



Postsecondary Child Care Grant Processing Essentials

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Session Overview

What we'll cover today:

- Understand CCG eligibility requirements
- Navigate MNAid processing tools
- Apply best practices for compliance
- Review reporting expectations
- This is not full administrative guidance



CCG Program Purpose

- Supports Minnesota student parents
- Reduces child care barriers
- Promotes persistence and completion
- Compliments other financial aid



Core Eligibility Requirements

- Minnesota resident student
- Enrolled in ≥ 1 credit
- Meeting SAP
- Financial Need (FAFSA/MN Dream Act)
- Eligible child in household
- **Must already be paying child care expenses at the time of application**



Eligible Child

- Age ≤ 12 or ≤ 14 with disability
 - If they qualify at the start of the term = they're eligible the **whole** term.
- Receive regular child care
- The student must be the child's:
 - Legal parent
 - Stepparent
 - Legal guardian
- Foster children = not eligible for this grant



Quick Check

Student reports:

- Provider = Grandma
- Same address as student
- Weekly cost = \$400

Question:

Eligible provider? Yes or No?



Quick Check: Reflection

Answer

No

Because: Provider **cannot** live in the same household.

This is an easy one to miss - but a guaranteed audit finding.

Most errors don't happen because of lack of knowledge. They happen because we're busy and trying to move quickly.

That's why structure, like checklists and clear P&P, matter so much.



MFIP & Other Assistance

- Student receiving MFIP = NOT eligible
 - Proration allowed
- CCAP/other aid reduces cost
 - Proration allowed
- Must verify with on county when indicated on CCG application
 - Student cannot simply change their answer on the application after submission



MFIP & Other Assistance: Student Certification

Student Certification
Please check every box next to each statement indicating that you understand the statement
<input type="checkbox"/> I declare that I am the legal parent, legal step parent, or legal guardian of the children listed on this application and upon request will provide proof in the form of a birth certificate, marriage certificate, or legal guardianship paperwork.
<input type="checkbox"/> I understand and accept the obligation to notify the school in writing of any changes to the information provided in this application within 10 days of the change. Changes may include, but are not limited to, my enrollment status, FAFSA information, receipt of MFIP, child care assistance from another source, hours of child care, changes in provider or provider rates, or any other changes to information on this application. I understand that failure to report any changes within 10 days will result in the cancellation and possible repayment of any Postsecondary Child Care Grant funds awarded for the academic year.
<input type="checkbox"/> I understand that I must report to the school in writing within 10 days if the parent of my child(ren) also applies for the Postsecondary Child Care Grant. I give permission for my application information to be released to the other school when applicable.
<input type="checkbox"/> I understand that the Postsecondary Child Care Grant must be used only to pay my child care provider . I acknowledge that the award is subject to repayment and/or cancellation if used for any other purpose. I agree to provide receipts or proof of payment for child care services received if requested by the school or the Minnesota Office of Higher Education staff.
<input type="checkbox"/> I give permission to the school I attend and the Minnesota Office of Higher Education 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 information in the provider's section, when contacted by the school or the Minnesota Office of Higher Education staff. I understand that my application will be placed on hold until the provider information is verified.
<input type="checkbox"/> I give permission to the county social service agency to release to the school I am attending or the Minnesota Office of Higher Education the amount and terms of any MFIP or child care assistance I receive from July 1, 2026 to August 31, 2027 . I also give permission to the school and the Minnesota Office of Higher Education to report my child care award to my county social service agency. I understand that my application will automatically be sent to the Department of Family and Youth Services (DCYF) to be verified. Failure to report MFIP or other child care assistance received in advance will result in the automatic denial of my Child Care Grant application.
<input type="checkbox"/> I declare that the other parent or legal guardian of my child(ren) is not capable or available to care for my child(ren) during the hours for which I have requested an award from the Postsecondary Child Care Grant Program.
<input type="checkbox"/> I declare that myself and my child(ren) do not reside at the same address as my provider.
<input type="checkbox"/> I understand that if I do not attend a class, 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 school.
<input type="checkbox"/> 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 past, current, and future awards from this program.

