

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

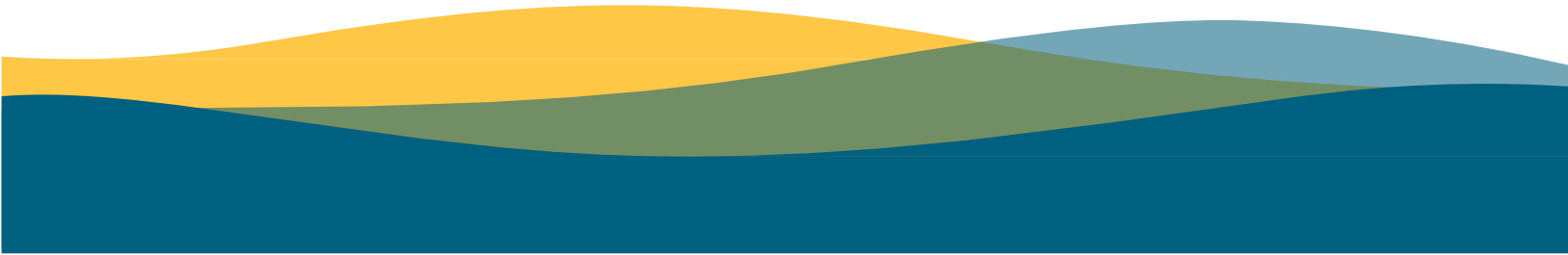


Technology Access Program

APPLICATION USER GUIDE

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Overview

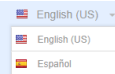
This document provides a step-by-step guide on how to complete an application. If you need further guidance completing the application, you can call the help line at 1 (877) 402-0292 or send an email to NEDHHSGrants@pcgus.com.

Access the Technology Access Program application [here](#).

Changing the Language


If you want to view the application in Spanish, simply use the drop-down menu located at the top left corner of the application form.

Nebraska's Technology Access Program
Online Application Form



General Navigation

To go back to a previous page, simply click the 'Back' button located at the bottom left corner of the application form.

A rectangular button with a dark teal background and the word 'Back' in white, centered text.

To move forward to the next page of the application, simply click the 'Next' button located at the bottom right corner of the application form.

A rectangular button with a dark teal background and the word 'Next' in white, centered text.

Pre-Screening Questions

This section contains three questions. Click the carrot to use the drop-down menu to select your answer.

Based on your answers, you may not meet the qualifications required to continue the application.

If you are unqualified, a message will appear to notify you.

Pre-Screening Questions

Due to federal guidance and state requirements regarding funds from ARPA and the Child Care and Development Fund (CCDF) block grant, TAP funds must be disbursed and used in compliance with all state and federal laws and regulations. The Nebraska Department of Health and Human Services, Office of Economic Assistance has provided screening questions to help you determine whether your child care program is eligible to receive TAP funds.

Please note that grant funding cannot supplant existing state funds expended for CCDF, and the grant funding must be used to supplement existing services. For additional eligibility information please see the [Frequently Asked Questions](#) document.

Are you a licensed child care provider in the State of Nebraska? *

Are you currently open, operational, and caring for children? *

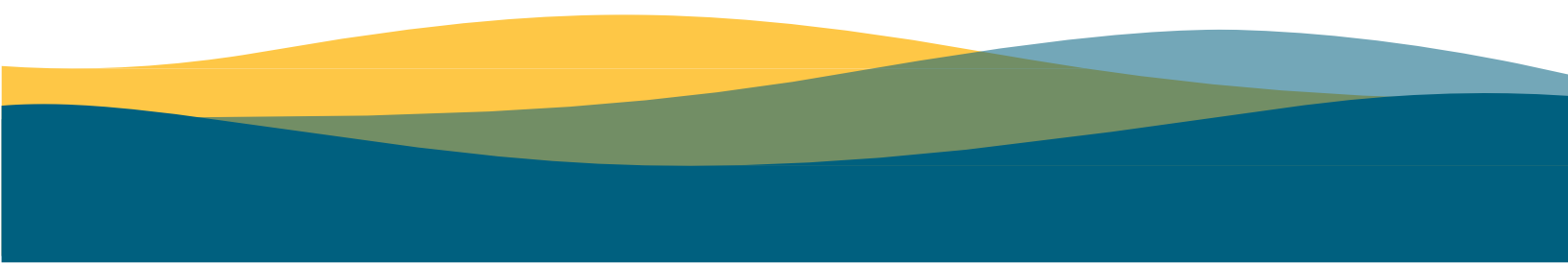
Did you receive a Business and Child Care Partnership Grant? *

