

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**NEW YORK FORWARD CHILD CARE EXPANSION INCENTIVE ONE-TIME
REOPENING/RESTRUCTURING AND TEMPORARY OPERATING
ASSISTANCE APPLICATION**

For Family Day Care, Group Family Day Care, Small Day Care Centers, Day Care Centers and
New York City Group Day Care Programs, School-Age Child Care

Program Name:	Facility ID or NYS Permit Number:
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Instructions:

This application is for two separate grants available through New York State from the federal CARES Act related to the COVID-19 pandemic. One grant opportunity is a one-time reopening/restructuring materials, activities, and supplies grant to assist reopening and expansion of capacity in child care programs to support a more socially distant model. The second grant opportunity is a temporary operating assistance grant to assist with reopening and expansion of capacity in child care programs.

- All questions must be answered as instructed below in order to be considered for a grant.
- Applications must be returned by 5 p.m. on July 22, 2020 to ocfs.sm.CARES2LR@ocfs.ny.gov.
- This is a noncompetitive application. To determine your eligibility group, please go to Part IV.
 1. Programs in Groups A and B are eligible for a One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant and a Temporary Operating Assistance Grant if they submit an application by July 22, meet eligibility requirements, and sign all attestations. Upon the Office of Children and Family Services' (OCFS) plan approval, such programs may receive the One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant amount for their modality. They will also receive a Temporary Operating Assistance Grant for at least a portion of the maximum grant amount(s) for their modality. Modality maximum grant amounts may be reduced proportionately prior to award to support all eligible programs.
 2. Programs in Group C are eligible for a One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant if they submit an application by July 22, meet eligibility requirements, and sign all attestations. Upon OCFS's plan approval, such programs will receive the One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant amount for their modality.
 3. Programs in group D will receive funds on a proportional basis based on the grant amount for their modality if funds are available.
- Funding Advances.
 - One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant. There is no advance. Receipts must be submitted to the program's local child care resource and referral agency (CCR&R) to obtain reimbursement.
 - Temporary Operating Assistance Grant. An advance may be requested if no other funds are available to the program to finance the project costs up front. The amount should be the minimum amount necessary that needs to be paid out immediately to achieve the work in the proposed plan. If you need an advance to complete the project, please indicate the amount unable to be financed up front from other sources in the application below and complete the required attestation. Receipts must still be submitted to the CCR&R for all items purchased with grant funds.

Definitions for This Grant Opportunity:

- Closed on June 15 – This means that the program was not in operation providing child care services on that date due to COVID-19.
- Open on June 15 - If the program has been in operation providing child care services but was closed on June 15 for a vacation day or planned break, it is considered an open program for purposes of this grant opportunity.

Part I - Application General Information and Eligibility Questions: Required for all Applicants

Applicant's Program Contact: _____
First Name Last Name

Program Information:

Program Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number: ()- -		
Program Email Address:		

1. Is your program currently open and serving families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "No," when will your program reopen?	<p style="text-align: center;">____ / ____ / ____ *</p> <p style="text-align: center;">(MM/DD/YY)</p> <p>*Programs must reopen within two weeks of application submission to be eligible for either grant.</p>
3. What age groups does your program serve? (Choose all that apply.)	<p>Ages of children served:</p> <p>Infant <input type="checkbox"/></p> <p>Toddlers <input type="checkbox"/></p> <p>Preschool <input type="checkbox"/></p> <p>School Age <input type="checkbox"/></p>
4. Was your program open or closed on June 15, 2020?	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Part II - Eligibility Questions Required Only for Those Who Responded "Open" on Question 4 in Part I

Question	Answer
If you answered "Open," please complete the following questions. If your program is closed, skip this section and respond to Part III.	<input type="checkbox"/> Open <input type="checkbox"/> Closed
1. What is your program's licensed/registered/permitted capacity?	
2. If your program has been operating, how many children were in care on June 15, 2020?	
3.. How many additional children will your program be able to serve as a result of this grant through increasing or restoring enrollment up to your allowable capacity?	
4. How many children do you anticipate your program will serve on August 5, 2020?	