MFIP & Other Assistance: Verification

Authorization for Release of Information	
Student Name:	
Duration of Authorization:	July 1, 2026 - August 31, 2027
Organizations:	Minnesota Office of Higher Education (OHE) & Anoka Technical College (ATC)
The above organizations, OHE and ATC will complete verification of benefits for both the Minnesota Family Investment Program (MFIP) and Child Care Assistance Programs (CCAP) through the Department of Family and Youth Services (DCYF).	
Child Care Assistance Programs may also include: Think Small Scholarship, Basic Sliding Fee, MFIP/DWP Child Care, Transition Year, Early Learning Scholarships, Parent Aware, or any other type of child care assistance.	
Failure to report MFIP or other child care assistance received on the Postsecondary Child Care Grant application or to the financial aid office at your school as instructed in the student certification page could result in the automatic denial or cancellation of Postsecondary Child Care Grant (CCG) funds.	
Please sign this form and submit with your Postsecondary Child Care Grant application to the financial aid office at your school.	
Giving Permission: I give permission for the person or organization listed previously to release the requested information to the requesting agency. This information is used to determine my eligibility for the Postsecondary Child Care Grant.	
Consequences: State and Federal privacy laws protect my records. I know: <ul style="list-style-type: none"> • Why OHE and ATC are asking me to release this information. • I do not have to consent to this authorization, but it will result in not qualifying for the Postsecondary Child Care Grant if I do not consent. • That, generally, I must give my written consent for this person or agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it. • That I may stop this authorization with a written notice at any time, but this written notice will result in the denial or cancellation of Postsecondary Child Care Grant for the academic year. • That the person or agency who gets my information may be able to pass it on to others (OHE, DHS, DCYF, or ATC). • That if my information is shared with others, it may no longer be protected by this authorization but my information will still be protected by Federal Education Rights and Privacy Act (FERPA) and Minnesota Government Data Practices Act (MGDPA) by both OHE and ATC. • That this authorization ends on August 31, 2027. • I also understand that by submitting this information online through my Student Portal, my consent is automatically given for benefits verification through DHS, DCYF, or other organization where I receive any form of child care assistance. 	
Student Signature:	
Date:	



Minnesota Family Investment Program (MFIP) and Child Care Assistance Program (CCAP) Verification of Benefits

This form is used by county and tribal social service staff and other agency staff to verify Minnesota Family Investment Program (MFIP) and/or Child Care Assistance Program (CCAP) participation for students applying for the Postsecondary Child Care Grant.

Student Name: _____ Birthdate: _____

Case Number (if known): _____ Last 4 of SSN: _____

See attached signed Student Certification and Authorization for Release of Information of the Postsecondary Child Care Grant application for authorization to contact the county directly for MFIP and CCAP benefit verification

- Is student on the Minnesota Family Investment Program (MFIP)?**
 (If student is receiving MFIP Cash, please include the dates the student was or is on MFIP)
 - MFIP (Cash)
 - Diversionary Work Program (DWP)
 - MFIP Child-Only Grant (FS/Medical)
 - Not receiving MFIP or DWP
 Dates student was on MFIP from 7/1/2026 - current (if applicable): _____
- Is student currently receiving benefits through the Child Care Assistance Program (CCAP)?**
 (If yes, please attach a CCAP Notice of Decision or current Service Authorization)
 - Yes No**If yes, which type of child care assistance is the student currently receiving?**
 - MFIP Child Care
 - Basic Sliding Fee Child Care
 - Transition Year/Transition Year Extension Child Care
- If no person is identified to match this request, please check:**

Authorized Signature _____ Date _____

Print Name _____ Title _____

Agency _____ Phone _____

Please return completed form to:

School Name _____ Contact Person _____

Fax _____ Phone _____ Email _____

Address _____

Provider Eligibility

- Licensed child care center
- Licensed child care home providers
- School-age care program that has a contract with a school district
- Child care center legally exempt from licensure and **is certified** as such by DHS or tribal licensing authority
- Exempt individual provider (nanny or babysitter) that is at least 18 years old, only caring for the student's children, and does not live in the same household as the student or child.
- Must NOT:
 - Be parent/legal guardian/stepparent

If they won't sign or complete the provider section = ineligible.

Provider Section

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 Age	Child's Date of Birth	Total Hours Child Care Provided Per Week	Rate Type Charged (Check one box)	Amount Charged Per Child	Date Day Care Started
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		
				<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Weekly Rate		

Please list any child care assistance paid to provider from other sources such as Child Care Assistance, Think Small, Basic Sliding Fee, Early Childhood Scholarship, Transition Year, other parent receiving discounted rate, child care scholarships, or any other assistance programs, etc.