Next

You are not a qualified applicant.

We're sorry to inform you that you did not meet the eligibility requirements to apply for the Technology Access Program (TAP). We encourage you to check our [Frequently Asked Questions](#) document for more eligibility information.

Thank you for your interest in applying for the TAP grant!



Applicant Representative Information

In this section, applicants will provide their job title, name, contact information, and driver's license or State ID number and documentation.

Choose your title from the drop-down menu by clicking on the arrow. Please note that the application should be completed and submitted by the owner, director, or manager of the child care program.

To confirm your email address, please use the second field provided under the 'Email' section.

Enter your Nebraska driver's license number or the number for your state ID. This number should consist of one letter followed by 8 digits (i.e. N12345678). Y

Click [here](#) for more information about locating the license and ID numbers.

Applicant's Title *

Please Select

Please Select
Owner
Director
Assistant Director

Email *

example@example.com

example@example.com

Please confirm your email address

Nebraska Driver's License or State ID Number *

N99999999

Click on the 'Browse Files' box to upload a copy of your driver's license or state identification.

A new window will open with your File Explorer.

Upload a copy of your valid Nebraska driver's license or State ID. *



Browse Files

Drag and drop files here

Expired documents will not be accepted

Child Care Program Information

In this section, applicants will provide the name and type of their child care program, along with their program license number and Taxpayer Identification Number (TIN) or Social Security Number (SSN).

Type your program name and select its type from the dropdown menu.

Child Care Program Information

Child Care Program Name *

Child Care Program Type *

Child Care Program License Number *
 To view the Nebraska Roster of Licensed Child Care and Preschool Programs roster click [here](#).

Must select a child care program license number.

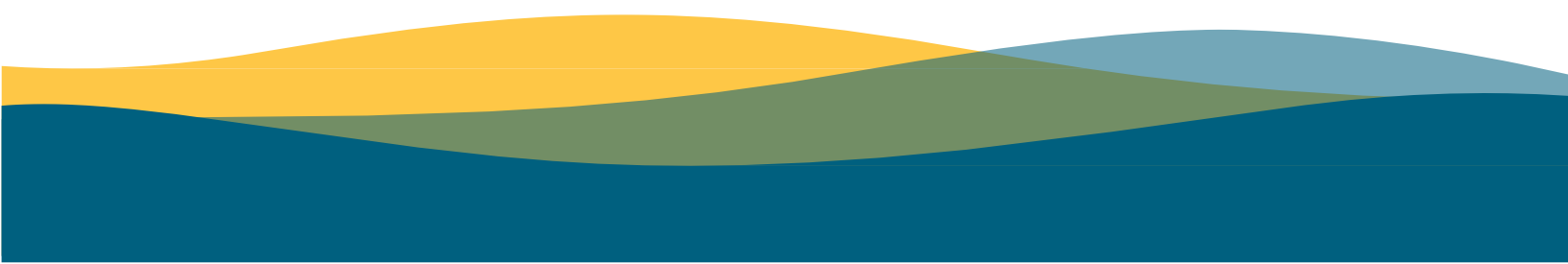
Please provide your Taxpayer Identification Number (TIN) or your Social Security Number (SSN) in the spaces provided below. Please note that the TIN can be a federal number. Find more information on the TIN [here](#).

Federal Taxpayer Identification Number (TIN) or Social Security Number (SSN) *

Child Care Program Name *

Child Care Program Type *

- Please Select
- Family Child Care Home I
- Family Child Care Home II
- Child Care Center
- School Age Only Center
- Preschool



Use the dropdown menu to select your license number and utilize the search bar for a quick search.

