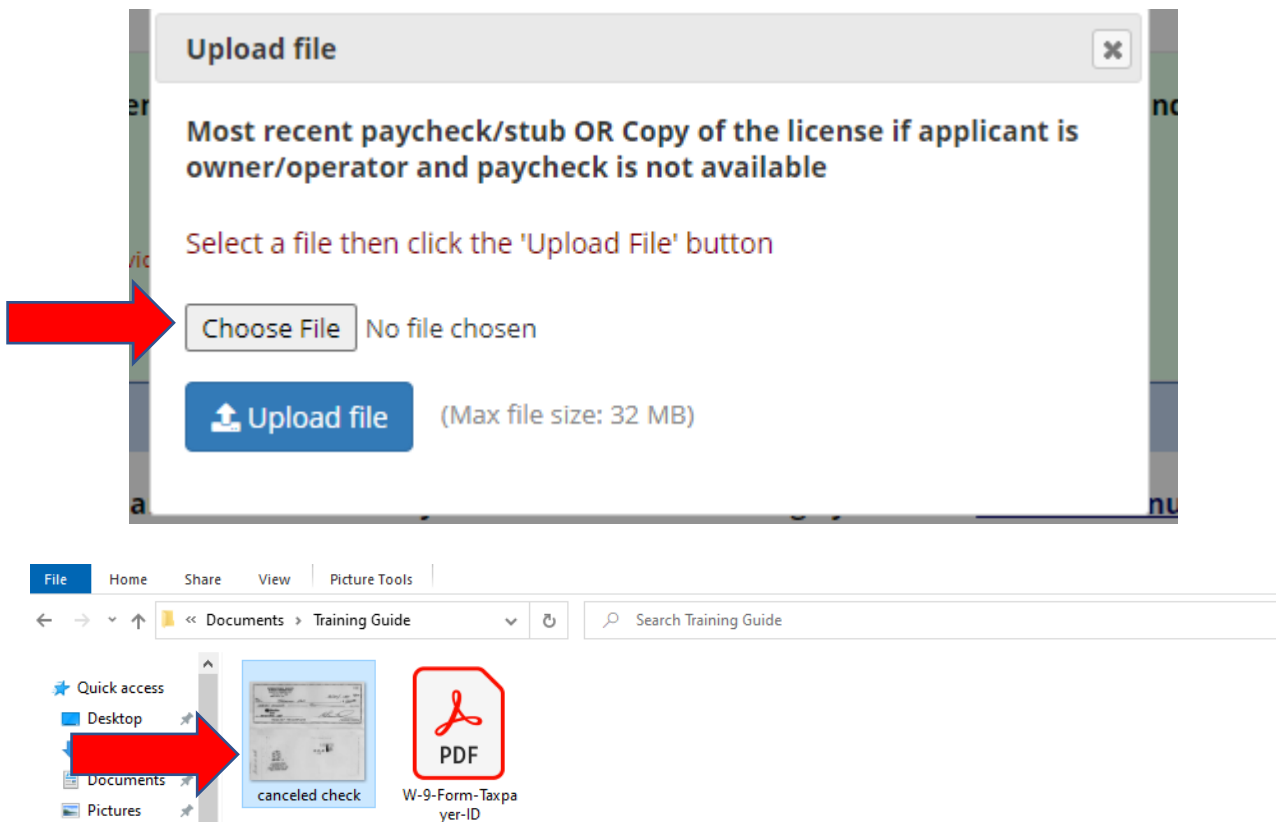
Select a file then click the 'Upload File' button

Choose File W-9-Form-Taxpayer-ID.pdf

Upload file (Max file size: 32 MB)

Step 8. Now you will upload your proof of employment (license, paystub, or canceled check).

- a) If you're an owner/operator with a business name printed on the license (e.g., LLC, Inc.) instead of your name and you need to upload supporting documents with your license this will have to be done in one **single scan**. Multiple files cannot be uploaded to this section (this would include multiple pictures).



Upload file

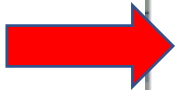
×


Most recent paycheck/stub OR Copy of the license if applicant is owner/operator and paycheck is not available

Select a file then click the 'Upload File' button

Choose File

 canceled check.webp



 Upload file (Max file size: 32 MB)

Step 9. Please read all the agreements and mark your response.

