

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NY Forward COVID BUDGET MODIFICATION FORM

Providers that would like to add and/or remove items within an approved New York Forward Child Care Expansion Incentive One-Time Reopening/Restructuring and Temporary Operating Grant may do so using this form. Two tables are provided: one to add expenses and one to remove already approved expenses (if applicable to the request).

Once the modification request is received and reviewed, a staff person from OCFS will contact the individual listed below. If there are any questions or issues, please call OCFS at (518) 486-6247.

Tips for submission: If completing on paper, use black ink

- The total cost for all changes below cannot exceed the total grant amount.
- Submit the completed request via email to: OCFS.sm.CARES2LR@ocfs.ny.gov
- Page 3 of this form includes an attestation that must be signed for the form to be processed.

Program Name: _____ Facility ID/NYC Permit #: _____

Primary Contact: _____

Telephone Number: _____ E-mail Address: _____

List Below Individual Expenses to Add to an Approved Grant Application

For Temporary Operating Assistance Grants, please group all expenses for a classroom together.

OCFS Decision		Separately List Each Expense to be Added (+)	Quantity	Cost	Grant Type	If Reopening/Restructuring grant, select purpose below		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied					Social Distancing	Cleaning	PPE
1	<input type="checkbox"/> Approved				Reopening/Restructuring Temporary Operating Assistance; Classroom #: ____	Number of kids served: ____		
2	<input type="checkbox"/> Approved				Reopening/Restructuring Temporary Operating Assistance; Classroom #: ____	Number of kids served: ____		
3	<input type="checkbox"/> Approved				Reopening/Restructuring Temporary Operating Assistance; Classroom #: ____	Number of kids served: ____		

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4	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied				Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE
5	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied				Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE
6	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied				Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE
7	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied				Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE

List Below Individual Expenses to be Removed from an Approved Grant Application

For Temporary Operating Assistance Grants, please group all expenses for a classroom together.

OCFS Decision		Separately List Each Expense to be Removed (-)	Quantity	Cost	Grant Type	If Reopening/Restructuring grant, select purpose below		
1	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied			Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE
2	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied			Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE
3	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied			Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE
4	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied			Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE
5	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied			Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE

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6	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied				Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE
7	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied				Reopening/Restructuring Temporary Operating Assistance; Classroom #: __	Social Distancing Number of kids served: ____	Cleaning	PPE

Total for expenses added (+)	Total for expenses removed (-)

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 proration 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 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 was approved for an advance of Temporary Operating Grant funds.
- I certify that the information provided in this form is true and correct to the best of my knowledge, and that I have not withheld relevant information.

I hereby request that the budget modification, as described within this form, be made to the NEW YORK FORWARD CHILD CARE EXPANSION INCENTIVE ONE-TIME REOPENING/RESTRUCTURING AND/OR TEMPORARY OPERATING ASSISTANCE approved grant budget(s) on file with the Office of Children and Family Services.

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