NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**New York Forward Child care**

**ONE-TIME REOPENING/RESTRUCTURING Assistance Application**

For Legally Exempt Child Care Programs

This application is for grants available for legally exempt programs throughout New York State from the federal CARES Act funding related to the COVID-19 pandemic. The grant opportunity is to assist reopening and expansion of capacity in child care programs by providing for supplies associated with reopening and expansion. These are noncompetitive applications. All legally exempt programs that submit an application before the deadline will receive funding if the application is approved.

**Instructions:**

* 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 15, 2020, to ocfs.sm.CARES2LE@ocfs.ny.gov.

**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.

|  |  |  |
| --- | --- | --- |
| **Name of Applicant:** |  |  |
|  | FIRST NAME | LAST NAME |

**Program Information:**

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

|  |  |
| --- | --- |
| Is your program currently open and serving families? | [ ]  Yes [ ]  No |
| If “No,” when is your program expected to reopen?\*Programs must open within two weeks of submission of application. |      /     /      \* (MM/DD/YYYY) |

|  |  |
| --- | --- |
| **Part I - Eligibility Questions Required for All Applicants** | **Answer** |
| 1. Was your program open or closed on June 15, 2020?
 | [ ]  Open [ ]  Closed  |
| **If you answered “Open,” please complete the following questions:** |
| 1. What is your program’s capacity?
 |       |
| 1. If your program has been open, how many children were in care on June 15, 2020?
 |       |
| 1. How many additional children will your program be able to serve as a result of this grant?
 |       |
| 1. How many children do you anticipate your program will serve on July 31, 2020?
 |       |

**Part II - Only Required for Those Who Responded “Closed” on Question 1 in Part I**

|  |
| --- |
| **If you answered “Closed,” please complete the following questions:**  |
| 1. If your program has been closed, what is your anticipated reopening date?
 |      /     /     \* Programs must reopen within two weeks of application submission to be eligible for the grant. |
| 1. How many children will your program serve upon reopening?
 |       |
| 1. How many children do you anticipate your program serving on July 31, 2020?
 |       |

**Part III - Supplies Grants**

Provide a narrative answer to the question below where you are seeking grant money for supplies.

|  |  |
| --- | --- |
| **Grants for Supplies**Describe the need for any additional materials either for social-distancing (e.g., art supplies) or cleaning supplies or personal protective equipment. For social-distancing supplies, indicate how many children will be served.  |  |

 **Part IV - Proposed Budget and Budget Narrative: Required for Supplies Grants**

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.)

**Attestation:**

By signing this document, I agree to the following:

* I agree to follow all Office of Children and Family Services regulations and Department of Health guidance.
* I will use funds for allowable purposes, as specified in the grant, or as prior approved by OCFS and for no other purposes.
* I will submit all documentation required by the grant.
* I understand that, regardless of my eligibility, the New York Forward Child Care Expansion Incentive Temporary Operating Assistance Grant 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.
* 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 any relevant information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |      /       /       |
| **Printed Name:** |       |
| **Role/Title:** |       |

NOTE: Only one application per program.