Source:	Amount:	Child's Name:
Source:	Amount:	Child's Name:
Source:	Amount:	Child's Name:
Source:	Amount:	Child's Name:

Child Care Center or Provider's Name:	Relationship to Student (if any):
Provider's Address:	Provider's Phone Number:
Provider's Email Address:	Alternate Phone Number:
Check all that apply:	
<input type="checkbox"/> I am a licensed family (home) child care provider.	License number:
<input type="checkbox"/> I am a licensed child care center.	License number:
<input type="checkbox"/> I represent a school-age care program that has a contract with a school district to provide child care for school-age children. (Examples include district-contracted before- and after-school programs)	
<input type="checkbox"/> I represent a child care center which is legally exempt from licensure and is certified as such by the Minnesota Department of Human Services (DHS) or a tribal licensing authority (as listed on the DHS Licensing Lookup site).	
<input type="checkbox"/> I am an exempt individual provider. I am at least 18 years old, I will only care for this family's children (in addition to my own, if applicable), and I do not live in the same household as the student or child.	

Provider Certification

Provider Certification	
Please check every box next to each statement indicating that you understand the statement. This is required to be considered an eligible child care provider for child care grant purposes.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> I promise to provide additional documentation if necessary, including confirming the above information when contacted by the Minnesota Office of Higher Education (OHE) staff or the college financial aid administrator. I also grant permission to OHE or school auditors to review my financial records to verify receipt of Postsecondary Child Care Grant funds.	
<input type="checkbox"/> I certify that the parent applying has child care costs they are responsible for paying, they are currently incurring child care expenses, and they are up to date on child care payments. I can provide proof upon request.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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 student's children.	
<p>Exempt Individual Provider (babysitter/nanny) only: The checkboxes below only apply to exempt individual providers. If this box was checked on the previous page, the three checkboxes below must be checked in order to be an eligible child care provider for purposes of Postsecondary Child Care Grant. <i>These do not apply to licensed child care providers, school district contracted before- and after-school programs, or certified child care centers (first four checkboxes of previous page).</i></p>	
<input type="checkbox"/> I give permission to the Minnesota Office of Higher Education or the school to report the amount of the student's Postsecondary Child Care Grant to the Internal Revenue Service or the Department of Revenue as taxable income to the provider (myself).	
<input type="checkbox"/> I certify that I do not reside in the same household as the child or student.	
<input type="checkbox"/> I certify that I will only care for this student's children besides my own, if I have my own children.	
Provider Name:	
Provider Signature:	
Date:	
Please report any changes to the student's college financial aid administrator using this contact information:	

Application Requirements

- Complete application (**all sections**)
- FAFSA/MN Dream Act application required
- Provider verification **required**
 - By the financial aid office prior to awarding
- Must clear up any **conflicting information**
 - Income, school-age, provider info, legal child, etc.
- Must retain **all** communications, application, and applicable documents for auditors



MNAid Overview

- Software tool for CCG processing
- One method for a student to initiate application
- Used for reconciliation
- Generates reports
- Records usage
- Required for compliance
- MNAid **must** match institutional software



Student Application in MNAid

What is in MNAid

- Student's **original** answers to the first page of the application



What is NOT in MNAid

- Student Certification
- Entire Provider Section

Schools are required to collect the entire CCG application including Section A and Section B

Student Portal: Confirmation Page

Home Contact OHE Logout

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MN Aid Programs Online Applications Account Management Document Management

Postsecondary Child Care Grant

Thank you for completing the student portion (Section A) of your Postsecondary Child Care Grant (CCG) application for the following institution:

ANOKA-RAMSEY COMMUNITY COLLEGE

To complete your application and be considered for funding, please follow these important next steps:

1. **Print your application** and provide it to your child care provider to complete **Section B**.
2. Once you have reviewed both **Section A and Section B** for accuracy and completeness, **submit the full application to the Financial Aid Office at your college or university**.
3. A financial aid administrator at your school will determine your eligibility and award amount and will notify you of the outcome.

For questions about the CCG process or the status of your application, please contact the Financial Aid Office at your school directly:

Email:
Phone: 763-576-4003

If you decide to attend a different institution, please notify us by emailing financialaid.ohe@state.mn.us so we can update your application accordingly.

For more information about the Postsecondary Child Care Grant, visit the [CCG Program Page](#) or review our [Frequently Asked Questions](#).

Would you like to stay informed? [Sign up here](#) to receive email updates from the Minnesota Office of Higher Education about the CCG and other important topics.

