



REETAIN Bonus Application Guide

For Family Child Care Educators

The Fall 2025 Family Child Care REETAIN Bonus is a competitive grant that is available to family child care educators in Minnesota who meet and exceed certain eligibility requirements that have been written into [state legislation](#). These rules and eligibility requirements are reflected in the application and scoring process through a partnership between the Minnesota Department of Children, Youth, and Families and Child Care Aware of Minnesota.

The number of educators who will receive the bonus is determined by the total number of applicants and the score you receive in the review process. The total number of applicants will vary each round. Due to fluctuations in the amount of funding, it is not guaranteed that all eligible applicants will receive a bonus.

Please review the Fall 2025 Family Child Care REETAIN Bonus Application guide thoroughly and follow all written application instructions closely to ensure that you submit an application that is complete and eligible. Incomplete and ineligible applications cannot be scored.

The Fall 2025 Family Child Care REETAIN Bonus Application will be open October 1-November 30. The application will close at midnight on November 30.

Technical support for setting up your account will end at 5 p.m. on November 28. It is recommended that you set up your account prior to this date and time. For questions setting up your account email techsupport@childcareawaremn.org. There is a 24-hour response time for technical support.

For all other questions or concerns about your application, email REETAIN@childcareawaremn.org **before** submitting your application. All applications are final after they have been submitted.

REETAIN Bonus Application Checklist for Family Child Care Educators

- Read information on the following pages before submitting your application
- Create a new account in the Grants and Scholarships Application Portal.
- Login to your new account with the Grants and Scholarships Application Portal.
- Complete your REETAIN Bonus Application.
- Upload required documents:
 - A complete W-9 form
 - Current DHS/DCYF Family Child Care License or the current DHS/DCYF Family Child Care License where you are employed
 - DCYF Licensing Learning Record from Develop
- Double check that your application is complete and all uploaded documents include the necessary information that is outlined in this guide and in all written application instructions.
- Submit your application. All applications are final after they have been submitted.

Please note: No paper copies of documents will be accepted. Please make sure all documents are easy to read and are not locked or password protected. We will be unable to process your application if we cannot read or access the uploaded documents. If you have any questions or concerns about uploading your documents in the Grants and Scholarships Application Portal, email REETAIN@childcareawaremn.org before submitting your application.

Language Access Line

Think Small's Language Access Line is a free statewide service that is available for individuals looking for child care resource and referral support in a language other than English. To connect to any of our programs or resources with an interpreter, please contact us using the following steps below.

Metro area callers: 651-665-0150

Greater Minnesota callers: 1-888-291-9811

- For Spanish, press option 1
- For Hmong, press option 2
- For Somali, press option 3
- For all other languages, press Option 5

La Línea de Acceso Lingüístico/Language Access Line es un servicio estatal gratuito disponible para ayudar a los clientes en todos los demás idiomas además del inglés. Para conectarse a cualquiera de nuestros programas o recursos con un intérprete, comuníquese con la LAL a continuación.

Personas que llaman del área metropolitana: 651-665-0150

Personas que llaman de otras áreas de Minnesota: 1-888-291-9811

Para español, presione la opción 1

Think Small qhov Kev Pab Siv Lwm Yam Lus/Language Access Line yog ib qho kev pab pub dawb thoob plaws lub lav rau cov neeg uas xav tau kev pab ntsig txog zov menyuam thiab siv lwm yam lus uas tsis yog lus Aaskiv. Yog xav paub ntxiv txog peb lub koom haum cov kev pab thiab xav tau ib tug neeg pab txhais lus, thov hu tus xovtooj hauv qab no.

Siv tus xovtooj no yog koj hu tuaj hauv nroog Ntxaib: 651-665-0150

Siv tus xovtooj no yog koj hu tuaj sab nraum nroog Ntxaib: 1-888-291-9811

Xav tau Hmoob txhais lus, nias tus lej 2

Khadka Helidda Luuqadda/Language Access Line ee Think Small waa adeeg bilaash ah oo gobolka oo dhan ah oo ay heli karaan shaqsiyaadka raadinaya agab-caawimeed xanaanada carruurta iyo taageero sii gudbin ah ee luuqad aan Ingiriis ahayn. Si aad ugu xirantid barnaamijyadeena ama agab-caawimaadkeena iyagoo ay la socdaan turjumaan, fadlan hoos kala xiriir LAL:

