

#### Postsecondary Child Care Grant Introduction to MNAid

Brenda Larter, State Program Administrator

#### Postsecondary Child Care Grant Student Application

- OHE is excited to announce the next state financial aid program moving into our new financial aid software MNAid, the Postsecondary Child Care Grant (CCG) Program.
- We have begun development of an online student application for the 2024-2025 (FY25) aid year for the Postsecondary Child Care Grant Program in the <u>Student Portal - Login</u> (guarantorsolutions.com).
- We are still in the development stages of this project, student application will be opening in MNAid August 1, 2024.
- The student enters their CCG application through the MNAid student account portal by clicking on the "Online Applications" section in the Student Portal.
- Then clicking the "Postsecondary Child Care Grant 2024-2025 Application" link.

|   | lome   | Contact OHE                        | Logout         |
|---|--------|------------------------------------|----------------|
| OFFICE OF<br>HIGHER EDUCATION   |        |                                    |                |
| MN Aid Programs * Online Applications Account Management * Document Management  |        |                                    |                |
|   |        |                                    |                |
| Online Applications   |        |                                    |                |
| Indian Scholarship  |        |                                    |                |
| Minnesota Indian Scholarship Program provides postsecondary financial assistance to eligible Minnesota resident students who  | o demo | onstrate financi                   | al need        |
| for an award.  Indian Scholarship 2024-2025 Application   |        |                                    |                |
| Student Teacher Grants  |        |                                    |                |
| The Minnesota Student Teacher Grants provide postsecondary financial assistance to eligible students, who are enrolled in a PE teacher preparation program, during the term the student is completing the required 12-weeks or more student teaching expe teaching license. | LSB-ap | pproved Minne<br>to attain their i | sota<br>nitial |
| Student Teacher Grants 2024-2025 Application  |        |                                    |                |
| Postsecondary Child Care Grant  |        |                                    |                |
|   |        |                                    |                |

The Minnesota Postsecondary Child Care Grant provides financial assistance to students who have children 12 and under, are not receiving assistance under the Minnesota Family Investment Program (MFIP), and who demonstrate financial need for grants, to help pay for child care while pursuing a postsecondary education.

✤ Postsecondary Child Care Grant 2024-2025 Application

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- Student Portal for the CCG online application will contain the students demographic and school information will be pre-filled if the student already has an application in MNAid.
- School is still expected to make sure the student has completed either the FAFSA or the MN Dream Act application. The award calculation uses the students SAI to determine the students award amount.

| Enter Postsecondary Child Care Grant Application<br>Academic Year 2024 - 2025 |           |  |
|---|-----------|--|
| * = Required  |           |  |
|   |           |  |
| First Name  | Wilhemina |  |
| * Last Name   | Demo      |  |
| Middle Name   |           |  |
| Date Of Birth (MM/DD/YYYY)  | 3/14/1992 |  |
| * Address   |           |  |
| * City  |           |  |
| * County of Residence   |           |  |
| * State   | ~         |  |
| * Zip Code  | -         |  |
| Phone   |           |  |
| Email Address   |           |  |
| * Re-enter Email Address  |           |  |

| Are you and/or any of your dependents currently receiving MFIP benefits?  | MFIP Flowchart |
|---|----------------|
| Iame(s) of MFIP recipients  Are you or the other parent receiving child care assistance from some of other ource?  f yes, please identify source and submit documentation of assistance with your rinted application to a school official at your financial aid office aseworker's Name | 0              |
| Are you or the other parent receiving child care assistance from some of other ource?   | 0              |
| yes, please identify source and submit documentation of assistance with your<br>inited application to a school official at your financial aid office<br>aseworker's Name  |                |
| aseworker's Name  |                |
|   |                |
| aseworker's Phone   |                |
| dicate the number of credits for which you intend to register per term:<br>not attending in a term please enter 0   |                |
| * Summer 1  |                |
| * Fall  |                |
| * Winter  |                |
| * Spring  |                |
| <sup>#</sup> Summer 2   |                |
| Program in which you are enrolled O 4-year  | Undergraduate  |
| O 2-year  | Undergraduate  |

| Children must be 12 years of age or younger o | r 14 years of age or young | er with a disah | ility 🕥 . needing child se | rvice on regular basis |
|---|----------------------------|-----------------|----------------------------|------------------------|
|   | r 14 years of age of young |                 |                            | The off regular basis. |
| Child's First and Last Name                   |                            | Chi             | ld's Date of Birth         |                        |
|   |                            |                 |                            |                        |
|   |                            |                 |                            |                        |
|   |                            |                 |                            |                        |
|   |                            |                 |                            |                        |
|   |                            |                 |                            |                        |
|   |                            |                 |                            |                        |
|   |                            |                 |                            |                        |
|   |                            |                 |                            |                        |

#### Student Certification

- I understand and accept the obligation to provide a written report to the college financial aid office of any changes in information
  provided on this application within ten (10) days of the change. Changes may include, but are not limited to, my enrollment, FAFSA,
  receipt of MFIP, Basic Sliding Fee or Transition Year benefits, hours of child care, changes in provider, or provider rates, etc. I
  understand that failure to report any changes within ten (10) days will result in cancellation and possible repayment of any
  Postsecondary Child Care Grant.
- I understand that the Postsecondary Child Care Grant must be used to pay my child care provider and that the award is subject to repayment and/or cancellation if used for other purposes. I agree to furnish receipts from my child care provider if requested by the school or the Office of Higher Education staff.
- I give permission to the Office of Higher Education and any school I attend to share information regarding the Postsecondary Child Care Grant with my child care provider(s) and to verify the information on this application. I also give my provider permission to verify the information in the provider's section, when contacted by the school or the Office of Higher Education staff and I understand that my application will be on hold until the provider information has been verified.
- I give permission to the county social servicer agency to release to the school, or the Office of Higher Education, the amount and terms of any MFIP, Transtition Year or Basic Sliding Fee child care benefits I receive from July 1, 2024 to September 30, 2025. I give permission to the school and the Office of Higher Education to report my child care award to my county social service agency if I receive MFIP, Transition Year benefits or Basic Sliding Fee child care assistance during this academic school year.
- I declare that the other parent or legal guardian of my child/children is not capable or available to care for my child/children during the hours for which I have requested an award from the Postsecondary Child Care Grant Program.
- I understand that if I withdraw or reduce my enrollment after receiving a Postsecondary Child Care Grant, all or a portion of the grant will need to be repaid to my college.
- I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I
  understand that this form is used to establish eligibility for the Postsecondary Child Care Grant Program and that if I purposely give
  false or misleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may result in the
  forfeiture or repayment of future awards from this program.

I certify that i have read and understand the above terms and MNAid Notice to Users

Save

- Once the student completes and submits the application, they are taken to a confirmation page.
- The confirmation page give the student their next steps and allows the student to print the application that is pre-filled with the information they entered.
- The student will also receive an email confirming that their CCG application was submitted.

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#### Postsecondary Child Care Grant

Thank you for submitting the student section of your Postsecondary Child Care Grant (CCG) application for the following institution:

ALEXANDRIA TECHNICAL AND COMMUNITY COLLEGE

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST PRINT YOUR APPLICATION AND HAVE YOUR CHILD CARE PROVIDER COMPLETE SECTION B. THE COMPLETE APPLICATION MUST BE TAKEN TO A SCHOOL OFFICIAL IN THE FINANCIAL AID OFFICE AT YOUR COLLEGE. A financial aid administration at your college will determine the award amount and notify you of the award.

