



# Group/Family Day Care Initial Application in FAMS – Business Tab

This guide shows applicants how to complete the Business sections for their initial application in the Facility Application Management System (FAMS). In this section, applicants identify their business entity type, upload required business documentation, enter their business mailing address and populate board member or partner contact information.

Child day care is a business. It is important for you to select a business type that best meets your needs. Information on legal entity types is available from the [New York State Department of State](#) and the [New York State Empire State Development Corporation](#). You may also want to consult with an accountant and/or an attorney prior to making your selection.

Please note that an Individual Sole Proprietorship only has 4 sections while a Corporation, Limited Liability Company (LLC), Partnership or Unincorporated Association has 7 sections that will need to be complete.

In addition to this business section, you must complete all other sections in the applications before submitting your application for consideration by the Office of Children and Family Services (OCFS).

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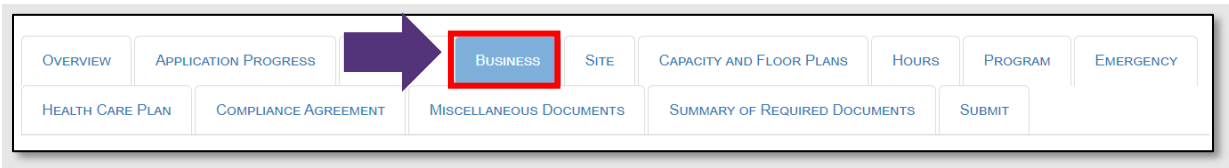
## Using the Business Tab

1. Log in to FAMS and select a facility.
2. On the FAMS Facility Dashboard page, under *Applications* select **View Application**.

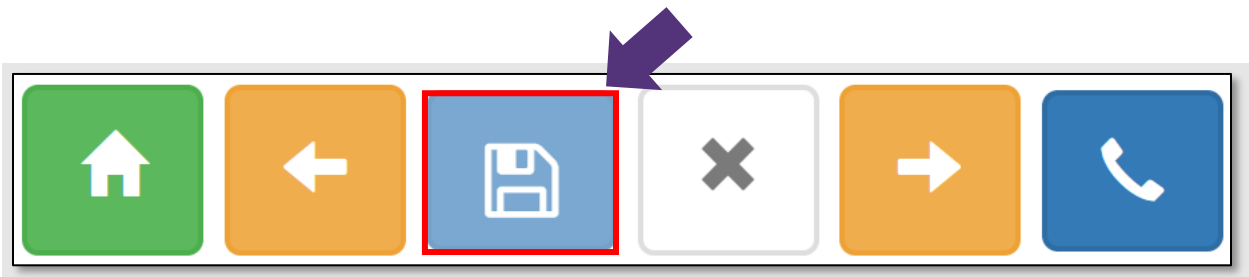
Applications

Type	Application	Created	Progress				Registration Date	Renewal Date
Initial	<a href="#">View Application</a>	09/19/2023	In Progress	Submitted	Under Review	Completed		

3. Select **Business** from the list of tabs.



**NOTE:** Select the **disk icon** at the top of the application window to save your information. Be sure to save your progress often while completing your application.





## 4. Complete Section 1 – Other Program Information

Select **Yes** or **No** to the question, “Does your program operate other childcare programs?”

Selecting **Yes** will display the **Add Program** button. **Select Add Program.**

Section 1 - Other Program Information

Other Program Information

Does your program operate other childcare programs? \*

Yes  No

**Program Operations:** Click the Add Program button to add other childcare programs your organization operates.

**Add Program**

Facility ID	Program Name	Address	Actions
No Programs Entered			

**Add Program** will display a table to enter any other childcare programs that you operate.

There are two different ways to add a program; either locate other childcare programs via search criteria or manually enter the program information.

### Program Search

Providers can search for a program by entering data in one or more of the *Search Criteria* fields then selecting **Search**. The Program name will display at the bottom. If this is the program you would like to add, click on the **Select** option to add the program to the table.



### Add Programs Your Organization Operates

Select **Program Search** to search for and select a program in New York State.