Agreements

I understand that I must notify KDHE Child Care Licensing by email at KDHE.CCLBonus@ks.gov within two (2) business days if my employment status and/or mailing address changes.

* must provide value

Yes ▾

I certify under penalty of perjury that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any other person obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801, and amendments thereto, which could be a felony offense.

* must provide value

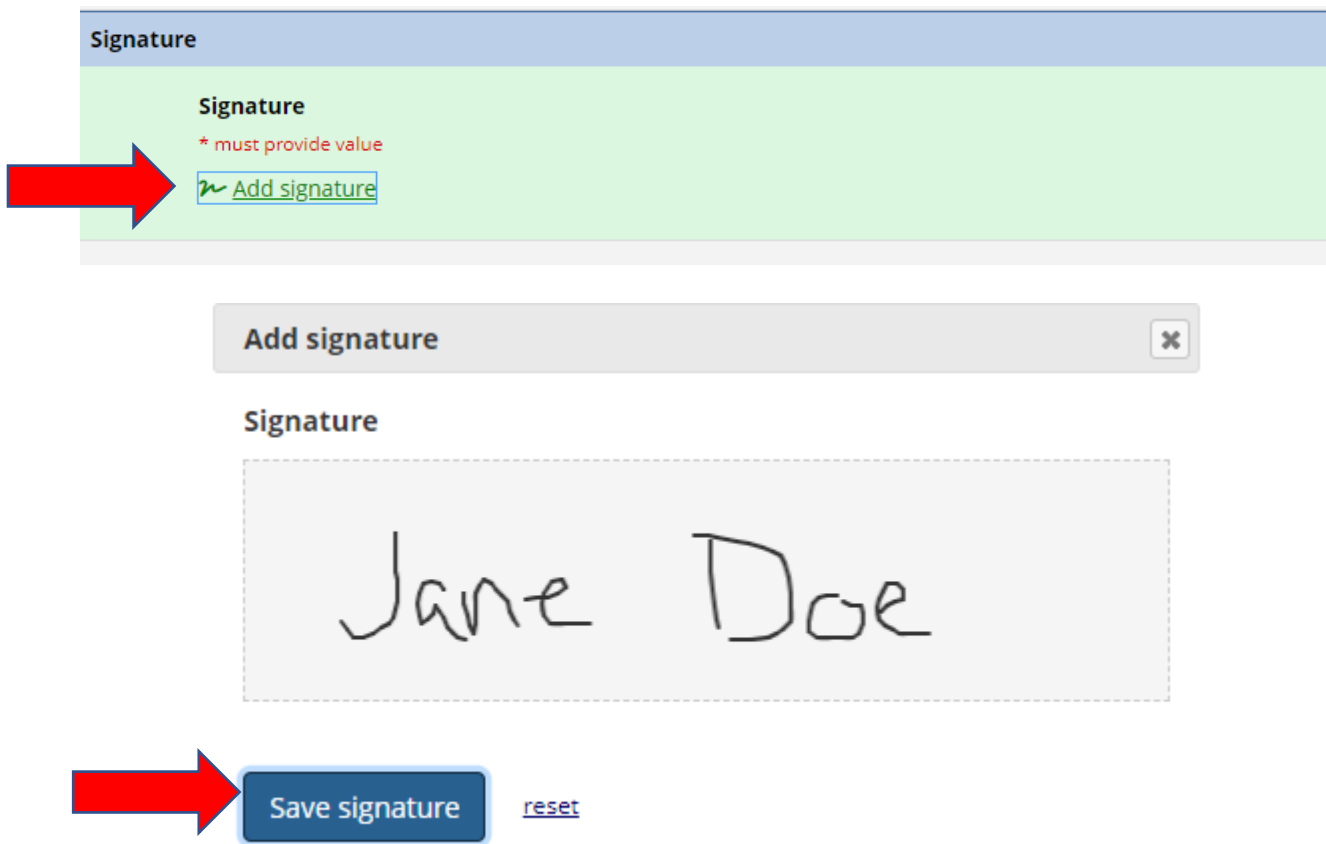
Yes ▾

The Kansas Department of Health and Environment, a Kansas state agency, will be collecting, processing, and securely storing the data on this page for the purpose of issuing payments to you. KDHE will not share your personal data with unauthorized individuals and will securely store any data provided by you. Additionally, KDHE may use the data you submit to gain an understanding of the child care licensing work force in Kansas. By selecting yes, I certify that I have read this paragraph and understand that KDHE will be collecting, processing, and storing my data.