Do you want to hear more from us? Sign up to receive email updates from the Office of Higher Education about CCG and other important information.

#### Print CCG Application

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#### 2024-2025 Postsecondary Child Care Grant Program Application

IMPORTANT: Read instructions before completing application. Incomplete applications will not be processed. Step 1 – Student completes section A and gives form to child care provider.

- Step 2 Child care provider completes section B and returns form to student.
- Step 3 Student submits application to financial aid office at college student attends.
- Step 4 Financial aid administrator determines student award amount and notifies student of award.

| Sectio  | Section A – Completed by student (Please use ink or type)  |   |  |  |  |
|---------|--|---|--|--|--|
| 1.      | Name (Last, First, Middle):  |   |  |  |  |
| LARTER  | R  | FUN   |  |  |  |
| 2.      | Student School ID:   | 3. Students Email Address:  |  |  |  |
|         |  | brenda.larter@state.mn.us   |  |  |  |
| 4.      | Permanent Home Address:  |   |  |  |  |
| 1450    |  |   |  |  |  |
| 5.      | City, State, Zip Code:   |   |  |  |  |
| St Paul |  | MN 55108  |  |  |  |
| 6.      | County of Residence:   | 7. Telephone Number:  |  |  |  |
| MN      |  | (651) 355-0612  |  |  |  |
| 8.      | <ul> <li>Number of children 12 years of age or<br/>younger receiving child care:</li> <li>Number of children with a disability 14 years<br/>of age or younger receiving child care:</li> </ul> |   |  |  |  |
| 10.     | <ul> <li>Are you and/or any of your dependents currently</li> <li>No Yes (If yes, list names of ALL MFIP recipiservices.)</li> </ul>   | receiving MFIP benefits?<br>ents and attach documentation from county social        |  |  |  |
|         | <ul> <li>Are you or the other parent receiving child care a instructions.)</li> <li>No          Yes (If, yes, please identify source and a receiving.)</li> </ul>                              | ssistance from some other source? (See<br>ttach documentation of assistance you are |  |  |  |
|         | Caseworkers name: spouse assistance  |   |  |  |  |
|         | Caseworkers phone number:  |   |  |  |  |
| 12.     | . Indicate the number of credits for which you inte  | nd to register:   |  |  |  |
|         | 15.00 0.00   | <u>12.00</u> 0.00   |  |  |  |
| 12      | Fall Term Winter Term  | Spring Term Summer Term   |  |  |  |
| 15.     | 4 year undergraduate   | duate certificate graduate/professional   |  |  |  |

#### STUDENT CERTIFICATION

Please check every box next to each statement indicating that you understand the statement.

I understand and accept the obligation to provide a written report to the school of any changes in information provided on this application within 10 days of the change. Changes may include, but are not limited to, my enrollment, FAFSA, receipt of MFIP, Basic Sliding Fee or Transition Year benefits, hours of child care, changes in provider, or provider rates, etc. I understand that failure to report any changes within 10 days will result in cancellation and possible repayment of any Postsecondary Child Care Grant.

□ I understand that the Postsecondary Child Care Grant must be used to pay my child care provider and that the award is subject to repayment and/or cancellation if used for other purposes. I agree to furnish receipts from my child care provider if requested by the school or the Office of Higher Education staff.

I give permission to the Office of Higher Education and any school I attend to share information regarding the Postsecondary Child Care Grant with my child care provider(s) and to verify the information on this application. I also give my provider permission to verify the information in the provider's section, when contacted by the school or the Office of Higher Education staff and I understand that my application will be on hold until the provider information has been verified.

I give permission to the county social service agency to release to the school or the Office of Higher Education the amount and terms of any MFIP, Transition Year or Basic Sliding Fee child care benefits I receive from July 1, 2024 to September 30, 2025. I give permission to the school and the Office of Higher Education to report my child care award to my county social service agency if I receive MFIP, Transition Year benefits or Basic Sliding Fee child care assistance during this academic school year.

□ I declare that the other parent or legal guardian of my child/children is not capable or available to care for my child/children during the hours for which I have requested an award from the Postsecondary Child Care Grant Program.

I understand that if I withdraw or reduce my enrollment after receiving a Postsecondary Child Care Grant, all or a portion of the grant will need to be repaid to my college.

I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is used to establish eligibility for the Postsecondary Child Care Grant Program and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may result in the forfeiture or repayment of future awards from this program.

Student's Signature

Date (month/day/year)

| ame: Fun Larter |
|-----------------|
|-----------------|

Student School ID:

Child Care Provider Must Complete ENTIRE Section

| SECTION B – Completed by Child Care Provider (Please use ink or type) |                 |                    |                                  |                        |                |               |
|---|-----------------|--------------------|----------------------------------|------------------------|----------------|---------------|
| Child's Full Name   | Child's         | Child's            | Total Hours                      | Rate Type              | Amount         | Date Day Care |
|   | Age             | Date of            | Child Care                       | Charged (check         | Charged        | Started       |
|   |                 | Birth              | Provided                         | one box)               | Per Child      |               |
|   |                 |                    | Per week                         | Hourly Bate            | Ś              |               |
|   |                 |                    |                                  | Weekly Rate            |                |               |
|   |                 |                    |                                  | Hourly Rate            | \$             |               |
|   |                 |                    |                                  | Weekly Rate            |                |               |
|   |                 |                    |                                  | Hourly Rate            | \$             |               |
|   |                 |                    |                                  | Weekly Rate            |                |               |
|   |                 |                    |                                  | Hourly Rate            | \$             |               |
|   |                 |                    |                                  | Weekly Rate            |                |               |
|   |                 |                    |                                  | Hourly Rate            | \$             |               |
|   |                 |                    |                                  | Weekly Rate            |                |               |
| Please list child care assistance paid to provider from other         |                 |                    | Source:                          | \$                     | Child          |               |
| sources such as Basic Sliding Fee, Early Childhood scholarship,       |                 |                    | Source:                          | \$                     | Child          |               |
| care scholarships or any other assistance programs, etc.              |                 |                    | Source:                          | \$                     | Child          |               |
|   |                 |                    |                                  | Source:                | \$             | Child         |
|   |                 |                    |                                  | Source:                | \$             | Child         |
| Child Care Center / Provider's Printed Name                           |                 |                    | Relationship to Student (if any) |                        |                |               |
| Provider's Street Address City, State, Z                              |                 |                    | City, State, Zi                  | p Code                 | County Prov    | vider Located |
| Provider's Phone Numbe  | er              |                    | 1                                | Provider's Email       | Address        |               |
| Land Line: ( )  |                 | Cell: ( )          |                                  |                        |                |               |
| Check all that apply:   |                 |                    |                                  |                        |                |               |
| I am a licensed hom   | e child care p  | provider. Licens   | e number:                        |                        |                |               |
| I represent a licensed  | I child care ce | nter. License nu   | mber:                            |                        |                |               |
| I represent a latch-ke<br>children.                                   | ey program wi   | hich has a contr   | act with a scho                  | ol district to provide | child care for | school age    |
| I represent a child c   | are center wh   | nich is legally ex | empt from lic                    | ensure. (YMCA, triba   | al daycare)    |               |
| 🛛 I am at least 18 year   | s of age. Und   | er the exempt      | status I will on                 | ly care for this fami  | ly's children, | besides my    |

own and I do not reside in the same household as the student and child.

#### PROVIDER CERTIFICATION

Please check every box next to each statement indicating that you understand the statement.

