ECEI SCHOOL-AGE SUBSIDY

PROVIDER INVOICE GUIDE 10.5.20

IMPORTANT REMINDERS

- The online invoice processing is intended to be completed in one sitting. Once you select submit changes cannot be made.
- You will only be able to submit a maximum of 20 children per uploaded invoice. If you are invoicing for more than 20 children, you will need to submit a second invoice for the month.
- If the child received WPA in the past, use their ID when prompted to expediate the processing.
- Enter numerals when asked for numbers. DO NOT WRITE OUT WORDS. *Ex: 1, 2, 3, 4…not one, two, three, four.*
- Be very accurate with your email.
- You must have a business identification number in the County's Central Vendor Registration System. If you do not have one, register at **https://mcipcc.net/**
- All questions should be submitted to **SchoolAgeGrant@MontgomeryCountyMD.gov**

PART 1: PROVIDER INFORMATION

1. Type of Provider: Center or Family (select one)
2. Provider Name: Use your LEGAL BUSINESS NAME. This is the same name that matches the IRS taxpayer identification number. You must be consistent in the use of this name. It will be the same name used when registering for the County's central vendor registration system when awards are distributed.
3. Provider Phone Number: main number for the site
4. Provider Address: location of the site
5. Provider Contact Name: Who can we contact if there are issues or concerns?
6. Provider Contact Email: Who can we contact if there are issues or concerns?
7. Provider CVRS ID (see above)
8. Provider Rate: You must identify your weekly rate
9. Invoice Month: identify the month you are invoicing for

PART 2: CHILD(REN) INFORMATION

As a reminder, you can only add a maximum of 20 children. If you are invoicing for more than 20 children, you will need to submit a second invoice for the month.

The only items you can leave blank are Days Absent, Child ID from WPA, and State Scholarship Program.

1. For each child, you must complete the three fields indicated:
    - Child's Full Name and Date of Birth in numerical format MM/DD/YYYY
        - Example: Jane Doe, 05/13/2012

- Number of Days Absent and Child ID from WPA.
    - Example: 3 #4567
    - If the child did not have absences or does not have a WPA ID #, leave blank
- Weekly Reimbursement from State Scholarship Program
    - Example: $110

PART 3: PROVIDER CONSENT, CONFIRMATION AND SIGNATURE

- There is a box that indicates "Invoice Number." You will be provided with an Invoice Number upon submission. Be sure to record this.
- By completing your name and email, you are indicating all information submitted is true and accurate.
- After you click on submit, keep the receipt number(s) for your records. You will be given the option of downloading a PDF version of your invoice. We highly recommend you do so, as you cannot access this application after submittal.