Warm regards,
Minnesota Office of Higher Education
<https://ohe.mn.gov/>

[Print CCG Application](#)

Home Contact OHE Logout

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MN Aid Programs Online Applications Account Management Document Management

Postsecondary Child Care Grant

The Minnesota Office of Higher Education tracks your usage of the Postsecondary Child Care Grant. Students can receive Postsecondary Child Care Grant funding for up to 10 full-time semesters (or 15 full-time quarters) at the undergraduate level and up to 10 full-time semesters (or 15 full-time quarters) at the graduate/professional level. Your eligibility for each level is tracked separately. Units used for your undergraduate degree do not reduce your graduate/professional eligibility.

Usage of the Postsecondary Child Care Grant is measured in Minnesota Units:

- A full-time undergraduate semester of 15 credits equals 12 units
- A full-time undergraduate quarter of 15 credits equals 8 units
- A full-time graduate/professional semester of 6+ credits equals 12 units
- A full-time graduate/professional quarter of 6+ credits equals 12 units

Below you can see your remaining eligibility in Minnesota Units. To estimate how many terms of eligibility you may have left:

- For undergraduate students attending a semester-based institution, divide your number of remaining units by 12
- For undergraduate students attending a quarter-based institution, divide your number of remaining units by 8
- For graduate/professional students attending either a semester or quarter-based institution, divide your number of remaining units by 12

Total Undergraduate Units Received	0
Remaining Undergraduate Units (120)	120
Total Graduate Units Received	0
Remaining Graduate Units (120)	120

📅 Academic Year 2026 - 2027

Please contact your college financial aid office for information as to whether or not you will receive an award.

[Print CCG Application](#)

Student Application in MNAid

Application Information

Summer1 Institution	002347-00, CONCORDIA UNIVERSITY - ST. PAUL	Spring Institution	002347-00, CONCORDIA UNIVERSITY - ST. PAUL
Fall Institution	002347-00, CONCORDIA UNIVERSITY - ST. PAUL	Summer2 Institution	002347-00, CONCORDIA UNIVERSITY - ST. PAUL
Winter Institution	002347-00, CONCORDIA UNIVERSITY - ST. PAUL		

County Of Residence	Sherburne	Application Date	04/27/2026
Program Enrolled	2-year Undergraduate	Receiving Child Care Assistance from Other Source	No
Summer1 Credits	0	Source of Other Child Care Assistance	
Fall Credits	15	Caseworker Name	
Winter Credits	0	Caseworker Phone Number	
Spring Credits	15	Receiving MFIP Benefits	No
Summer2 Credits	15	Name(s) of MFIP Recipients	
		Other Parent Applied	No
		Other Parent Name	
		Other Parent Institution	

[UPDATE APPLICATION](#) [PRINT DENIAL NOTICE](#) [PRINT APPLICATION](#) [PRINT BLANK APPLICATION](#)

Term Application Status Updates

- Under Review
- Awarded
- Paid
- Denied/Ineligible
- Not Enrolled
- Waitlisted

School Information			
Summer1 Application Status	Not Enrolled	Summer1 Degree Seeking	
Summer1 Provider Verified		Summer1 Credits	0
Summer1 Provider Verified Date	n/a		
Fall Application Status	Paid	Fall Degree Seeking	Bachelors
Fall Provider Verified	Yes	Fall Credits	9
Fall Provider Verified Date	04/30/2026		
Winter Application Status	Not Enrolled	Winter Degree Seeking	
Winter Provider Verified		Winter Credits	0
Winter Provider Verified Date	n/a		
Spring Application Status	Awarded	Spring Degree Seeking	Bachelors
Spring Provider Verified		Spring Credits	15
Spring Provider Verified Date	n/a		
Summer2 Application Status	Awarded	Summer2 Degree Seeking	Bachelors
Summer2 Provider Verified		Summer2 Credits	15
Summer2 Provider Verified Date	n/a		

[UPDATE SCHOOL INFORMATION](#)

Award Information MNAid

- The child names and dates of birth have been made up for example purposes only.