Child Care Program License Number *

Type or Select

1234

- F112338
- F112333
- F112335
- F11233

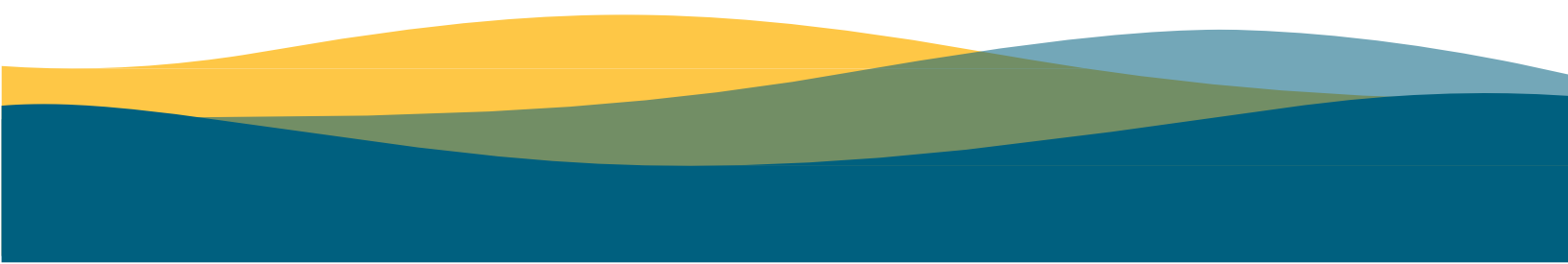
To view the Nebraska Roster of Licensed Child Care and Preschool Programs roster click [here](#).

Enter your Taxpayer Identification Number (TIN) or Social Security Number (SSN) in the designated space.

Please provide your Taxpayer Identification Number (TIN) or your Social Security Number (SSN) in the spaces provided below. Please note that the TIN can be a federal number. Find more information on the TIN [here](#).

Federal Taxpayer Identification Number (TIN) or Social Security Number (SSN) *

999999999



Child Care Program Address

Applicants will enter the address of their child care program. Applicants can only apply for one address at a time.

Type in the address for all fields except for the 'County' field where you will use the drop down to find your county.

Child Care Program Address

Please enter the physical address for the child care program. This should be the location where child care is provided. If you have multiple child care program locations, you must submit a separate application for each location.

Address *

Street Address of the Child Care Program

Address 2

Suite, Unit, etc.

City *

State *

Zip Code *

Enter a 5 digit zip code

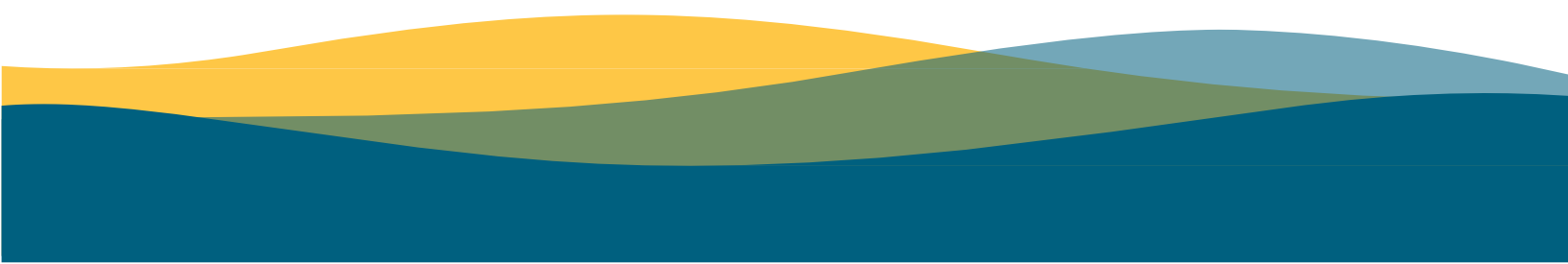
County *

Lancaster
▼

[Back](#)

[Save](#)

[Next](#)



Technology Request

The Child Care Program Type will be automatically populated based on the selection made earlier in the application.