Ka soo wacayaasha aagga magaalada weyn: 651-665-0150

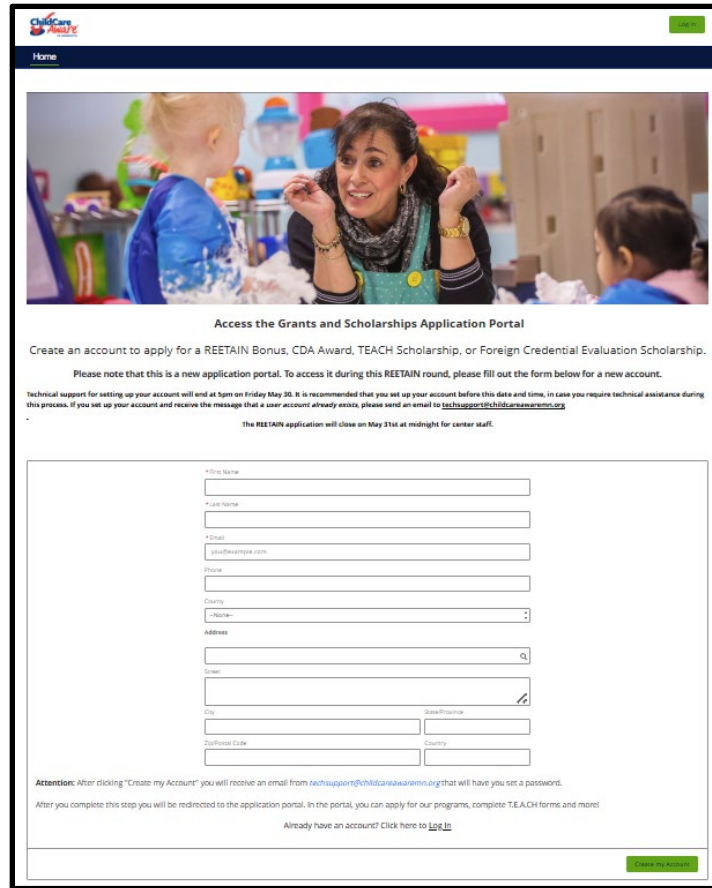
Ka soo wacayaasha Greater Minnesota: 1-888-291-9811

Luuqadda Af Soomaaliga, riix doorashada 3-aad

Access the Grants and Scholarships Application Portal

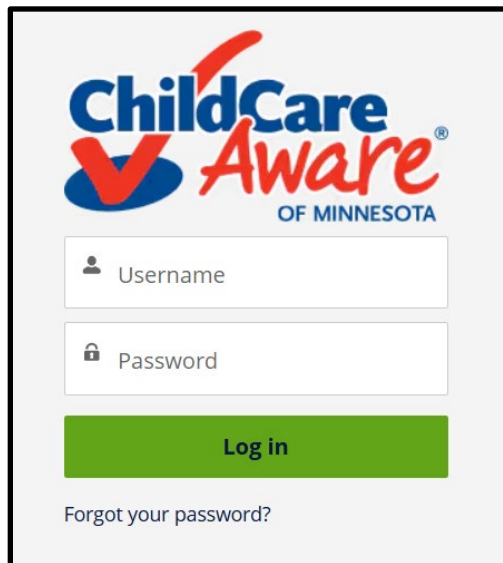
Follow the steps below to create and access your account in the Grants and Scholarships Application Portal