If a program is not located in New York State or you cannot locate a program using the **Program Search**, you can use **Manual Program Entry** to enter program information.

**Program Search** | **Manual Program Entry**

Search Criteria

Facility ID:

Program Name:

Zip Code:

### Manual Program Entry

Providers can manually add a program by selecting the **Manual Program Entry** tab and entering the information.

**Program Search** | **Manual Program Entry**

Enter the details of the program your organization operates.

Program Info

Facility ID:

Program Name: \*

Program Site Address

Street Number:

Street Name:

Street Line 2:

Apartment:

Floor Number:

City:

State: \*

Zip:



After entering the required information, select the **Add Program** button to add the program to the table.

You can add multiple programs using the **Program Search** or **Manual Program Entry**.

## 5. Complete Section 2 – Business Type

Information on legal entity types is available from the [New York State Department of State](#) and the [New York State Empire State Development Corporation](#).

Business Type Child day care is a business. It is important for you to select a business type that best meets your needs. Information on legal entity types is available from the [New York State Department of State](#) and the [New York State Empire State Development Corporation](#). You may also want to consult with an accountant and/or an attorney prior to making your selection.

**For any legal entity other than Sole Proprietor, you must submit formation papers and filing receipt.**

Entity Type	Description
Sole Proprietor	This is the legal entity if only one person will be solely responsible for the day care program.
Corporation	This is the legal entity separate and distinct from individual(s) who compose the business. To incorporate, incorporation papers must be filed with the New York State Department of State.
Legal Partnership	This is the legal entity type if you and one or more other individuals have formed a legal partnership.
Limited Liability Company (LLC)	To form an LLC, legal papers must be filed.
Unincorporated Association	This is an entity recognized by the IRS, but it does not require legal papers to define it. The registration/license document will list the name of each member of the Association in the 'Issued To' area.



**Answer** the question “*What type of business entity is this?*” A brief description is available for each entity type. Your answer will change the information that is displayed in Section 3 – Business Information.

What type of business entity is this? \*

- Corporation
- Individual Sole Proprietorship
- Limited Liability Company (LLC)
- Partnership
- Unincorporated Association

## 6. Complete Section 3 – Business Information

If the business type Individual Sole Proprietorship is selected, complete the *Federal ID* question, and select **Save**. There are no other questions in Section 3 for you to complete.

**NOTE:** A Social Security Number could be entered for the Federal ID. When entering your SSN, ignore the dash.

Section 3 - Individual Sole Proprietorship

Do you have a Federal ID? \*

Yes  No

Federal ID: \*

11-2222222

For all other types of business entity selections please continue and complete all questions related to the selected business type.

Section 3 - Business Information

Business Information

LLC Name: \*

Federal ID: \*

Date Formed: \*

Date Filed: \*



## 7. Complete Section 4 – Filing Receipt

The Department of State issues an official filing receipt to the person or entity filing or amending the Certificate of Incorporation.

**Upload** a complete copy of your **Filing Receipt**.

Section 4 - Filing Receipt

**Filing Receipt**

Filing Receipt State: \* New York

Filing Receipt upload: Upload a copy of your Filing Receipt.

Mail a copy of my filing receipt. ?

Although it is recommended to Upload your copy of the Filing Receipt, you may choose to mail a copy to your Regulator, Regulatory Office or CCR&R who is identified by selecting the question mark.

Mail Document

Mail a copy of your document to:

- Adam Regulator
- Swithins Headstart
- 99 Otis
- Swithins, NY 11111
- Telephone: (555) 555-5555

Note: If you have selected to submit your application electronically any documents mailed before submitting your application will not be accepted

**NOTE:** OCFS recommends that applicants upload documents into FAMS in order to avoid any delays in processing the receipt of the application. If you are unable to upload the documents, you must mail the filing receipt and all formation papers immediately to the regulator for your application.



## 8. Complete Section 5 – Corporate Certificate of Operation

**Answer** the questions in this section. Then **upload** a copy of your Formation Papers or mail a copy to your Regulator, Regional Office or CCR&R who is identified by selecting the question mark.