Award Information

Child Name	Date of Birth	Disabled	Summer1	Fall	Winter	Spring	Summer2	Total		
Robin Williams	12/19/2020	No	0	0	0	0	0	0	UPDATE CHILD INFO	PRINT AWARD NOTICE
Harry Potter	12/19/2021	No	0	0	0	0	0	0	UPDATE CHILD INFO	PRINT AWARD NOTICE
Ron Weasley	12/19/2022	No	0	0	0	0	0	0	UPDATE CHILD INFO	PRINT AWARD NOTICE
Totals			0	0	0	0	0	0		

[ADD CHILD](#) [VIEW CALCULATOR HISTORY](#)

Grant Calculator Unavailable. Applicant does not have a FAFSA or MDA application on file.
If your institution has processed an aid application for the student, please contact the OHE administrator.

Award Information MNAid

'UPDATE CHILD INFO' and 'ADD CHILD' buttons

Update Child Award Information ✕

Child First and Last Name

Date of Birth

Disabled ▾

Summer1 Award

Fall Award

Winter Award

Spring Award

Summer2 Award

Add Child ✕

Child First and Last Name

Date of Birth

Disabled ▾

Lifetime Units in MNAid

Payment Information	
Program Totals	
Total Undergraduate Units	7.2
Remaining Eligible Units Undergraduate (120)	112.8
Total Graduate Units	0
Remaining Eligible Units Graduate (120)	120

Manually Entering CCG Application into MNAid

Postsecondary Child Care Grant

- Award Rules
- School Profile
- Payment History
- Enter Application**
- Allocations
- Request Payments
- Process Funds Manually

Enter Application

Enter Student Information

SSN

Academic Year

Institution

Are you and/or any of your dependents currently receiving MFIP benefits?

Name(s) of MFIP recipients

Caseworker Name

Caseworker Phone

Are you or the other parent receiving child care assistance from some other source?

Source of Child Care Assistance

Is the other parent applying for CCG?

Other Parent Name

Other Parent Institution

Indicate the number of credits for which you intend to register per term

Summer 1

Fall

Winter

Spring

Summer 2

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	Child Disabled
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Term Application Status Roster

- Tracks application progress
 - If they are Under Review, Denied/Ineligible, or Not Enrolled – there should not be an award listed.

The screenshot shows a web application interface for generating reports. At the top, there are navigation tabs for 'Home' and 'Reports X'. Below this is a dark blue header with 'MNAID Report Options' on the left and a dropdown menu set to 'All Aid Programs' on the right. Underneath the header are three sub-tabs: 'Activity Reports', 'Rosters' (which is selected), and 'Forms'. A list of report options is displayed in a white box, with 'CCG Term Application Status Roster' highlighted. Below the list are four dropdown menus for filtering: 'Academic Year' (set to 2025-2026), 'School' (set to CONCORDIA UNIVERSITY - ST. PAUL), 'Application Status' (set to Under Review), and 'Term' (set to All Terms). A dark blue 'GENERATE REPORT' button is positioned below the filters. At the bottom, a pink banner contains a warning: 'Please be aware! The information you are accessing may display the student's Social Security Number (SSN) and should be considered confidential.'

CCG Applicants Report

- Tracks all applicants in an academic year
 - Students who have transferred and received an award from another school **will** have their other awards showing on this report.
 - If using this report for reconciliation, you will need to manipulate it to remove awards from other schools

The screenshot shows a web application interface for generating reports. At the top, there are navigation tabs for 'Home' and 'Reports'. Below this is a dark blue header with 'MNAID Report Options' and a dropdown menu set to 'All Aid Programs'. Underneath, there are sub-tabs for 'Activity Reports', 'Rosters', and 'Forms'. A scrollable list on the left contains various report options, with 'CCG Applicants Report' selected. To the right of this list is a descriptive text: 'Report of students with a CCG application on file for the selected academic year and school.' Below the list and text are two dropdown menus: 'Academic Year' (set to 2025-2026) and 'School' (set to CONCORDIA UNIVERSITY - ST. PAUL). A dark blue 'GENERATE REPORT' button is positioned below these fields. At the bottom, a pink banner contains a warning: 'Please be aware! The information you are accessing may display the student's Social Security Number (SSN) and should be considered confidential.'

Committed & Disbursed Amounts Report

- Tracks:
 - Awarded funds
 - Paid funds
 - Disbursed funds
- Used for reconciliation and End-of-Year report

Home Reports X

MNAID Report Options All Aid Programs

Activity Reports Rosters Forms

- CCG Applicants Report
- CCG Committed and Disbursed Amounts**
- Dream Act Status
- Dream Act Students – NSP Eligible
- Eligible but not Awarded
- End of Year Report - School
- Funds Requested Report
- Get Ready Applicant Summary
- Hold Report
- Incoming File Reconciliation Report

Academic Year: 2025-2026

School: CONCORDIA UNIVERSITY - ST. PAUL

GENERATE REPORT

Please be aware! The information you are accessing may display the student's Social Security Number (SSN) and should be considered confidential.