□ I certify that the information provided in Section B is true and correct and that if I purposely give false or misleading information on this form, I may be subject to a fine, a prison sentence, or both and such action may result in the forfeiture of future awards from this program.

□ I promise to provide additional documentation if necessary, including confirming the above information when contacted by Office of Higher Education staff or the college financial aid administrator. I also grant permission to Office of Higher Education or school auditors to review my financial records to verify receipt of Postsecondary Child Care Grant funds.

Applies only to unlicensed child care providers. I give permission to the Office of Higher Education or the school to report the amount of the students Postsecondary Child Care Grant to the Internal Revenue Service or the Department of Revenue as taxable income to the provider, when requested.

□ I understand that I cannot charge a Postsecondary Child Care Grant recipient a higher rate for services than the rates charged to other clients who are not recipients. I understand that if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence, or both.

I understand the obligation to immediately report any changes to the information provided in the above chart to the student s financial aid administrator. This includes informing the school if I am no longer providing child care services for the students children.

| Provider Signature  | Date (month/day/year)                               |
|---|---|
| Please report any changes to the student's college financia<br>ALEXANDRIA TECHNICAL AND COMMUNITY COLLEGE | l aid administrator using this contact information: |
| Jon Erickson  | Jenny Bjerke  |
| jon.erickson@alextech.edu   | jennyb@alextech.edu                                 |
| 320-762-4405  | 320-762-4543  |

#### 2024-2025 Postsecondary Child Care Grant Program Application Instructions

IMPORTANT: Read instructions before completing application. Incomplete applications will not be processed. Step 1 – Student completes Section A and gives form to child care provider. Step 2 – Child care provider completes Section B and returns form to student. Step 3 – Students submits application to financial aid office at college student attends. Step 4 – Financial aid administrator determines student award amount and notifies student of award.

Students must complete the Free Application for Federal Student Aid (FAFSA) in order to have their Student Aid Index (SAI) calculated to determine financial eligibility. The maximum full-time Postsecondary Child Care Grant award for a full-time undergraduate student taking 12 or more credits, and 6 or more credits for graduate/professional is \$6,500 prorated for SAI range and enrollment level (see chart below), for each eligible child per nine-month academic year. Students are able to receive an extra term of eligibility for summer term attendance. Annual awards will be divided evenly into term installments and disbursed to recipients each quarter or semester, depending upon the type of school the student attends. Assistance may cover up to 40 hours of child care per week for each eligible child. The maximum allowable cost that will be considered is \$5 an hour for home care, and \$10 an hour for center care. The institution may increase the maximum award amount by ten percent to compensate for higher infant care rates charged by some providers. The school may choose to make payments more frequently or to pay the provider directly. Office of Higher Education staff or the college financial aid administrator will contact child care providers to verify the information provided on the application.

#### In order to be eligible, a recipient must

- be a Minnesota resident or the applicant's spouse meets the MN resident definition (see definition below), including undocumented students who qualify under the MN Dream Act;
- 2. not be receiving benefits from the Minnesota Family Investment Program (MFIP);
- 3. must be SAI eligible;
- be pursuing a non-sectarian program or course of study that applies to an undergraduate, graduate or professional degree, diploma, or certificate;
- have a child 12 years of age or younger, or 14 years of age or younger with a disability, needing child care service on a regular basis;
- be enrolled in an eligible program, undergraduate or graduate students taking at least one credit per quarter, semester, or the equivalent;
- 7. be in good standing and making satisfactory academic progress;
- not be receiving tuition reciprocity;
- not be in default on a student loan or, if in default, have made satisfactory arrangements to repay the loan with the holder of the note;
- 10. has not received child care grant funds for a period of ten semesters or the equivalent; and
- 11. a student who withdrew from college during a term because you were called up for active military services after December 31, 2002, or for a major medical illness may be eligible for an additional term award, please provide the necessary documentation to your college financial aid administrator.

#### 2024-2025 Postsecondary Child Care Grant Program Application Instructions

#### Minnesota resident is:

- a student who has resided in MN for purposes other than postsecondary education for at least 12 consecutive months without being enrolled at a postsecondary institution for more than five undergraduate or one graduate credits in any term; or
- a dependent student whose parent or legal guardian resided in MN at the time the 2024-2025 FAFSA was completed; or
- a student who graduated from a MN high school, if the student was a resident of MN during the student's period of attendance at the MN high school and the student is physically attending a MN campus; or
- a student who, after residing in the state of MN for a minimum of one year, earned a high school
  equivalency certificate in MN; or
- a student who is a member (or spouse/dependent of a member) of the armed forces of the United States stationed in MN on active federal military service as defined in section 190.05, subdivision 5c; or
- 6. a spouse or dependent of a veteran, as defined in section 197.447, if the veteran is a MN resident; or
- a student (or spouse of) who relocated to MN from an area that is declared a presidential disaster area within 12 months of the disaster declaration, if the disaster interrupted the person's postsecondary education: or
- a student defined as a refugee under United States Code, title 8, section 1101 (a)(42), who, upon arrival in the United States, has moved to MN and has continued to reside in MN.
- 9. a student eligible for resident tuition under section 135A.043; or
- 10. an active member, or a spouse or dependent of that member, of the state's National Guard who resides in Minnesota or an active member, or a spouse or dependent of that member, of the reserve component of the United States armed forces whose duty station is located in Minnesota and who resides in Minnesota: or
- 11. a student whose spouse meets the definition of a Minnesota resident.

Question #9 on application – Child with a disability is: A child who has a hearing impairment, blindness, visual disability, speech or language impairment, physical disability, other health impairment, mental disability, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability and needs special instruction and services, as determined by the standards of the commissioner, is a child with a disability.

A child without a disability is: A child with a short-term or temporary physical or emotional illness or disability, as determined by the standards of the commissioner, is not a child with a disability.

Question #11 on application – Other sources of child care funding: Answer "yes," if you are receiving child care funding from another source. Examples are: the child's other parent is receiving the Postsecondary Child Care Grant, your employer is helping to pay your child care costs, you receive Basic Sliding Fee child care assistance from the county, you receive an Early Childhood scholarship, you receive any other assistance to help pay for daycare costs, other parent is receiving any of the above or a discounted day care rate, or your ex-spouse is required to cover a portion of child care costs per divorce decree, etc.

#### 2024-2025 Postsecondary Child Care Grant Program Application Instructions

#### Postsecondary Child Care Grant Award Table- Award Amount Per Child

| SAI<br>Start | SAI<br>End | Full-Time Award | 3 Quarter<br>Time Award | Half Time Award | Less than<br>Half Time<br>Award |
|--------------|------------|-----------------|-------------------------|-----------------|---------------------------------|
| -\$1,500     | \$6,656    | \$6,500         | \$4,875                 | \$3,250         | \$1,625                         |
| \$6,657      | \$6,999    | \$6,347         | \$4,760                 | \$3,174         | \$1,587                         |
| \$7,000      | \$7,999    | \$5,347         | \$4,010                 | \$2,674         | \$1,337                         |
| \$8,000      | \$8,999    | \$4,347         | \$3,260                 | \$2,174         | \$1,087                         |
| \$9,000      | \$9,999    | \$3,347         | \$2,510                 | \$1,674         | \$837                           |
| \$10,000     | \$10,999   | \$2,347         | \$1,760                 | \$1,174         | \$587                           |
| \$11,000     | \$11,999   | \$1,347         | \$1,010                 | \$674           | \$337                           |
| \$12,000     | \$13,312   | \$655           | \$491                   | \$328           | \$164                           |
| \$13,313     | +          | \$0             | \$0                     | \$0             | \$0                             |