Section 5 - Corporate Certificate of Operation

Corporate Certificate of Operation

Does the Corporate Certificate of Operation authorize the entity to operate in NYS? \*  Yes  No

**?** Does the Corporate Certificate of Operation authorize the entity to engage in child care?  Yes  No

**?** Formation Papers upload: \* Upload a copy of your Formation Papers.

Upload  Mail a copy of my formation papers. **?**

If you select to mail a copy, 'To Be Mailed' will be populated in the Formation Papers table.

Formation Papers		
Document Type	Upload Date	
Formation Papers		
To Be Mailed	09/20/2023	





**NOTE:** If you select to mail a copy of your formation papers, please be sure you mail the formation papers immediately after submitting your application electronically.

## 9. Complete Section 6 – DBA Information

Select **Yes** to the question “*Does the business have a Doing Business as (DBA)?*”, the following DBA related questions will need to be completed.

Section 6 - DBA Information

DBA Information

Does the business have a Doing Business As (DBA)? \*  Yes  No

Is the DBA valid for use in the county or municipal jurisdiction in which the program will operate? \*  Yes  No

DBA Name (EXACTLY as it appears on certificate): \*

DBA (Doing Business As) upload: \* Upload a copy of your DBA Certificate.   Mail a copy of my DBA Certificate. ⓘ

## 10. Complete Section 7 – Business Contact Information

Select **Yes** or **No** to the question “*Does the Business use a P.O. Box?*” If **Yes** is selected, you will be asked to enter additional information.

Business Mailing Address

Does the Business use a P.O. Box? \*  Yes  No

Street Number: \*

Street Name: \*

Street Line 2:

Apartment:

Floor Number:

City: \*

State: \*

Zip: \*



Continue and **complete** the **Business Contact Information** in this section.

Business Contact Information

First Name: \*

Last Name: \*

Business Telephone/Ext.: \*    Primary  Unlisted

Business Cell Phone:   Primary

Business Fax:

Business Email: \*

A **minimum of two Partners** for a **Partnership** business entity or at least **one Board Member** for a **Corporation** business entity is required. There are three different options to meet this requirement:

1. Enter the required information in the table provided.
2. Use the Members template to record all board/partner members and upload the document.
3. Use your own template if it includes all the required information as specified and upload the document.

Board Members \* Enter the following information for **at least one** Board Member.  
 For all remaining Board Members, you have the following options to meet the requirement:

- Enter the required information below for each individual Board Member.  
OR
- Use the [Board Members](#) template to record all board members and upload the completed document.  
OR
- Use your own template so long as it includes all of the required board member information as specified below and upload the completed document.

**Note:** You are required to maintain a current list of all Board Members on site.

Name	Title	Contact Info	Address Info	Prof Qual Title	Prof Qual Org	Civic Qual Title	Civic Qual Org	Actions
No Board Members Entered								



To add members using the table provided, select the **Add Board Member**, **Add Partner**, or **Add Member** button, and enter the required information.

Board Member Information

First Name: \*

Last Name: \*

Title:

**?** Business/Professional Qualification Title:

Business/Professional Qualification Organization:

**?** Civic Qualification Title:

Civic Qualification Organization:


Telephone/Ext: \*

Cell Phone:

Email:

Board Member Mailing Address

Is the Board Member's address a P.O. Box? \*  Yes  No



**NOTE:** This is an example of the Add Board Member fields. Depending on your business information, you may see different fields.

Name	Title	Contact Info	Address Info	Prof Qual Title	Prof Qual Org	Civic Qual Title	Civic Qual Org	Actions
Dan Director	Director	P: (222) 222-2222	555 Swithins Utica, NY 13501-2222	Pediatrician				<a href="#">Edit</a>   <a href="#">Delete</a>



Alternatively upload a template or check the box to mail a copy of your board members or partners to your Regulator, Regulatory Office or CC&R.

**Board Members upload:** Upload a complete list of your board members.

Mail a copy of my Board Members.

11. **Save** the information on this tab.

Select Save. A window will pop up with a message Processing Request for a short time then a message will display near the top of the page.



Or a message will appear near the top of the window asking you to complete required fields. Only after you have entered data in all the fields with the asterisk are you then able to Save.

