



# Macomb County Child Care Coalition

Macomb County Child Care Coalition (MC4)

## Instructions for Completing the Parent/Provider Payment Request Form

Macomb County Child Care Coalition (MC4) members who represent the perspective of families and/or child care providers are eligible to be *compensated* at the rate of \$20 per hour for the work they do on behalf of the coalition. Family and provider representatives may also request to be *reimbursed* for child care expenses incurred during coalition work at \$10 per hour or \$13 per hour for children with special needs. Family and provider representatives may also request to be *reimbursed* for travel on behalf of the coalition at the current IRS approved rate of \$0.655 per mile.

Compensation for time spent on coalition is taxable income. If you receive more than \$600 in compensation, Macomb County will issue you a 1099 for tax purposes.

Before you can be compensated, you **MUST** submit a signed W-9 Form so that Macomb County can enter you into the payment system. The W9 form will be sent via email from DocuSign to ensure the documents are safely encrypted. (Please do not send a completed W9 by email.)

Please submit all requests within 10 days of coalition work/reimbursable expenses.

Use the Parent/Provider Payment Request Form (<https://form.jotform.com/232153163292147>) and check all payment types that apply to you (attendance, mileage and/or child care).

For **Attendance**, enter the date and type of work performed. Enter the total number of minutes for the date entered, including any time you spent preparing for the meeting and travel to and from the meeting location. The form will calculate minutes entered into hours for payment.

For **Mileage**, enter the total number of miles traveled to and from the meeting location using a known mapping tool such as [Google Maps](#) to verify your mileage. You will need to enter your starting address and the address of the meeting. Save a copy of the page or take a screenshot and upload.

For **Child Care**, enter the name of the provider, date of care and check whether the care provided was standard or for a special needs child. Enter the number of children who were in care while you did coalition work and the number of minutes. The form will calculate the number

of minutes into hours. To be reimbursed for child care, ask your provider to sign the <verification form>, upload the signed form and submit with the payment request form. There is a maximum of \$60 per child per day.

Finally, sign and date the form and upload required attachments and hit submit. Incomplete submissions may delay your payment. Please double check to make sure everything is accurate and all supporting details are attached before submitting. Please allow up to three weeks for your check to arrive by USPS.

If you have trouble using the form, please contact Jennifer Weot [jennifer.weot@macombgov.org](mailto:jennifer.weot@macombgov.org)

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