#### **Credit Level to Enrollment Status Conversion**

| Enrollment<br>Level | Student<br>Credit Level | Report Field        |  |
|---------------------|-------------------------|---------------------|--|
| Undergraduate       | 1                       | Less than Half Time |  |
| Undergraduate       | 2                       | Less than Half Time |  |
| Undergraduate       | 3                       | Less than Half Time |  |
| Undergraduate       | 4                       | Less than Half Time |  |
| Undergraduate       | 5                       | Less than Half Time |  |
| Undergraduate       | 6                       | Half Time           |  |
| Undergraduate       | 7                       | Half Time           |  |
| Undergraduate       | 8                       | Half Time           |  |
| Undergraduate       | 9                       | 3 Quarter Time      |  |
| Undergraduate       | 10                      | 3 Quarter Time      |  |
| Undergraduate       | 11                      | 3 Quarter Time      |  |
| Undergraduate       | 12+                     | Full-Time           |  |
| Graduate            | 1                       | Less than Half Time |  |
| Graduate            | 2                       | Less than Half Time |  |
| Graduate            | 3                       | Half Time           |  |
| Graduate            | 4                       | Half Time           |  |
| Graduate            | 5                       | 3 Quarter Time      |  |
| Graduate            | 6+                      | Full-Time           |  |

- The student portal will be updated to display that the student has already completed their CCG application.
- Upon clicking the application link again, the student is taken to a page that shows the status of their CCG application and gives them the opportunity to print or re-print their pre-filled CCG application.

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#### **MNAid Student Application**

- School users can use the search function in MNAid to find Postsecondary Child Care Grant Applications.
- MNAid is an online tool to keep track of student applicants, status and award amounts.
- School users are still required to do 100% provider verification for student applicants.

#### **MNAID Student Application**

- MNAid does not create a payment to a student, this is still a campus-based program. Students still need to be paid through the school's FAM system.
- Having the student application on-line will align with OHE's other financial aid programs. Providing an easier and more complete student and school experience.
- Having student information and payments in MNAid will provide real-time student information for students the school and OHE.

#### **MNAid Student Application**

- This will also allow for additional enhancements to the administration Postsecondary Child Care Grant Program in the future.
- OHE will have valuable applicant information allowing us to know how many students applied, were denied and awarded. This information will provide valuable insight for program demand and program barriers that may exist.
- Both the Student and school will be able to enter student applications into the MNAid database. At this time we are not providing a paper application, as we want students and schools to use the online application.

### Terms of Receipt Database

- The terms of receipt database will still be available on the OHE website until this feature has been built in MNAid. When the feature moves over we will notify all participating schools.
- You can access the CCG terms of receipt database at: <u>State Grant Web Access</u>.
- If the student attended your institution during the 2023-2024, FY24, aid year or, if you have information that the student attended another institution during the FY24 aid year. You will need to manually account for those terms when calculating the student's eligibility.

#### School User Access

- I used the school contact information you provided to me on the 2024-2025 Postsecondary Child Care Grant participation request to set up school users for your institution.
- I set up the first contact as the "Administrator" for the program.
- I gave "Update" access to the second staff member listed.
- I gave "View" access to any remaining staff you listed on the participation request.

#### School User Access

- I initially thought school users with Administrator access were allowed to update user access for their staff, but since found that not to be true.
- If user access needs to be added or updated for your institution please have the **Financial Aid Director** send an email to <u>Brenda.larter@state.mn.us</u>

#### School User Access

- User access rights are as followed:
- **View** Users with this designation will be able to view your school's profile, award rules, payment history, and search for and view any students' records who have included your school on their CCG application.
- Update Users with this designation will have all the rights of "View" access, with the added ability to update the school profile.
- Administrator Users with this designation will have all the rights of "View" and "Update" access, with the added ability to submit fund requests.

- School users can navigate to the CCG application by clicking on the CCG link in the quick view menu on the left side of the screen.
- Once the user clicks on the CCG link, they will be taken to the CCG application in MNAid.
- MNAid initially sets the Application Status to "Under Review", and will display all the information as entered by the student.

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|--|--|--|
| N AID  | Home Search 🗙                                  |  |
| earch  |  |  |
| eports   | Student Search Criteria                        |  |
| odate Student SSN                              | Unique MN AID ID                               |  |
| e Requests                                     | Last Name                                      |  |
| nd Email                                       |  |  |
| udent User Management                          | First Name                                     |  |
| lp   | Date of Birth                                  |  |
| ate Grant                                      | SSN First 5                                    |  |
| eam Act  |  |  |
| stering Independence Grant                     | SSN Last 4                                     |  |
| dian Scholarship                               | Phone Number                                   |  |
| udent Teacher Grants                           | Email Address                                  |  |
| orth Star Promise                              |  |  |
| stsecondary Child Care Grant                   | <ul> <li>Additional Search Criteria</li> </ul> |  |
| stem Administration                            | Academic Year                                  | 2024-2025 🗸  |
| iick View                                      | Aid Program                                    | <br>   |
|  | Institution                                    | State Grant<br>Dream Act                             |
|  | Sort Criteria                                  | Indian Scholarship                                   |
|  | Sort By  | North Star Promise<br>Postsecondary Child Care Grant |
|  |  | SUBMIT CRITERIA RESET CRITERIA                       |

| Quick View              |          |  |  |  |  |
|-------------------------|----------|--|--|--|--|
| SSN                     | GO       |  |  |  |  |
| MNAID ID                | GO       |  |  |  |  |
| O SSN:                  |          |  |  |  |  |
| - Existing Grants/Scho  | larships |  |  |  |  |
| State Grant 2024 - 2025 |          |  |  |  |  |
| State Grant 2022 - 2023 |          |  |  |  |  |
| NSP 2024 - 2025         |          |  |  |  |  |
| CCG 2024 - 2025         |          |  |  |  |  |
| Transaction History     |          |  |  |  |  |
| Payment History         |          |  |  |  |  |
| FAFSA Data              |          |  |  |  |  |
| No Questionnaire Data   |          |  |  |  |  |
| Document Management     |          |  |  |  |  |

• This screen shot would be populated with the following student information pulled from the student application.

| Postsecondary Ch<br>Academic | ild Care Grant Record<br>Year 2024-2025 |
|------------------------------|---|
| SSN:                         |   |
| Student Information          |   |
| Name                         |   |
| Address                      |   |
| City, State, Zip             |   |
| Home Phone Number            |   |
| Cell Phone Number            |   |
| Email Address                |   |
| Date Of Birth                |   |
| Gender                       |   |
| MN AID ID                    |   |
| UPDATE STUD                  | ENT INFORMATION                         |

 Schools have a "Comments" section to provide comments regarding the students Postsecondary Child Care Grant application. Example, verification, eligibility or other pertinent information.