Step 1: Create your account in the Grants and Scholarships Application Portal



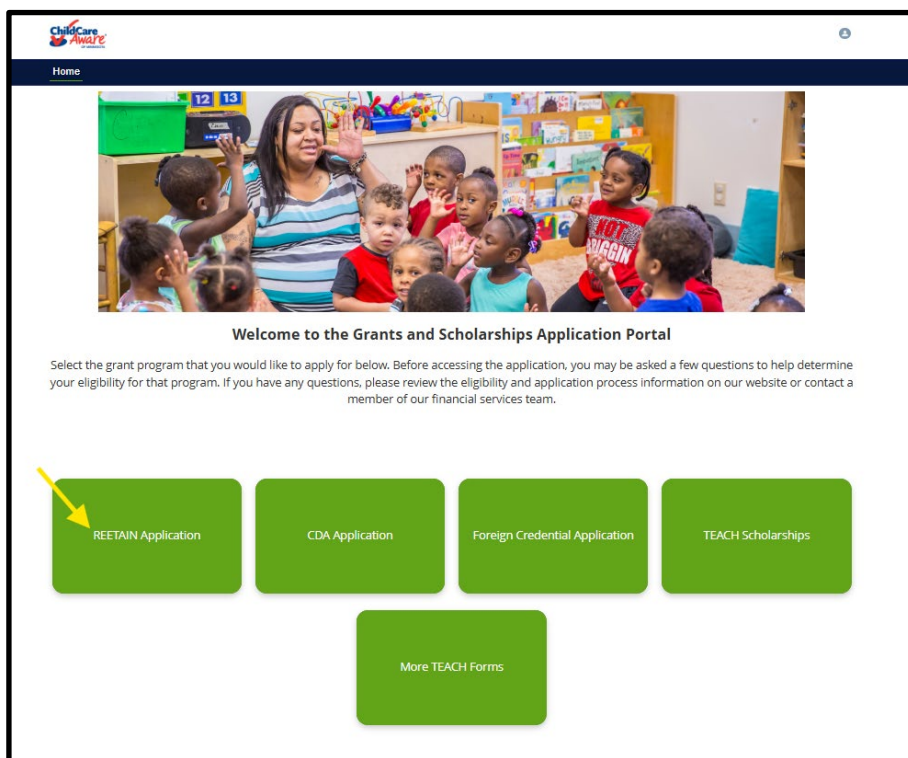
The screenshot shows the registration page for the Grants and Scholarships Application Portal. At the top, there is a header with the ChildCare Aware of Minnesota logo and a 'Log In' button. Below the header is a large image of a woman interacting with two children. The main heading is 'Access the Grants and Scholarships Application Portal'. Below this, it says 'Create an account to apply for a REETAIN Bonus, CDA Award, TEACH Scholarship, or Foreign Credential Evaluation Scholarship.' A note states: 'Please note that this is a new application portal. To access it during this REETAIN round, please fill out the form below for a new account.' A technical support note mentions that support for setting up the account will end at 5pm on Friday May 30, and recommends setting up the account before this date. A link to techsupport@childcareawaremn.org is provided for technical assistance. A warning states: 'The REETAIN application will close on May 31st at midnight for center staff.' The registration form includes fields for First Name, Last Name, Email (with a placeholder 'jdoe@example.com'), Phone, County (a dropdown menu), Address, City, State/Province, Zip/Postal Code, and Country. Below the form, an attention note says: 'Attention: After clicking "Create my Account" you will receive an email from techsupport@childcareawaremn.org that will have you set a password. After you complete this step you will be redirected to the application portal, in the portal, you can apply for our programs, complete TEACH forms and more!' A link to 'Log In' is provided for users who already have an account. A 'Create my Account' button is at the bottom right.

Step 2: Log In to your new account



The screenshot shows the login page for the Grants and Scholarships Application Portal. At the top, there is a large logo for ChildCare Aware of Minnesota. Below the logo are two input fields: 'Username' and 'Password'. Below these fields is a green 'Log in' button. At the bottom, there is a link that says 'Forgot your password?'.

Step 3: Select REETAIN Application



Step 4: Complete all questions in the Fall 2025 REETAIN Bonus Application. Questions must be answered honestly. Providing false information will automatically deem your application ineligible.

Upload Required Documents

Please make sure all documents are easy to read and are not locked or password protected. We will be unable to process your application if we cannot read or access the uploaded documents. You will need to upload three documents:

- DCYF Licensing Learning Record from Develop
- A complete W-9 form
- Current DHS/DCYF Family Child Care License or the current DHS/DCYF Family Child Care License where you are employed

The instructions for submitting the three required documents are below.

Required document #1: DCYF Licensing Learning Record from Develop

Upload a copy of your DCYF Licensing Learning Record from Develop. Your DCYF Licensing Learning Record must include all pages and must include the information listed below and highlighted on an example Develop Learning Record below:

- A current Develop individual membership with an expiration date on or after the date that you submit your application.

- Verified employment as a Teacher, Assistant Teacher, Primary Care Provider, or Aide working directly with children at least 30 hours per week (or 1,560 hours per year) in a Minnesota licensed child care program. “Yes” must appear in the verified column.
- Current position start date is at least one year before the first day of the application period. (October 1, 2024)
- A Career Lattice Step of 5 or higher.

Achieve
MN CENTER FOR PROFESSIONAL DEVELOPMENT

Learning Record
Achieve MN Center for Professional Development
2908 Marketplace Drive #103
Fitchburg WI 53719

Knowledge and Competency Framework (KCF) Learning Record					
Name: [REDACTED]	MN Career Lattice Awarded: Step 11d		Date Printed: 10/22/2020	Individual ID: [REDACTED]	
			Membership Status: Current	Expiration Date: 1/31/2021	

Develop Learning Record Resources:

- [Locate, Print or Save your Learning Record \(PDF\)](#)
- [7.0 Printing Learning Records \(PDF\) Spanish](#)
- [7.0 Printing Learning Records \(PDF\) Somali](#)
- [7.0 Printing Learning Records \(PDF\) Hmong](#)



Do NOT submit your Certificate of Achievement.