* must provide value

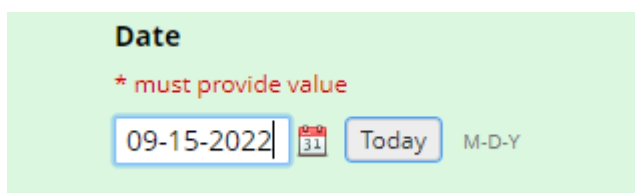
Yes ▾

Step 10. Sign the application by clicking the green add signature. Then the save signature box when you have put your signature in.



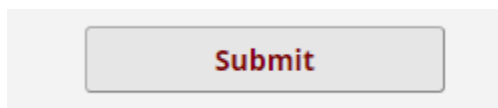
The screenshot shows a form section titled "Signature" with a light blue header. Below the header is a green box containing the text "Signature" and a red asterisk with the text "* must provide value". A red arrow points to a green button labeled "Add signature". Below the green box is a grey box with the text "Add signature" and a close button (X). Below the grey box is a dashed box containing the handwritten text "Jane Doe". Below the dashed box is a blue button labeled "Save signature" and a link labeled "reset". A red arrow points to the "Save signature" button.

Step 11. Now put in the date of your application.



The screenshot shows a form section titled "Date" with a light green header. Below the header is a red asterisk with the text "* must provide value". Below the asterisk is a date input field containing "09-15-2022", a calendar icon, a "Today" button, and the text "M-D-Y".

Step 12. Hit the submit button.



The screenshot shows a grey button labeled "Submit".

At this time your application is done. After completing and submitting the application, the following confirmation will appear on screen: "Thank you for submitting your application. It will

be processed as soon as possible, and you will receive notice if more information is needed.”
There will not be an email sent to you with notification of successful submission.

If you realize that you forgot to upload or complete something **DO NOT** submit another application. Once your application has been reviewed it will be marked as incomplete and someone for the CCAKS team will be in contact with you to make the corrections.

Submission option #2:

Paper

1. If you choose to submit a paper application, please send a request to KDHE.CCLBonus@ks.gov
 - a) The blank application can be mailed, faxed or emailed to you. Please indicate which option you would like in your email.

Completing W9

Step 1. Visit www.ks.childcareaware.org/grants/ to download and print the W-9 that is needed for the submission of your application. If you are unable to print the W-9 it can be requested by sending an email to KDHE.CCLBonus@ks.gov

- a) Go to the drop-down tab below and click



▼ Child Care Workforce Appreciation Bonus – **Now Available**

- b) Scroll down to the documents section

Documents

- [Frequently Asked Questions](#)
- [Instructions: IRS Request for Taxpayer Identification Number and Certification \(Form W-9 Form\)](#)
- [IRS Request for Taxpayer Identification Number and Certification \(Form W-9\)](#)



Step 2. Once downloaded and printed, fill out the required highlighted information as seen below. This document **REQUIRES** a handwritten signature. Any other form of signature will not be accepted.

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Form W-9
(Rev. October 2018)
Department of the Treasury
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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

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Sally Smith

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☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

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123 Street C

6 City, state, and ZIP code
Topeka, KS 66618

7 List account number(s) here (optional)

Requester's name and address (optional)

Please make sure to check the appropriate box

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

1	2	3	-	4	5	-	6	7	8	9
---	---	---	---	---	---	---	---	---	---	---

or

Employer identification number

		-							
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6 Signature of U.S. person ▶ Sally Smith Date ▶ 7-12-2022

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Print or type on page 3.
See Specific Instructions

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☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

☐ Other (see instructions) ►

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☐ S Corporation

☐ Partnership

☐ Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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or