| Comments |       |             |  |
|----------|-------|-------------|--|
|          |       |             |  |
|          |       |             |  |
|          |       |             |  |
|          |       |             |  |
|          | RESET | ADD COMMENT |  |

| Application Information    |                                |                    |                      |                              |                                     |
|----------------------------|--------------------------------|--------------------|----------------------|------------------------------|-------------------------------------|
|                            |                                |                    |                      |                              |                                     |
| Summer1 Institution        | 002336-00, BEMIDJI STATE UNIVE | RSITY              |                      | Spring Institution           | 002336-00, BEMIDJI STATE UNIVERSITY |
| Fall Institution           | 002336-00, BEMIDJI STATE UNIVE | RSITY              |                      | Summer2 Institution          | 002336-00, BEMIDJI STATE UNIVERSITY |
| Winter Institution         | 002336-00, BEMIDJI STATE UNIVE | RSITY              |                      |                              |                                     |
| County Of Residence        | ramsey                         |                    |                      | Application Date             | . 08/28/2024                        |
| Program Enrolled           | 4-year Undergraduate           |                    | Receiving Child Care | Assistance from Other Source | No No                               |
| Receiving MFIP Benefits    | No                             |                    |                      | Caseworker/Source Name       | •                                   |
| Name(s) of MFIP Recipients |                                |                    | Case                 | worker/Source Phone Number   | r                                   |
| Summer1 Application Status | Not Enrolled                   |                    |                      | Spring Application Status    | Under Review                        |
| Summer1 Provider Verified  |                                |                    |                      | Spring Provider Verified     | I                                   |
| Summer1 Credits            | 0                              |                    |                      | Spring Credits               | 8                                   |
| Fall Application Status    | Under Review                   |                    |                      | Summer2 Application Status   | Not Enrolled                        |
| Fall Provider Verified     |                                |                    |                      | Summer2 Provider Verified    | l l                                 |
| Fall Credits               | 7                              |                    |                      | Summer2 Credits              | s 0                                 |
| Winter Application Status  | ,<br>Not Enrolled              |                    |                      |                              |                                     |
| Winter Application Status  | Not Enrolica                   |                    |                      |                              |                                     |
| winter Provider Vernied    | 0                              |                    |                      |                              |                                     |
| Winter Credits             | 0                              |                    |                      |                              |                                     |
|                            |                                |                    |                      |                              |                                     |
|                            | UPDATE APPLICATION             | PRINT AWARD NOTICE | PRINT DENIAL NOTICE  | PRINT WAITLIST NOTICE        |                                     |

• School users will update and track application and status information using the "UPDATE APPLICATION" interface.

| County of Residence        | ramsey               |    | Receiving Child Care Assistance from<br>Other Source | No           | ~ |
|----------------------------|----------------------|----|--|--------------|---|
| Program Enrolled           | 4-year Undergraduate | ~  | Caseworker/Source Name                               |              |   |
| Receiving MFIP Benefits    | No                   | ~  | Caseworker/Source Phone                              |              |   |
| Name(s) of MFIP Recipients |                      | 13 |  |              |   |
| Summer1 Application Status | Not Enrolled         | ~  | Spring Application Status                            | Under Review | ~ |
| Summer1 Provider Verified  |                      | ~  | Spring Provider Verified                             |              | ~ |
| Summer1 Credits            | 0                    |    | Spring Credits                                       | 8            |   |
| Fall Application Status    | Under Review         | ~  | Summer2 Application Status                           | Not Enrolled | ~ |
| Fall Provider Verified     |                      | ~  | Summer2 Provider Verified                            |              | ~ |
| Fall Credits               | 7                    |    | Summer2 Credits                                      | 0            |   |
| Winter Application Status  | Not Enrolled         | ~  |  |              |   |
| Winter Provider Verified   |                      | ~  |  |              |   |
| Winter Credits             | 0                    |    |  |              |   |
|                            |                      |    |  |              |   |

| Award Information |               |           |             |                      |            |         |        |
|-------------------|---------------|-----------|-------------|----------------------|------------|---------|--------|
|                   |               |           |             |                      |            |         |        |
| Child Name        | Date of Birth | Summer1   | Fall        | Winter               | Spring     | Summer2 |        |
| Child 1           | 5/2/2019      | 0         | 2244        | 0                    | 2875       | 0       | UPDATE |
| Child 2           | 11/28/2022    | 0         | 2340        | 0                    | 1347       | 0       | UPDATE |
| Child 3           | 3/18/2024     | 0         | 3000        | 0                    | 3000       | 0       | UPDATE |
|                   |               | ADD CHILD | GRANT CALCU | JLATOR VIEW CALCULAT | OR HISTORY |         |        |

• Important fields for School users are "Application Status" (Under Review, Awarded, Denied, Waitlisted) and "Provider Verified" (Yes or No).

| Update Application Information                       |                         |                   |    | × |
|--|-------------------------|-------------------|----|---|
|  | Academi                 | : Year 2024-2025  |    |   |
|  | SSN:                    |                   |    |   |
| County of Residence                                  | Snead                   | Provider Verified |    | ~ |
| Application Status                                   | Under Review            | ✓ Summer1 Credits | 0  |   |
| Program Enrolled                                     | Under Review<br>Awarded | Fall Credits      | 12 |   |
| Receiving MFIP Benefits                              | Denied<br>Waitlisted    | Winter Credits    | 0  |   |
| Name(s) of MFIP Recipients                           |                         | Spring Credits    | 15 |   |
| Receiving Child Care Assistance from<br>Other Source | Yes                     | Summer2 Credits   | 6  |   |
| Caseworker Name                                      | Casey T. Worker         | ]                 |    |   |
| Caseworker Phone                                     | 987-654-3210            |                   |    |   |

- Once a school user selects an Application Status other than "Under Review", a button will appear on the CCG application that allows you to print the appropriate student letter.
- If Awarded, the "Print Award Notice" button will appear.
- If Denied, the "Print Denial Notice" button will appear.
- If, Waitlisted, the "Print Waitlist Notice" button will appear.

| Application Information                           |  |                     |  |
|---|--|---------------------|--|
| Current Institution                               | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES | Summer1 Institution | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES |
| Fall Institution                                  | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES | Spring Institution  | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES |
| Winter Institution                                | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES | Summer2 Institution | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES |
| County Of Residence                               | Snead  | Application Status  | Awarded  |
| Program Enrolled                                  | Graduate/Professional                            | Application Date    | 02/05/2024                                       |
| Receiving MFIP Benefits                           | Yes  | Summer1 Credits     | 0  |
| Name(s) of MFIP Recipients                        |  | Fall Credits        | 12   |
| Receiving Child Care Assistance from Other Source | Yes  | Winter Credits      | 0  |
| Caseworker's Name                                 | Casey T. Worker                                  | Spring Credits      | 15   |
| Caseworker's Phone Number                         | 987-654-3210                                     | Summer2 Credits     | 6  |
| Provider Verified                                 | Yes  |                     |  |
|   |  |                     |  |
|   | UPDATE APPLICATION                               | PRINT AWARD NOTICE  |  |

| (nn) | Inat  | 100 | <br>orn | 121    |   |
|------|-------|-----|---------|--------|---|
|      | n cat |     |         | I a LI | • |

 Current Institution
 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES

 Fall Institution
 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES

 Winter Institution
 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES

| County Of Residence                               | Snead                 |
|---|-----------------------|
| Program Enrolled                                  | Graduate/Professional |
| Receiving MFIP Benefits                           | Yes                   |
| Name(s) of MFIP Recipients                        |                       |
| Receiving Child Care Assistance from Other Source | Yes                   |
| Caseworker's Name                                 | Casey T. Worker       |
| Caseworker's Phone Number                         | 987-654-3210          |
| Provider Verified                                 | Yes                   |