Required document #2: W-9 Form

Family child care educators who are the license holder for their business can submit a W-9 form as an individual or as their business. Educators who work as a licensed family child care program and are not the license holder must submit a W-9 form as an individual. Please follow the appropriate instructions below.

Download the W-9 form below. Make sure to save the form to your computer or device so you can upload the completed form with your application.

[Form W-9 \(English\)](#)

To complete a W-9 form as an individual, follow these instructions:

1. Box 1: Fill in your first and last name
2. Box 2: Leave this space blank
3. Box 3a: Check the Individual/sole proprietor box
4. Box 5: Fill in your personal mailing address
5. Box 6: Fill in your personal city, state, and zip code
6. Part I: Enter your social security number

**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check <i>all</i> that apply. (Check only one box.) <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
				-				-	
OR									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
2 Business name/disregarded entity name, if different from above.		
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	5 Address (number, street, and apt. or suite no.). See instructions.	
6 City, state, and ZIP code	Requester's name and address (optional)	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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Social security number	
OR	
Employer identification number	

Part II Certification

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- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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Sign Here

Signature of U.S. person

Date

General Instructions

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New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Formulario
(Rev. marzo de 2024)
Department of the Treasury
Internal Revenue Service

W-9

Solicitud y Certificación del Número de Identificación del Contribuyente

Entregue el formulario al solicitante. No lo envíe al IRS.

Visite www.irs.gov/FormW9SP para obtener las instrucciones y la información más reciente.

Antes de comenzar. Para obtener orientación relacionada con el propósito del Formulario W-9, vea **Propósito del Formulario**.

1

Nombre de la entidad/del individuo. Se requiere una anotación. (En el caso de un dueño único o una entidad no considerada como separada de su dueño, anote en la línea 1 el nombre del dueño en la línea 1 y anote el nombre del negocio/de la entidad no considerada como separada de su dueño en la línea 2).

2

Nombre del negocio/nombre de la entidad no considerada como separada de su dueño, si es diferente al de arriba.

3

Marque el recuadro correspondiente para la clasificación tributaria federal de la entidad/del individuo cuyo nombre se indica en la línea 1. Marque solo uno de los siguientes recuadros:

☐ Individuo/duero único de un negocio

☐ Sociedad anónima de tipo C

☐ Sociedad anónima de tipo S

☐ Fideicomiso/caudal hereditario

☐ Sociedad colectiva

☐ LLC. Anote la clasificación tributaria (C=Soc. anónima de tipo C, S=Soc. anónima de tipo S, P=Soc. colectiva)

Nota: Marque el recuadro "LLC" de arriba y, en el espacio para anotar, anote el código correspondiente (C, S o P) para la clasificación tributaria de la compañía de responsabilidad limitada (LLC), a menos que sea una entidad no considerada como separada de su dueño. En su lugar, la entidad no considerada como separada de su dueño debe marcar el recuadro correspondiente a la clasificación tributaria de su dueño.

☐ Otro (vea las instrucciones)

4

Exenciones (los códigos aplican sólo a ciertas entidades, no a individuos; vea las instrucciones en la página 4):

Código de beneficiario exento (si alguno)

Código para la exención de la declaración conforme a FATCA (si alguno)

(Aplica a las cuentas mantenidas fuera de los Estados Unidos).

3b

Si en la línea 3a marcó "Sociedad colectiva" o "Fideicomiso/caudal hereditario" o marcó "LLC" y anotó "P" como la clasificación tributaria, y está proporcionando este formulario a una sociedad colectiva, fideicomiso o caudal hereditario en el cual tiene un interés participativo, marque este recuadro si tiene algún socio, propietario o beneficiario extranjero. Vea las instrucciones.

5

Dirección (Número, calle y número de apartamento u oficina). Vea las instrucciones.

6

Ciudad, estado y código postal (ZIP)

7

Anote el (los) número(s) de cuenta(s) aquí (opcional)

Nombre y dirección del solicitante (opcional)

Parte I

Número de Identificación del Contribuyente (TIN)

Anote su número de identificación del contribuyente (TIN, por sus siglas en inglés) en el encasillado correspondiente. El TIN tiene que concordar con el nombre provisto en la línea 1 para evitar la retención adicional de impuesto. Para los individuos, éste generalmente es su número de Seguro Social (SSN, por sus siglas en inglés). Sin embargo, para un extranjero residente, dueño único de un negocio o entidad no considerada como separada de su dueño, vea las instrucciones para la Parte I, más adelante. Para otras entidades, es su número de identificación del empleador (EIN, por sus siglas en inglés). Si no tiene un número, vea **Cómo obtener un TIN**, más adelante.