Part III - Eligibility Questions Required Only for Those Who Responded “Closed” on Question 4 in Part I

If you answered “Closed,” please complete the following questions. Otherwise skip to Part IV.	
What is your program’s licensed/registered/permitted capacity?	
If your program has not been operating due to COVID-19, what is your anticipated reopening date?	/ /
How many children will your program serve upon reopening?	
How many children do you anticipate your program will serve on August 5, 2020?	

Part IV - Required Eligibility Checklist Required for All Applicants to Determine Grant Eligibility

Answer “Yes” to ONLY ONE of the following four options that most accurately describes your program.	
<p>1. Group A - My program was closed (not operating) on June 15, 2020 due to COVID-19, but I plan to reopen within two weeks of submitting this application. Note: This answer must be consistent with answer in Part I and III</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If true, you are eligible for both grants. Please complete the entire application to apply for both grants.</p>
<p>2. Group B - My program is currently operating, and I am expanding the number of children served by the program by adding additional classrooms/groups (for example, increasing from seven to 18 kids, requiring a second classroom or group within a classroom). Note: This should be reflected in questions in Parts I and II.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If true, you are eligible for both grants. Please complete the entire application to apply for both grants.</p>
<p>3. Group C - My program is currently operating, and I am planning on expanding the number of children served by the program but maintaining the number of classrooms/groups (for example, increasing from four to eight kids within one preschool classroom). Note: This should be reflected in questions in Parts I and II.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If true, you are eligible for the One-Time Restructuring/Reopening Materials, Activities, and Supplies Grant only. Please complete the entire application except for Part VIII.</p>
<p>4. Group D - My program is currently operating. It will NOT be expanding the number of children served, but needs additional materials, activities, or supplies to comply with social-distancing rules. Note: This should be reflected in questions in Parts I and II.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If true, you MAY be eligible for the One-Time Restructuring/Reopening Materials, Activities, and Supplies Grant if funds are available. Please complete the entire application except for Part VIII.</p>

Part V. Required for All Applicants

Which program(s) are you applying for?	<p><input type="checkbox"/> One Time Reopening/Restructuring Materials, Activities, and Supplies Grant (Groups A-D eligible)</p> <p><input type="checkbox"/> Temporary Operating Assistance Grant (Groups A and B eligible)</p> <p><input type="checkbox"/> Both (Groups A and B eligible)</p>
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Part VI - Proposed Budget and Budget Narrative: Required for One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant (Required for Group A, B, and C Applicants as defined in Part IV)

You must submit a proposed budget equal to the maximum grant amount for your modality (using the separate **Appendix A: Budget Template for New York Forward Child Care Expansion Incentive Grants**) and a budget narrative explaining how the One-Time Grant for Reopening/Restructuring Materials, Activities, and Supplies will support the increase or restoration of enrollment. (Please attach additional sheets as necessary.)

Part VII - Required Questions for One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant (Required for Group A, B, and C Applicants as defined in Part IV)

Provide a narrative answer to each of the items below if you are seeking grant money for space modification, reopening activities, supplies, or training.

Purpose of Requested Funds	Description
<p>1. Physical Space Modification Needs Describe the pre-pandemic layout of the program, and how the program will make adaptations to meet all regulatory and social distancing physical space requirements. Any of the proposed adaptations that will be funded through these grants must be accompanied by a floor plan or photos of proposed space. If funding is not being requested for space modifications, write N/A.</p>	
<p>2. Supplies for Increased Enrollment Describe the need for any additional supplies either for social distancing (e.g., individual art supplies) or cleaning supplies or personal protective equipment. For social distancing supplies, note how many children will be served. If funding is not being requested for supplies, write N/A.</p>	
<p>3. Training Describe how many hours of training are needed and how many individuals will be trained for any staff that will be added to expand the number of children served. If funding is not being requested for training, put N/A.</p>	
<p>4. Other Describe here if there are other purposes requested for the funds.</p>	