 Summer1 Institution
 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES

 Spring Institution
 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES

 Summer2 Institution
 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES

| Application Status | Denied     |
|--------------------|------------|
| Application Date   | 02/05/2024 |
| Summer1 Credits    | 0          |
| Fall Credits       | 12         |
| Winter Credits     | 0          |
| Spring Credits     | 15         |
| Summer2 Credits    | 6          |





| Application Information                           |  |                       |  |
|---|--|-----------------------|--|
| Current Institution                               | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES | Summer1 Institution   | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES |
| Fall Institution                                  | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES | Spring Institution    | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES |
| Winter Institution                                | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES | Summer2 Institution   | 003969-00, UNIVERSITY OF MINNESOTA - TWIN CITIES |
| County Of Residence                               | Snead  | Application Status    | Waitlisted                                       |
| Program Enrolled                                  | Graduate/Professional                            | Application Date      | 02/05/2024                                       |
| Receiving MFIP Benefits                           | Yes  | Summer1 Credits       | 0  |
| Name(s) of MFIP Recipients                        |  | Fall Credits          | 12   |
| Receiving Child Care Assistance from Other Source | Yes  | Winter Credits        | 0  |
| Caseworker's Name                                 | Casey T. Worker                                  | Spring Credits        | 15   |
| Caseworker's Phone Number                         | 987-654-3210                                     | Summer2 Credits       | 6  |
| Provider Verified                                 | Yes  |                       |  |
|   |  |                       |  |
|   | UPDATE APPLICATION                               | PRINT WAITLIST NOTICE |  |

• In the Award Information section, the School user has the ability to Add a child to the application.

| Award Information |               |           |           |                  |                 |         |        |
|-------------------|---------------|-----------|-----------|------------------|-----------------|---------|--------|
| Child Name        | Date of Birth | Summer1   | Fall      | Winter           | Spring          | Summer2 |        |
| Child 1           | 5/2/2019      | 0         | 2244      | 0                | 2875            | 0       | UPDATE |
| Child 2           | 11/28/2022    | 0         | 2340      | 0                | 1347            | 0       | UPDATE |
| Child 3           | 3/18/2024     | 0         | 3000      | 0                | 3000            | 0       | UPDATE |
|                   |               | ADD CHILD | GRANT CAL | CULATOR VIEW CAL | CULATOR HISTORY |         |        |

#### • Access the Postsecondary Child Care Grant Calculator.

| Award Information |               |           |          |                   |                 |         |        |
|-------------------|---------------|-----------|----------|-------------------|-----------------|---------|--------|
| Child Name        | Date of Birth | Summer1   | Fall     | Winter            | Spring          | Summer2 |        |
| Child 1           | 5/2/2019      | 0         | 2244     | 0                 | 2875            | 0       | UPDATE |
| Child 2           | 11/28/2022    | 0         | 2340     | 0                 | 1347            | 0       | UPDATE |
| Child 3           | 3/18/2024     | 0         | 3000     | 0                 | 3000            | 0       | UPDATE |
|                   |               | ADD CHILD | GRANT CA | LCULATOR VIEW CAL | CULATOR HISTORY |         |        |
|                   |               |           |          |                   |                 |         |        |

#### • View the calculator history.

| Award Information |               |           |           |                  |                 |         |        |
|-------------------|---------------|-----------|-----------|------------------|-----------------|---------|--------|
| Child Name        | Date of Birth | Summer1   | Fall      | Winter           | Spring          | Summer2 |        |
| Child 1           | 5/2/2019      | 0         | 2244      | 0                | 2875            | 0       | UPDATE |
| Child 2           | 11/28/2022    | 0         | 2340      | 0                | 1347            | 0       | UPDATE |
| Child 3           | 3/18/2024     | 0         | 3000      | 0                | 3000            | 0       | UPDATE |
|                   |               | ADD CHILI | GRANT CAL | CULATOR VIEW CAL | CULATOR HISTORY |         |        |
|                   |               |           |           |                  |                 |         |        |

- The Postsecondary Child Care Grant Calculator has moved to MNAid. School users can enter the information in MNAid instead of using the spreadsheet.
- Term awards will automatically populate to the CCG application for each child as they are calculated.

|     | Postsecondary Child Care Grant Award Table - Annual Award Amount Per Child |          |                                      |                    |                         |                    |                              |  |  |
|-----|--|----------|--------------------------------------|--------------------|-------------------------|--------------------|------------------------------|--|--|
|     | SAI_start  | SAI_end  | SAI Range<br>based on<br>Student SAI | Full-Time<br>Award | 3 Quarter<br>Time Award | Half Time<br>Award | Less than Half<br>Time Award |  |  |
|     | -\$1,500   | \$6,656  | Y                                    | \$6,500            | \$4,875                 | \$3,250            | \$1,625                      |  |  |
|     | \$6,657  | \$6,999  | N                                    | \$6,347            | \$4,760                 | \$3,174            | \$1,587                      |  |  |
|     | \$7,000  | \$7,999  | N                                    | \$5,347            | \$4,010                 | \$2,674            | \$1,337                      |  |  |
|     | \$8,000  | \$8,999  | N                                    | \$4,347            | \$3,260                 | \$2,174            | \$1,087                      |  |  |
|     | \$9,000  | \$9,999  | N                                    | \$3,347            | \$2,510                 | \$1,674            | \$837                        |  |  |
|     | \$10,000   | \$10,999 | N                                    | \$2,347            | \$1,760                 | \$1,174            | \$587                        |  |  |
|     | \$11,000   | \$11,999 | N                                    | \$1,347            | \$1,010                 | \$674              | \$337                        |  |  |
|     | \$12,000   | \$13,312 | N                                    | \$655              | \$491                   | \$328              | \$164                        |  |  |
|     | \$13,313   | \$99,999 | N                                    | \$0                | \$0                     | \$0                | \$0                          |  |  |
| - Г |  |          |                                      |                    |                         |                    |                              |  |  |

| Postsecondary Child Care Grant<br>Calculator  |                          |  |  |  |  |  |
|---|--------------------------|--|--|--|--|--|
| Child   | Child 1 V                |  |  |  |  |  |
| Terms   | Fall V                   |  |  |  |  |  |
| Number of Terms/Payment Periods   | 2 🗸                      |  |  |  |  |  |
| Number of Weeks in Term for which Student is Purchasing Child<br>Care Services                          | 12                       |  |  |  |  |  |
| SAI   | 700                      |  |  |  |  |  |
| Number of Credits for which Student is Enrolled for Term  | 10                       |  |  |  |  |  |
| Program Level   | Graduate 🗸               |  |  |  |  |  |
| Actual Child Care Cost Per Week   | 250                      |  |  |  |  |  |
| Reported Total Hours of Child Care per Week   | 40                       |  |  |  |  |  |
| Hourly Cap  | Center Care - \$10 🗸     |  |  |  |  |  |
|   | □ Infant Care Adjustment |  |  |  |  |  |
| Postsecondary Child Care Grant<br>Term Award<br>The FALL award calculated for CHILD 1 is:<br>\$3,000.00 |                          |  |  |  |  |  |
| CANCEL  | CALCULATE                |  |  |  |  |  |

- MNAid will maintain a history of all calculations of Term Awards.
- School users will no longer have to save a copy of the spreadsheet every time you calculate or recalculate an award.
- This history can be accessed by clicking the "VIEW CALCULATOR HISTORY" button on the CCG application.