Nota: Si la cuenta está a nombre de más de una persona, vea las instrucciones para la línea 1. Vea también **Nombre y Número que se le Debe Dar al Solicitante** para las reglas generales sobre cuál número debe anotar.

Número de Seguro Social

Número de identificación del empleador

Parte II

Certificación

Bajo pena de perjurio, yo certifico que:

1. El número que aparece en este formulario es mi número de identificación del contribuyente correcto (o estoy esperando que me emitan un número) y

2. No estoy sujeto a la retención adicional de impuestos porque (a) estoy exento de la retención adicional o (b) no he sido notificado por el Servicio de Impuestos Internos (IRS, por sus siglas en inglés) que estoy sujeto a la retención adicional de impuestos como resultado de no declarar todos los intereses o dividendos o (c) el IRS me ha notificado que ya no estoy sujeto a la retención adicional y

3. Soy ciudadano de los EE. UU. u otra persona de los EE. UU. (definido más adelante) y

4. El (Los) código(s) de la FATCA anotado(s) en este formulario (si alguno) indicando que estoy exento de declarar conforme a FATCA es el (son los) correcto(s).

Instrucciones para la certificación. Tiene que tachar la partida 2 anteriormente si el IRS le ha notificado que usted en estos momentos está sujeto a la retención adicional porque no declaró todos los intereses y dividendos en su declaración de impuestos. Para las transacciones de bienes inmuebles, la partida 2 no corresponde. Para los intereses hipotecarios pagados, la adquisición o abandono de bienes garantizados, la cancelación de deudas, las aportaciones a un arreglo individual de ahorro para la jubilación (IRA, por sus siglas en inglés) y, por lo general, los pagos que no sean intereses y dividendos, no se le requiere firmar la certificación pero tiene que proveer su TIN correcto. Vea las instrucciones para la Parte II, más adelante.

Firme Aquí

Fecha

Instrucciones Generales

Las secciones a las cuales se hace referencia corresponden al Código Federal de Impuestos Internos, a menos que se indique de otra manera.

Acontecimientos futuros. Para la información más reciente sobre los acontecimientos relacionados con el Formulario W-9 y sus

instrucciones, tales como legislación promulgada después de que éstos se hayan publicado, visite www.irs.gov/FormW9SP.

Qué Hay de Nuevo

La línea 3a se ha modificado para aclarar cómo una entidad no considerada como separada de su dueño completa esta línea. Una LLC

Cat. No. 38917U

Form **W-9 (sp)** (Rev. 3-2024)

REETAIN Bonus Application Guide

October 2025

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Required document #3: DCYF/DHS Family Child Care License

Upload a copy of your current DCYF/DHS Family Child Care License with a valid expiration date or the current DCYF/DHS Family Child Care License where you are employed.

STATE OF MINNESOTA
Family Child Care License

License Issued To: [Redacted]

Doing Business At: [Redacted]

Capacity: 14

Service(s) Provided: Family Child Care

County/Agency: [Redacted]

Ages Served: 6 weeks through 10 years

Class: C3-Group Family Child Care
Two adult caregivers required for 14 children, maximum of 10 under school age, of which no more than 4 shall be infants/toddlers; of which no more than 3 shall be infants.

No transporting of children under age nine.

License Number: [Redacted]

Issue Date: 6/1/2024 Expiration Date: 5/31/2026

In accordance with the provisions of Minnesota State Statute Chapter 245A and Minnesota Rules, parts 9502.0030 to 9502.0445 established by the Department of Human Services, a license is granted to:

[Redacted]

Kulani R. Moti
Inspector General

Jodi Harpstend
DHS Commissioner

Minnesota Department of Human Services
Office of Inspector General, Licensing Division
P.O. Box 64242, Saint Paul, MN 55164-0242
<http://www.dhs.state.mn.us/licensing>

For questions about your child's care, contact Washington County Community Services at (651) 430-6000
For more information about a licensed program visit <https://licensinglookup.dhs.state.mn.us/>

Complete Your REETAIN Bonus Application

Once you have answered all the application questions and uploaded your three required documents, you will receive a pop-up window notifying you that your application has been submitted. You will also receive an email confirming receipt of your application. Please check your spam folder for your confirmation email.

The REETAIN team will review and score applications. You will receive an email by December 20, 2025, letting you know if you have been:

- Awarded a REETAIN bonus for this round and will include next steps on accepting and receiving your bonus OR
- Denied a REETAIN bonus due to one of the following reasons: ineligible application, incomplete application, or lack of funds.