

MI Tri-Share CHILD CARE

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Employer Agreement - 2025 Addendum

The purpose of this Addendum is to modify, delete, or amend certain terms and conditions set forth in the MI Tri-Share Employer Agreement ("Employer Agreement") previously signed by Employer and United Way of Northwest Michigan. This Addendum and the Employer Agreement are incorporated into each other and, when read together, shall constitute one integrated document (the "Agreement"). Any inconsistency, conflict, or ambiguity between this Addendum and the Employer Agreement shall be resolved by giving precedence and effect to this Addendum.

Updated Income Eligibility Range: The Michigan Department of Lifelong Education, Advancement, and Potential ("MiLEAP") has expanded the eligibility range for MI Tri-Share. **Effective May 1, 2025, families with household income between 200% and 400% of the Federal Poverty Level ("FPL") will qualify for MI Tri-Share.** Therefore, the parties agree to modify the eligibility range included in the Employer Agreement from "200% and 325% of the Federal Poverty Level" to "200% and 400% of the Federal Poverty Level."

MI Tri-Share Program Eligibility 2025

| Household Size | Minimum | Maximum Income | Household Size | Minimum | Maximum Income |
|----------------|----------|----------------|----------------|-----------|----------------|
| 2 People | \$42,300 | \$ 84,600 | 6 People | \$86,300 | \$172,600 |
| 3 People | \$53,300 | \$106,600 | 7 People | \$97,300 | \$194,600 |
| 4 People | \$64,300 | \$128,600 | 8 People | \$108,300 | \$216,600 |
| 5 People | \$75,300 | \$150,600 | 9 People | \$119,300 | \$238,600 |

200% - 400% Federal Poverty Level - Effective May 1, 2025

Extended "Care-Share" Option: Beginning on July 1, 2025, employers can choose to add an extended MI Tri-Share program ("Care-Share"), for employees with household incomes above the 400% FPL MI Tri-Share income eligibility threshold. By choosing to offer this option, employers agree to a two-way split - and will continue to contribute one-third (33.33%) of the child care costs for each employee participating in the Care-Share program and collect the remaining two-thirds (66.67%) of the child care cost from each participating employee. The state of Michigan covers all associated administrative fees for this program, but does not contribute toward the care costs.

Does the business want to offer Care-Share starting on July 1, 2025? YES NO

If yes, are there any specific parameters or slot restrictions that apply only to Care-Share?

Please list: _____

Note: Parameters are optional. To review or update the parameters that apply generally to MI Tri-Share and Care-Share participants, please contact UWNWMI for a new parameter page.

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Additional Employer Selections: Please answer questions 1 and 2 below as these are new employer choices that will impact employee eligibility within the program. The selections made below take effect on the date this Addendum is signed.

1. Does the business want to offer the benefit to cover children over the age of 12? ☐ **YES** ☐ **NO**

If yes, please specify what ages between 13-17 you would like to add: _____

2. Does the business want to offer the benefit to cover licensed Michigan summer camps? ☐ **YES** ☐ **NO**

Note: Camps have different licenses than child care provider licenses. Some child care programs call summer care "camps" which would be automatically covered under standard program guidelines. In some areas, licensed summer camps are the only option for school aged children.

If **yes**, which camps would you like to cover? ☐ **Day Camp** ☐ **Overnight Camp** ☐ **Both**

Do you want to specify a number of camp slots per year? If so, how many? _____

If selecting to cover overnight camp, would you like to specify the maximum amount of days or the number of camps a child can attend? If so, please list. (Example: One 7-night camp per child, per family.)

We, the undersigned, agree to the provisions identified in this Addendum to the original Employer Agreement.

Employer Business Name: _____

Employer's Authorized Designee & Title (printed): _____

Employer's Authorized Designee Signature: _____ **Date:** _____

United Way of Northwest Michigan

Address: 4075 Copper Ridge Drive, Traverse City, MI 49684

Phone: (231) 947-3200

Executive Director Name: Seth Johnson

Executive Director Signature:  **Date:** 5/1/25

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