Employer identification number

			-							
--	--	--	---	--	--	--	--	--	--	--

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Sign Here

Signature of U.S. person ► *Sally Smith*

Date ► 7-22-2022

Send F
Acrobat

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

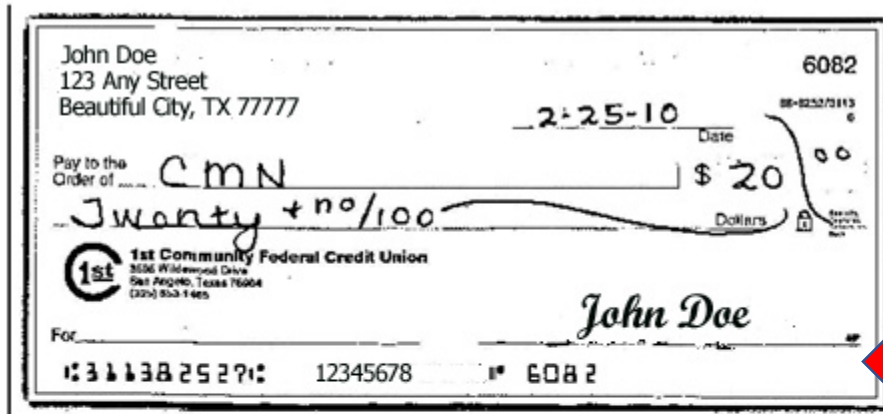
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

Employment Verification

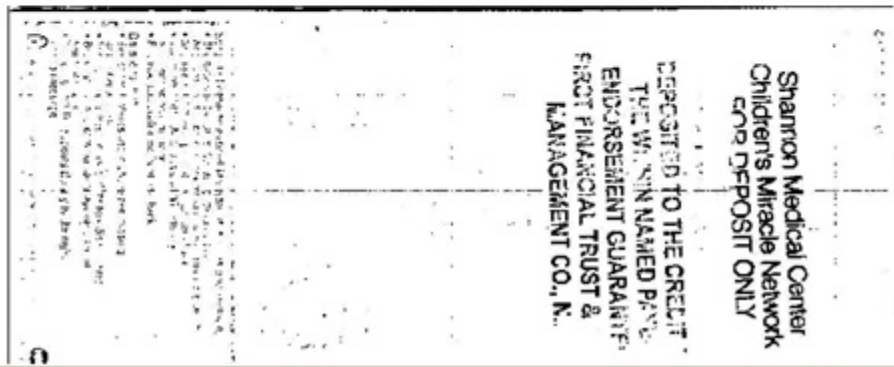
- If you're an **employee**, provide a *recent pay stub* (within 1 month) that includes the facility/employer information, pay rate, # of hours paid during that period, and other available information (year to date hours, pay, etc.), OR a canceled check* from the employer.
- If you're an **owner/operator** that does not have a pay stub for verification, a *current license issued by KDHE* with your name printed on the license is allowable documentation.
 - If more than one owner is printed on the license, all individuals may use the license as proof of employment. Family members of owners, including spouses, children, and other residents or family members, are not eligible unless their name is printed on the license or they have proof of employment (a pay stub or canceled check*).

- o If you're an owner/operator and established a business entity that is printed on the license instead of your name (e.g., LLC, Inc.), submit a business organization document that has your name as an authorized person as well as the business name.

***NOTE:** A canceled check should come from a facility/business account, if possible, and include required payment information in the memo (hours worked, pay period.) If a business account is not available, please include the facility name in the memo along with the payment information. Example check memo: "ABC Child Care Wages 9/1-9/15/22, 20 hours"



This is an example of what a canceled check should look like. It should show that it has cleared payment through the bank. Please follow the instructions listed above for all canceled checks.



Step 3. Submission of paper application

1. Please make a copy of your W-9 and employment verification and send the application back to KDHE. Please do not send your originals.
2. Paper applications and required documents/forms can be submitted by mail or fax.
Email may not be used to submit applications or any attachments due to the sensitivity of the information (taxpayer identification, banking information).

Mail to: Attn: CCL Bonus
 KDHE Bureau of Family Health
 1000 SW Jackson Street, Ste. 200
 Topeka, KS 66612

Fax to: Attn: CCL Bonus
 785-559-4244

If you realize that you forgot to include or complete something **DO NOT** submit another application. Once your application has been reviewed it will be marked as incomplete and someone will be in contact with you to make the corrections.



Funds for the Appreciation Bonus Program come from the American Rescue Plan (ARP) Act of 2021. This law provides supplemental funds to help State, Territory, and Tribal Lead Agencies address the impacts of COVID-19. The funds were awarded to the Kansas Department for Children and Families (DCF) and funds will be administered by Kansas Department of Health and Environment.