Institution	Accept Full Administrative Expense Allowance	Accept Full Carry Forward Funds	Total Paid Amount	Total Disb Amount	Total Reallocation Refund Amount	Total Refunds Not Reallocated	Summer1 Award	Fall Award	Winter Award	Spring Award	Summer2 Award
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School Profile

Funding Information

Initial Allocation Data

FY26 Funds Requested	120000	FY24 Students With Children	231
FY25 Utilization Rate	100	FY24 Additional Students With Children	0
FY26 Infant Care Adjustment	Yes	FY26 Initial Allocation Amount	110000
FY26 Administrative Expense Allowance	4793	Carry Back Amount FY26 to FY25	0
		Carry Forward Amount FY25 to FY26	0

November Reallocation Data

Scheduled Amount	60000	Additional Funds Requested	0
Scheduled Amount Requested	50000		

Additional Reallocation Data

Additional Funds Requested	0	Closed effective	2/2/2026	Additional Funds Requested	0
Additional Funds Requested	0	Closed effective	3/9/2026	Additional Funds Requested	0
Additional Funds Requested	0	Closed effective	4/7/2026	Additional Funds Requested	0
Additional Funds Requested	0				
Additional Funds Requested	0				

Fund Acceptance Data

Accept Full Administrative Expense Allowance	Yes	Accept Full Carry Forward Amount	Yes
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UPDATE FUNDING INFORMATION

Program: Postsecondary Child Care Grant

Location Code	001	Active	Yes
Contact Name	Nichole Andersen	Secondary Contact Name	Nicole Strowbridge
Contact Title	Financial Aid Administrator	Secondary Contact Title	Financial Aid Administrator
Contact Email Address		Secondary Contact Email Address	
Phone Number	651-642-0567	Secondary Phone Number	651-642-0567
Fax Number		Secondary Fax Number	
Closed Out	No		

UPDATE PROGRAM INFO

TRANSACTION HISTORY

PAYMENT HISTORY

DOCUMENT MANAGEMENT

Academic Year 2025-2026

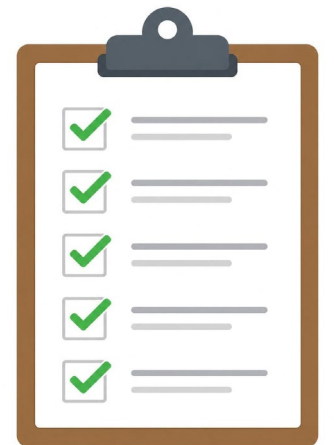
Payment History

Date	Batch Number	Warrant/EFT Number	Program	Term	Type	Payment Amount
12/15/2025	SW3492500001	0010079977	Postsecondary Child Care Grant	DISB03	Term Payment	\$50,000.00
9/24/2025	SW2672500001	0009903314	Postsecondary Child Care Grant	DISB02	Term Payment	\$4,866.00
8/12/2025	SW2242500002	0009804789	Postsecondary Child Care Grant	DISB01	Term Payment	\$55,134.00
Total:						\$110,000.00