Part VIII - Required Questions for Temporary Operating Assistance Grant (Required for Groups A and B as defined in Part IV)

Required Submissions	Confirm Submission
<p>1. Pre-Pandemic Enrollment You must submit your enrollment roster as of March 1, 2020, by classroom with this application.</p>	<p>Did you submit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>2. Mid-Pandemic Enrollment You must submit your roster of children in care on June 15, 2020, by classroom.</p> <p>Please note if your program was closed on this date.</p> <p>(Please Note: Programs serving children paid for with child care subsidies should count those children as attending/present if programs have received payments for their absences by the local department of social services. Programs should NOT identify these children on the roster; only the total number of children should be indicated.</p>	<p>Did you submit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Summer Enrollment You must submit your anticipated roster of children in care for August 5, 2020, by classroom with your application. Programs are encouraged to reach out to families to ask about anticipated returns.</p> <p>(Please Note: Programs serving children paid for with child care subsidies should count those children as attending/present if programs have received payments for their absences by the local department of social services. Programs should NOT identify these children on the roster; just the total number of children should be indicated.)</p>	<p>Did you submit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Budget You must submit a budget for monthly classroom expenses for the grant funds using the separate Appendix A: Budget Template for New York Forward Child Care Expansion Incentive Grants</p>	<p>Did you submit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Sustainability Plan You must submit a plan for how programs will maintain the enrollment and plan to return to pre-pandemic enrollment levels, especially as grant funds are reduced.</p>	<p>Did you submit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. How many classrooms are you applying to restore with this grant? The maximum number of classrooms that a program can apply for is five.</p> <p>(Note: In the event that the dollar value of applications exceeds the funding available for this grant, all approved applications will receive a proportional grant amount for one classroom before grants are awarded for additional classrooms.)</p>	<p>Number of classrooms:</p>
<p>7. Temporary Operating Grant Advance Request Requirements: Advance requests must be made in accordance with 2 CFR Part 200, which includes but is not limited to the following requirements:</p> <ol style="list-style-type: none"> a. To the extent available, grantee has dispersed all funds available from program income (including repayments to a revolving fund), rebates, refunds, contract settlements, audit recoveries, and interest earned on. 	<p>Temporary Operating Grant Advance Amount Requested: \$</p>

<p>such funds before requesting an advance payment;</p> <p>b. The advance payment request is limited to the minimum amounts needed to carry out the approved program.</p> <p>c. Payments must be timed to be in accordance with the actual, immediate cash requirements.</p>	
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Important Note: All items required must be submitted to OCFS so we can review your application. Incomplete applications will need to be revised, which will delay your award.

Attestation:

By signing this document, I attest to the following:

- I agree that my program will follow all OCFS regulations and New York State Department of Health (DOH) guidance and New York City Department of Health and Mental Health (NYC DOHMH) guidance, as applicable.
- I intend my program to be operating through December 31, 2020. I understand I may be required to return a pro-ration of the funding if this does not occur.
- I will use funds for allowable purposes as specified in the grant or as approved by OCFS and for no other purposes.
- I have submitted all required documentation.
- I will report to OCFS on a weekly basis, as requested by the agency, the number of children in care by age group.
- I understand that, regardless of my eligibility, the New York Forward Child Care Expansion Incentive Temporary Operating Assistance Application is contingent on the availability of funds to support it.
- I understand that this is a reimbursement process, and that receipts must be submitted to my local child care resource and referral agency in order to be reimbursed for approved expenditures unless my organization meets the criteria for an advance of Temporary Operating Grant funds.
- If requesting an advance, it is limited to the minimum amount needed to carry out the purpose of the approved program.
- Any advance payment request amount is limited to direct program or project-related costs.
- Disbursement of any advance payment received by my organization will be timed in accordance with the actual, immediate cash requirement in carrying out the purpose of the approved program.
- I certify that the information provided in this application is true and correct to the best of my knowledge, and that I have not withheld relevant information.

Signature of individual authorized to bind the organization:	Date: / /
Printed Name:	Role in Program:

NOTE: Only one application per program.