|          | Postsecondary Child Care Grant Record<br>Academic Year 2024-2025 |      |         |       |          |         |          |               |                |            |                   |            |          |
|----------|--|------|---------|-------|----------|---------|----------|---------------|----------------|------------|-------------------|------------|----------|
| Date     | Child  | Term | Periods | Weeks | SAI      | Credits | Program  | Cost Per Week | Hours Per Week | Hourly Cap | Infant Adjustment | Term Award | User     |
| 5/2/2024 | Child 1  | Fall | 2       | 12.00 | \$700.00 | 8.00    | Graduate | \$250.00      | 40.00          | \$10.00    | No                | \$3,000.00 | shanrath |
| 5/2/2024 | Child 1  | Fall | 2       | 12.00 | \$700.00 | 10.00   | Graduate | \$187.00      | 40.00          | \$10.00    | No                | \$2,244.00 | shanrath |
| 5/2/2024 | Child 1  | Fall | 2       | 12.00 | \$700.00 | 10.00   | Graduate | \$250.00      | 40.00          | \$10.00    | No                | \$3,000.00 | shanrath |
| 5/2/2024 | Child 2  | Fall | 2       | 12.00 | \$700.00 | 8.00    | Graduate | \$180.00      | 40.00          | \$10.00    | No                | \$2,160.00 | shanrath |
| 5/2/2024 | Child 2  | Fall | 2       | 12.00 | \$700.00 | 12.00   | Graduate | \$250.00      | 40.00          | \$10.00    | No                | \$3,000.00 | shanrath |
| 5/2/2024 | Child 2  | Fall | 2       | 12.00 | \$700.00 | 10.00   | Graduate | \$195.00      | 40.00          | \$10.00    | No                | \$2,340.00 | shanrath |
| 5/2/2024 | Child 3  | Fall | 2       | 12.00 | \$700.00 | 10.00   | Graduate | \$200.00      | 36.00          | \$10.00    | No                | \$2,400.00 | shanrath |
| 5/2/2024 | Child 3  | Fall | 2       | 12.00 | \$700.00 | 10.00   | Graduate | \$250.00      | 40.00          | \$10.00    | Yes               | \$3,000.00 | shanrath |

CLOSE

• School users can also manually enter an Award Amount for each child by clicking the "UPDATE" button on the CCG application.

| Award Information |               |         |      |        |        |         |        |
|-------------------|---------------|---------|------|--------|--------|---------|--------|
| Child Name        | Date of Birth | Summer1 | Fall | Winter | Spring | Summer2 |        |
| Child 1           | 5/2/2019      | 0       | 2244 | 0      | 2875   | 0       | UPDATE |
| Child 2           | 11/28/2022    | 0       | 2340 | 0      | 1347   | 0       | UPDATE |
| Child 3           | 3/18/2024     | 0       | 3000 | 0      | 3000   | 0       | UPDATE |

| Update Child Award Information |          |  |  |  |  |  |
|--------------------------------|----------|--|--|--|--|--|
| Child First and Last Name      | Child 1  |  |  |  |  |  |
| Date of Birth                  | 5/2/2019 |  |  |  |  |  |
| Summer1 Award                  | 0        |  |  |  |  |  |
| Fall Award                     | 3000     |  |  |  |  |  |
| Winter Award                   | 0        |  |  |  |  |  |
| Spring Award                   | 2875     |  |  |  |  |  |
| Summer2 Award                  | 0        |  |  |  |  |  |
| CANCEL                         | SAVE     |  |  |  |  |  |

• School users can manually enter a CCG application on behalf of a student in MNAid. This is done through the Postsecondary Child Care Grant menu.



 The application entered on behalf of the student has the same questions and fields as the student version, but it doesn't have any of the terms and conditions that a student is required to complete.

| Enter Postsecondary Chilo<br>Academic Yea | d Care Grant Application<br>nr 2024-2025 |
|---|--|
|   |  |
| First Name                                |  |
| Last Name                                 |  |
| Middle Name                               |  |
| Date Of Birth                             |  |
| Address                                   |  |
| City                                      |  |
| County of Residence                       |  |
| State                                     | ~  |
| Zip Code                                  |  |
| Phone                                     |  |
| Email Address                             |  |

| Institution  | ×  |
|--|--|
| Are you and/or any of your dependents currently receiving MFIP benefits?               |  |
| Name(s) of MFIP recipients   |  |
| Are you or the other parent receiving child care assistance from some of other source? |  |
| Caseworker's Name  |  |
| Caseworker's Phone   |  |
| Summer 1   |  |
| Fall   |  |
| Winter   |  |
| Spring   |  |
| Summer 2   |  |
| Program in which you are enrolled  | <ul> <li>4-year Undergraduate</li> <li>2-year Undergraduate</li> <li>Certificate</li> <li>Graduate/Professional</li> </ul> |

| CHILDREN  |                       |  |  |  |  |  |  |  |
|---|-----------------------|--|--|--|--|--|--|--|
| Children must be 12 years of age or younger, or 14 years of age or younger with a disability, needing child service on regular basis. |                       |  |  |  |  |  |  |  |
| Child's First and Last Name   | Child's Date of Birth |  |  |  |  |  |  |  |
|   |                       |  |  |  |  |  |  |  |
|   |                       |  |  |  |  |  |  |  |
|   |                       |  |  |  |  |  |  |  |
|   |                       |  |  |  |  |  |  |  |
|   |                       |  |  |  |  |  |  |  |
|   |                       |  |  |  |  |  |  |  |
|   |                       |  |  |  |  |  |  |  |

CANCEL

SUBMIT

• School users will have access to various Postsecondary Child Care Grant forms that you can print directly from MNAid.

|   | MNA  | D Report Options  |
|---|--|---|
| Activity Reports Management Reports Exception Reports Rosters | Forms  |   |
| CCG Award Notice 2024-2025                                    |  |   |
| CCG Conflicting Information 2024-2025                         |  |   |
| CCG Denial Notice 2024-2025                                   |  |   |
| CCG Infant Care Adjustment                                    |  |   |
| CCG MFIP/CCAP Verification of Benefits                        |  |   |
| CCG Provider Verification Template                            |  |   |
|   |  |   |
| Please be aware   | ! The information you are accessing may display th | e student's Social Security Number (SSN) and should be considered confidential. |

### What Changed

- What Changed?
  - $\odot$  The student application has moved into MN Aid.
  - $\odot$  The calculator and all program forms have moved into MN Aid.
  - $\odot$  Calculation history has moved into MN Aid.
  - $\odot$  Monthly Spending Reporting no longer required.

#### What's to Come

• What's to come? –

 Potential for additional update capabilities, for example populating award notice from MNAid.

#### What Stayed the Same

- What stayed the same
  - $\circ$  This is still a campus based program schools still need to determine student eligibility.
  - $\odot$  Schools need to make payments through the school FAM system.
  - $\odot$  Terms of receipt database.
  - $\odot$  Provider verification is still a manual process.

Q. Why is the Award Notice not populated with student information?

A. We have entered a ticket to have this feature added.

Q. How can I remove a child from the application?

A. We currently do not have a function that allows you to delete a child. You may want to make a note in the comments section.