CANCEL

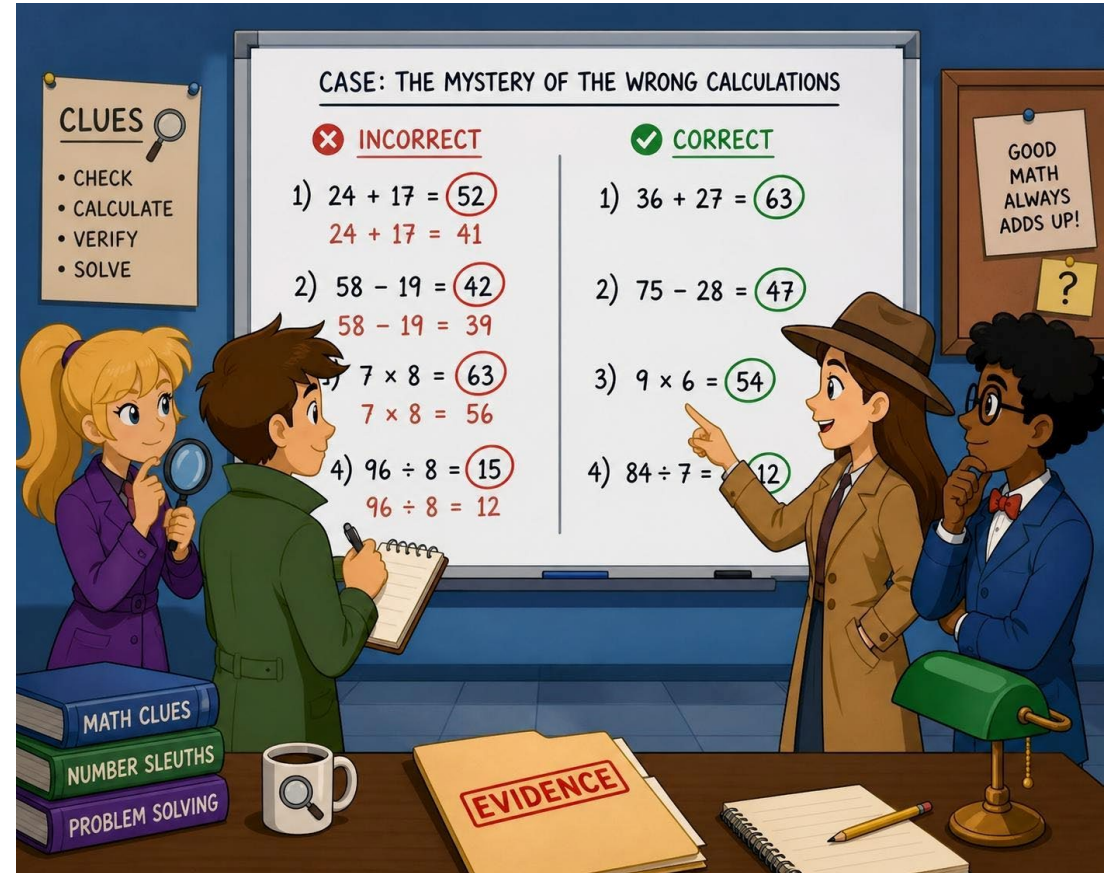
Tips for Accurate Processing

- Date stamp EVERYTHING
- Verify before awarding
- Be mindful of calculator maximums with mid-year changes and multiple providers
- Follow institutional P&P's and update continuously
- Calculate each term – this ensures you have funding for the entire year for each student as required by the CCG manual
- Each individual child should only be entered once
- Reference Quick Guides



Reporting Overview

- Maintain accurate MNAid statuses
- Reconcile with campus FAMS (ex. ISRS, PeopleSoft, PowerFAIDS, Banner, etc.).
- Monitor reports regularly
- End-of-Year Report
- Reallocation requests: may be requested at anytime during the academic year in MNAid



Program Resources

- 2025-2026 CCG Manual
- MNAid Quick Guides and Case Studies
- OHE CCG Resources website
- OHE Student Website
- Phone a friend
- Contact: Nichole Andersen



Summary

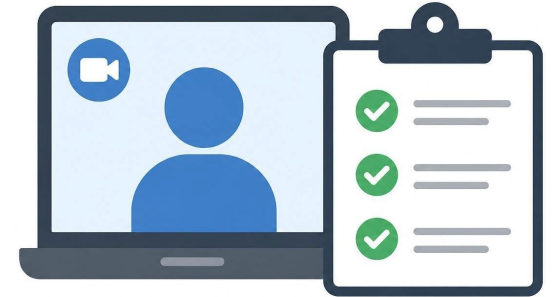
- Verify eligibility before awarding
- Student receiving MFIP = not eligible (always verify when indicated)
 - Proration allowed
- Provider verification is **required** once per academic year at minimum
- Keep documentation complete and date-stamped
- Use MNAid tools to track status and funds
- Calculate awards for each term to ensure compliance and adequate availability of funds
- Reconcile and report accurately



Contact for Questions

 **Email is preferred** for any Child Care Grant questions.

- Nichole.Andersen@state.mn.us (Primary contact)
- Nicole.Strowbridge@state.mn.us



 **Follow-up options:**

- If more detail is needed, we can schedule a **Teams** or **Zoom** meeting to review the situation together.

 Our goal is to support you and ensure consistency across schools. Don't hesitate to reach out.



Thank you!

Nichole Andersen & Nicole Strowbridge