Below is a simple copy of the round 2 application that will appear in your lead portal. Please do not submit this as your application. Please use the information below only as a preview to the application which will be available through the lead portal October 1, 2025.

Apply for Family Child Care Capital Grants

Do you operate your program in a home that you and/or your spouse own or hold the mortgage to?

Yes

No

Please upload proof of homeownership. You can provide a copy of your deed, municipal property card, or mortgage statement as proof. You must upload one of the documents mentioned above. Any other document will not be accepted and will render you ineligible for the grant. Please ensure all documents uploaded are clear and legible.

Upload Documents or Drop Files

I attest that either my spouse or I am the homeowner. My spouse is aware of the project(s) proposed in this grant application, and I am aware that my spouse may be required to co-sign the Grant Agreement if my application is successful. Providers must provide proof of homeownership in the form of a municipal property card, deed, or mortgage statement.

File Name
Uploaded By
Uploaded Date

Providers who rent or lease the space used to operate their Family Child Care program are not eligible for the FCC Capital Grant.

Instructions

The Family Child Care Capital Grant Program (FCC Capital Grant) provides grants to licensed Family Child Care providers in Massachusetts. Through this grant program Family Child Care providers can apply for up to $25,000 to support space improvements

and build program capacity. The deadline for submissions is 11:59pm on Friday, October 31, 2025.

Please review the grant guidelines before filling out the application.

This is the second and final pilot round for the FCC Capital Grant. Please note that this is a competitive grant program. Pilot program funds are limited and there is no guarantee that every applicant will receive an award.

Your application will automatically save as you respond to the questions. You can return to complete the application at any time before the deadline.

Program Information

* indicates required field

Please ensure the contact information below is accurate.

First Name

Last Name

Business Name

Provider Number (P-Number)

Phone

Email

* In what language would you like to receive your grant email communications ?

English

Spanish

Portuguese

Simplified Chinese

Haitian Creole

Program Address

Licensing Region

Please contact your licensor to confirm your region to Licensing Region

License First Issue Date

Child Opportunity Index Category

Full Year Schedule

DAYS AND HOURS OF OPERATION

DAY	START TIME	END TIME
Monday		

Tuesday

Wednesday

Thursday

Friday

Licensed Capacity

* How many children are currently enrolled in your program? (please note this count cannot include family members that you care for)?

Value cannot be greater than 30.

* On average, how many weeks in a year do you provide care (out of 52 weeks total)?

Value cannot be greater than 52.

* On average, how many hours a week is your program open for?

Value cannot be greater than 168.

*Do you provide care during any of the following times (please check all that apply)

You must select at least one choice from this set.

Early mornings before 8am

Evenings after 6pm

Weekends

None of the above

*Does your program accept childcare vouchers and/or contract slots?

*Are you part of a family child care system?

Which family child care system are you a part of?

*Which CCR&R do you hold a voucher agreement with?

*Does your program serve individuals with special needs?

Please briefly describe what accommodations your program provides for children with special needs. (Max limit: 1,300 characters)

*Briefly describe your current program including any special aspects of your curriculum, hours of operation or demographics served. (Max limit: 1,300 characters)

Project Details

* Which type of project are you applying for?

'Durable' is defined as equipment that has a useful life of three or more years, and 'fixed and integrated' in its physical space. Eligible uses of grant awards in Tier 1 include, but are not limited to, the installation and purchase of: laundry equipment, food storage, security equipment (not to supervise children).

Providers can apply for funds to make improvements to the spaces where care is provided. Eligible uses of grant awards in Tier 2 include, but are not limited to: improvements to exterior spaces to enable the use of outdoor areas, including resurfacing pavement, installing fencing, adding decks/patios; improvements to heating, air conditioning, and ventilation systems, including windows and HVAC equipment, particularly those enhancing energy efficiency.

Tier 1 Project: Purchase of durable equipment

Tier 2 Project: Capital improvements

Both, Tier 1 and Tier 2 Projects

FCC Capital Grant Round 1 Project Tier

*Please describe the project(s) for which you are applying for funds, including how this work will benefit your program. If applicable, please describe how your project will lead to greater energy efficiency. (Max limit: 1,300 characters)

*Which goals will your proposed project(s) help you meet? Please check all that apply.

Improve the quality of care that I am able to offer

Increase enrollment under my current licensed capacity

Increase my licensed capacity

*What is the total grant amount that you would like to request?

Your request may not exceed $25000

Please provide a high level breakdown of your Tier 1 project budget. (Max limit: 1,300 characters)

Please provide documentation to support your Tier 1 project budget. This can be a quote from a licensed vendor and/or a screenshot of an e-commerce website demonstrating the cost of the item(s) you are looking to purchase with this grant.

Please provide a high level breakdown of your Tier 2 project budget.

Materials and Supplies (e.g., wood, paint, fixtures):

Permits and Fees (e.g., building permits, inspection fees):

Professional Services (e.g., architects, engineers, consultants):

Equipment or Tools (if purchasing or renting):

Other Project Cost

Total Estimated Project Cost:

Your submitted costs are greater than the total grant amount requested. How are you planning on paying for the remaining cost? (Max limit: 1,300 characters)

*Does your project budget include funds to support the management of operations during construction?

Contractor License Information

You can verify that your contractor is licensed by searching the following License Verification Sites. Ask your contractor for their license number or official company name to make this process easier.

Accela Citizen Access

Office of Consumer Affairs & Business Regulation

Home Improvement Contractor Registration Lookup

* Contractor License Type   *** Contractor License Number**

Unrestricted CSL
Restricted CSL
Speciality CSL

Add Contractor License

* Please upload a valid quote from a licensed contractor for your Tier 2 project. A valid quote should have the following: vendor name and address, date quote was provided, quote number, client Information, itemized dollar amounts listed for specific costs, total project cost, payment terms listed, licensed contractor.

* Upload photos of the area in the home where the project will take place. (Please note, we will be asking for additional photos of the same area once the project is completed.)

File Name

Uploaded By

Uploaded Date

Action

Please provide a timeline for your proposed project(s), including date of expected completion.
Projects may not exceed 9 months.

*Start Date

*End Date

Complete this field with format Dec 31, 2024.

Start date cannot be a past date. Please select today or a future date.

End date cannot be more than 9 months after the start date.

Review and Summary

I hereby declare that the above information is true and correct to the best of my
knowledge and belief.

I understand that if I am successful in my application that I will only use grant funds for
the specific project categories and purposes indicated on this application.

I understand that receiving a grant may have tax implications for me and it is
recommended that I consult my tax professional on this topic before I submit my
application.

I understand if evidence of misrepresentation or fraud is found EEC has the right to hold or cease payment and recoup funds including from the Commonwealth Cares for Children (C3) Grants.

I understand that if I receive grant funds, I will be responsible for maintaining records and other documentation to support the use of funds disbursed to me as well as to document my compliance with the requirements listed in the Guidelines.

I understand that if I receive an award, I will notify families and EEC licensing in writing about how I plan to manage operations and follow EEC licensing guidelines during construction. I will also send written notification to partners including, but not limited to, Child Care Resource & Referral agencies and Family Child Care Systems.

I understand I cannot make changes to my application after I submit.

Please click the 'Submit' button below to submit your application. We hope to announce awards in spring 2026. Thank you for applying to the Family Child Care Capital Grant.

Application Submitted Successfully

Your FCC Capital Grant application was successfully submitted. A copy of your application was sent to the email provided. Thank you for applying to the FCC Capital Grant.