Q. How do I see a list of total awarded and total remaining to spend?

- A. We have a few report options available to choose from for Postsecondary Child Care Grant Program (CCG), which can be found under;
- MNAid/Reports/Activity Reports

CCG Applicants Report - contains some student information, application date, each term application status, child's name, each term award amount in MNAid.

| MINNESOTA AID  | What do you want to | do with CCGApplicants.xls? |
|--|---------------------|----------------------------|
| MN AID Home Reports X  | Open                | Save as 🗸 🗸                |
| Search MNAID Report Options  | See more            |                            |
| Reports and a second seco |                     |                            |
| File Requests     Activity Reports     Rosters     Forms   |                     |                            |
| Send Email CCG Applicants Report   |                     |                            |
| Help Dream Act Status  |                     |                            |
| Postsecondary Child Care Grant Dream Act Students – NSP Eligible   |                     |                            |
| Quick View         FIG Student Data  |                     |                            |
| Hold Report  |                     |                            |
| Incoming File Reconciliation Report  |                     |                            |
| NSP Audit Report   |                     |                            |
| NSP File Output Report   |                     |                            |
|  |                     |                            |
|  |                     |                            |
| Academic Year: 2024-2025   |                     |                            |
|  |                     |                            |
| School: BEMIDJI STATE UNIVERSITY   |                     |                            |
|  |                     |                            |
| GENERATE REPORT  |                     |                            |

#### CCG Committed and Disbursed Amounts

|                                |   | Downloads               | □                |
|--------------------------------|---|-------------------------|------------------|
| MINNESOTA AID                  |   | CCGCommittedAndDisb.xls |                  |
| MN AID                         | Home Reports x                          | See more                |                  |
| Search                         | MNAID Papart Options                    | See more                | All Aid Brograms |
| Reports                        |   |                         | All Ald Programs |
| File Requests                  | Activity Reports Rosters Forms          |                         |                  |
| Send Email                     | CCG Applicants Report                   |                         |                  |
| Help                           | Dream Act Status                        |                         |                  |
| Postsecondary Child Care Grant | Dream Act Students – NSP Eligible       |                         |                  |
| Quick View                     | FIG Student Data                        |                         |                  |
|                                | Incoming File Reconciliation Report     |                         |                  |
|                                | NSP Audit Report NSP File Output Report |                         |                  |
|                                |   |                         |                  |
|                                |   |                         |                  |
|                                | Academic Year: 2024-2025                |                         |                  |
|                                | School: BEMIDJI STATE UNIVERSITY        |                         |                  |
|                                |   |                         |                  |
|                                | GENERATE REPORT                         |                         |                  |

#### CCG Committed and Disbursed

- Total Award Amount through each term award is coming from awards entered in MNAid.
- Disb01 Amount through Disb12 Amount are disbursements from OHE to the school.
- MNAid does not have the disbursements from the school to the student as students are not paid directly from MNAid schools are still using your own FAM systems for student payments.

| Date printed: 10/14/2024 7:51:12 AM |                       |                      |                                   |  |   |                |              |                  | Pag           | je 1 of 1     |                            |                             |               |               |               |               |           |
|-------------------------------------|-----------------------|----------------------|-----------------------------------|--|---|----------------|--------------|------------------|---------------|---------------|----------------------------|-----------------------------|---------------|---------------|---------------|---------------|-----------|
|                                     |                       | C                    | Minnesota<br>CG Committec<br>Acad | a Office of Hi<br>I and Disbur<br>emic Year: | igher Educati<br>rsed Amounts<br>2024- 2025 | on<br>s Report |              |                  |               |               |                            |                             |               |               |               |               |           |
| Institution                         | Total Award<br>Amount | Total Disb<br>Amount | Total Refund<br>Amount            | Summer1<br>Award                             | Fall Award                                  | Winter Award   | Spring Award | Summer2<br>Award | DISB01 Amount | DISB02 Amount | Scheduled<br>DISB03 Amount | Additional<br>DISB03 Amount | DISB03 Amount | DISB04 Amount | DISB05 Amount | DISB06 Amount | DISB07 Ar |
| BEMIDJI STATE UNIVERSITY            | \$41,985.00           | \$47,500.00          | \$0.00                            | \$0.00                                       | \$27,304.00                                 | \$0.00         | \$14,681.00  | \$0.00           | \$47,500.00   | \$0.00        | \$0.00                     | \$0.00                      | \$0.00        | \$0.00        | \$0.00        | \$0.00        | \$0.00    |
| Total                               | \$41,985.00           | \$47,500.00          | \$0.00                            | \$0.00                                       | \$27,304.00                                 | \$0.00         | \$14,681.00  | \$0.00           | \$47,500.00   | \$0.00        | \$0.00                     | \$0.00                      | \$0.00        | \$0.00        | \$0.00        | \$0.00        | \$0.00    |

Q. Why can't it show me a running total of how much we have awarded or have left to spend.

A. We do have a CCG Committed and Disbursed Report. Reminder – payments are not made in MNAid, you will need to make sure the disbursement information is up to date in MNAid.
 (See the previous two slides.)

Q. How do we calculate a semester award on MNAid for a student who uses 2 different providers in the same semester?

A. I will be submitting a ticket for a correction to this process. However, at the current time this would require you to determine the lesser of the award amount between the SAI chart and the students cost of daycare.

The students' term award amount per eligible child is the lesser of:

• the student's actual (reported) child care costs for that child during the term, or

• the maximum annual award per eligible child on the Postsecondary Child Care Grant table divided by three (quarter) or two (semester) and adjusted for enrollment status.

CHILDCAREGRANT) X View Calculator History X

Postsecondary Child Care Grant Record Academic Year 2024-2025

| Periods | Weeks | SAI          | Credits | Program       | Cost Per Week | Hours Per Week | Hourly Cap | Infant Adjustment | Term Award | User    |
|---------|-------|--------------|---------|---------------|---------------|----------------|------------|-------------------|------------|---------|
| 2       | 3.00  | (\$1,500.00) | 3.00    | Undergraduate | \$150.00      | 12.00          | \$10.00    | No                | \$360.00   | TesterT |
| 2       | 14.00 | (\$1,500.00) | 3.00    | Undergraduate | \$275.00      | 22.00          | \$10.00    | No                | \$813.00   | TesterT |
| 2       | 17.00 | (\$1,500.00) | 3.00    | Undergraduate | \$150.00      | 12.00          | \$10.00    | No                | \$813.00   | TesterT |

CLOSE

| 0       813       0       0       UPDATE CHILD INFO         0       0       0       0       0       UPDATE CHILD INFO | Summer | 1         | Fall  | Winter     | Spring                  | Summer2 |                   |
|---|--------|-----------|-------|------------|-------------------------|---------|-------------------|
| 0 0 0 0 0 UPDATE CHILD INFO   | 0      |           | 813   | 0          | 0                       | 0       | UPDATE CHILD INFO |
| ADD CHILD GRANT CALCULATOR VIEW CALCULATOR HISTORY  | 0      |           | 0     | 0          | 0                       | 0       | UPDATE CHILD INFO |
|   |        | ADD CHILD | GRANT | CALCULATOR | VIEW CALCULATOR HISTORY |         |                   |

- Q. The 2024-202 FAFSA does not require students to enter in a family size for the tax year being requested. This results in a sizable number of applicants that do not have family size being reported in the ISIR's that we receive. Are we still required to review family size information and report family size (ISIR user) when reviewing childcare grant applicants?
- A. The award calculation has not used students family size since the 2021-2022 aid year. OHE removed that requirement from MN statute when we based the maximum award chart using the students EFC, current year SAI.
- Q. How often is data being integrated from the CCG data from MNAid into the CCG database in 24-25 (to show those who've reached their limit)?
- A. CCG terms of receipt is not yet in MNAid (refer to slide 25).



# Thank you!

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