Child Care Program Capacity should indicate the maximum number of children the program can serve, not the number of children being served at the time this application is completed.

Applicants are required to review the available technology equipment options and select the desired items.

The total cost will be automatically calculated at the bottom of the page.

If you select 'Yes' for the 'Tablet' and/or "Wifi Extender" fields, the 'Quantity Allotted' will automatically populate based on the program's capacity. If you would like to request fewer items than what's allotted, please enter your request in the 'Quantity Requested' field.

Technology Request

Child Care Program Type	Child Care Program Capacity *
Child Care Center	110

Technology Equipment

Laptop

Yes

Will be provided with one Microsoft Office 365 License

Tablet

Please Select

Please Select

Yes

No

Technology Equipment

Laptop

Yes

Will be provided with a Microsoft Office Home and Business License

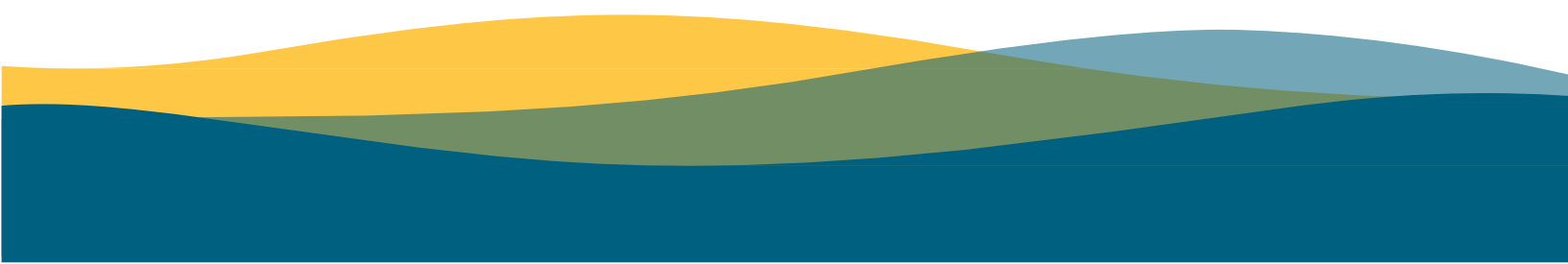
Desktop

Yes

Will be provided with a Microsoft Office Home and Business License

Tablet	Quantity Allotted - Tablet	Quantity Requested - Tablet
Yes	11	11

Must be equal to or less than Quantity Allotted



Terms & Conditions and Signature

Applicants must agree to the Terms and Conditions by reading through the text and checking a box.

Terms & Conditions and Signature

By clicking the submit button, I agree to terms & conditions. *

"I understand that technology devices awarded through the Technology Access Program of the Nebraska Department of Health and Human Services Office of Economic Development are intended for the awardee only therefore are non-transferable, not to be resold or gifted in any manner."

"I agree to comply with all applicable federal laws, regulations, executive orders, policies, procedures, and directives regarding the award process from application to audit and beyond."

"I understand that grant recipients are required to remain open and caring for children for 12 (twelve) months after their awarded date (date they signed the grant agreement). Closing the business before 12 (twelve) months have passed may require the grant recipient to return the Technology Package or reimburse DHHS for the total cost of their Technology Package."

"I agree to the public reporting of award information as part of the State of Nebraska's public transparency and accounting."

"I confirm this application contains complete and accurate information."

"I understand technology packages will be awarded to eligible applicants on a first come first served basis until all

Click on the 'Signature' field and select how you want to add your signature - type or draw.

After typing or drawing, click 'Use' to save.

YOUR SIGNATURE
✕

Type Draw

Select color
Clear

Cancel
Use

Click the 'Submit' button after completing all fields to submit your application.

First Name *

Last Name *

Signature: *Jane Doe* *

Signature Date *

Date

Back
Save
Submit

