

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NY FORWARD COVID REIMBURSEMENT REQUEST FORM

List all expenses for the grant below and attach the receipts before submitting for reimbursement to the assigned child care and resource and referral agency (CCR&R) by October 15, 2020. Once the request is received and approved, the CCR&R will reimburse you. If there are issues or questions, you will be contacted.

Tips for Claim Submission:

- Only submit for expenses approved within the grant application.
- A completed reimbursement request form with all associated receipts must be submitted for the request to be processed.
- Credit card statements cannot be submitted in place of a receipt.
- The reimbursement request form and all receipts must be legible.
- Submit the completed request form **and** supporting receipts to the assigned CCR&R and keep a copy for your records.

Program Name:	
Facility ID/NYC Permit #:	
Date: / /	Amount Charged to Grant:\$
Name of Individual Submitting Request:	
Telephone Number: () -	E-mail Address:

Instructions and Examples for Completing a Claim:

1. Two claim forms are provided: 1) Reopening/Restructuring Grant, and; 2) Temporary Operating Assistance Grant.
2. Expenses should be itemized and claimed within the correct grant form to match with the approved application.

Reopening/Restructuring Grant			
Date of Payment	Description of Items	Quantity	Amount Charged to Grant
8/15/2020	Individual art kits with crayons and paper	50	\$150
8/10/2020	5 hours of training for new staff	3 teachers	\$300

Temporary Operating Assistance Grant				
Please group all expenses for a classroom together.				
Date of Payment	Description of Items	Quantity	Classroom Number	Amount Charged to Grant
8/1/2020	Electricity Bill	1	1	\$200
8/1/2020	Food for Children	8	1	\$200
8/12/2020	Salary Lead Teacher	1	2	\$4,000

Have numerous expenses? If numerous items are being claimed and you would like to submit using a spreadsheet, use this form as a cover page and be sure your spreadsheet contains the same information below (grant type, date of payment, description of items, quantity, classroom number for temporary operating grants, and amount charged to grant).

Reopening/Restructuring Grant

	Date of Payment	Description of Items	Quantity	Amount Charged to Grant
1	/ /			\$
2	/ /			\$
3	/ /			\$
4	/ /			\$
5	/ /			\$
6	/ /			\$
7	/ /			\$
8	/ /			\$
9	/ /			\$
10	/ /			\$
11	/ /			\$
12	/ /			\$
13	/ /			\$
14	/ /			\$
15	/ /			\$
16	/ /			\$
17	/ /			\$
18	/ /			\$
19	/ /			\$
20	/ /			\$
21	/ /			\$
22	/ /			\$
23	/ /			\$
24	/ /			\$
25	/ /			\$
			Total	\$

Temporary Operating Assistance Grant
Please group all expenses for a classroom together.

	Date of Payment	Description of Items	Quantity	Classroom Number	Amount Charged to Grant
1	/ /				\$
2	/ /				\$
3	/ /				\$
4	/ /				\$
5	/ /				\$
6	/ /				\$
7	/ /				\$
8	/ /				\$
9	/ /				\$
10	/ /				\$
11	/ /				\$
12	/ /				\$
13	/ /				\$
14	/ /				\$
15	/ /				\$
16	/ /				\$
17	/ /				\$
18	/ /				\$
19	/ /				\$
20	/ /				\$
21	/ /				\$
22	/ /				\$
23	/ /				\$
24	/ /				\$
25	/ /				\$
				Total	\$