

For Multi-Site Open/Closed Sites Only- NH DHHS CHILD CARE RECOVERY & STABILITY FUNDING APP

This application is for multi-site programs only that are currently open or closed

Please refer to the provided instructions prior to starting. Although the settings allow for you to stop and start this application, due to the volume of applications that will be coming in, we recommend you do it at one sitting to avoid losing your entry. Use the word version draft application to prepare your answers before beginning.

Also note the requirement to submit your financial documentation separately.

Now let's get started.....

* 1. All my sites are designated as an Emergency Child Care Programs by DHHS

Yes

No

2. Program Contact Information

Application Contact Person

Contact Person E-mail (required)

Contact Person E-mail confirmation

Contact Person Phone Number (required)

Alternative Phone for text message (during application/review process only)

3. Payment Contact Information

Organization/Parent
Company Name

City/Town

State

Zip Code

Billing Contact Name, if
different from above

Contact E-mail

E-mail Confirmation

Contact Phone Number

Alternative Phone for
questions by call or text
(will not be shared)

4. Payment Information

EIN #

NH CCLU License # (if
applicable)

Camp License #(if
applicable)

NH Employment Child
Care Scholarship
Program Resources Id #

NH Preventive &
Protective Child Care
Scholarship Program
Resource Id#

NH Vendor Id #

5. Program Types

- Licensed child care program
- Licensed family group child care
- License-exempt center
- License-exempt provider
- School w/ child care
- Seasonal day camp
- Municipal recreation program
- Night care program
- Other (please specify)

6. How long has your organization/parent company been operating?

7. Program description (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> For profit | <input type="checkbox"/> Owner/operator |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Part of an affiliate/franchise of a state/regional/national chain |
| <input type="checkbox"/> State/municipal program | <input type="checkbox"/> Own program building/location (home or commercial building) |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Rent program building/location (home or commercial building) |
| <input type="checkbox"/> Employer-sponsored | <input type="checkbox"/> Free use of program building/location |
| <input type="checkbox"/> University/college-based | <input type="checkbox"/> Program located in employer's building |
| <input type="checkbox"/> Community service center-based | <input type="checkbox"/> Program located in building owned by state/regional/national organization |
| <input type="checkbox"/> Self-employed individual | <input type="checkbox"/> Program located in building rented by state/regional/national organization |

8. Please let us know what documents you will submitting to give the CCRSP Review Committee to better understand your financial needs. Please choose one each from 2018, 2019, and 2020. These documents must be submitted by email or postmarked by June 15, 2020 at 11:59 PM

	Federal Tax Return	990	Qtrly Financials	P&L Statements	Budget/Income Template
Tax Year 2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Year 2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Year 2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If providing alternative documentation, please describe:

9. Please indicate the type and amount of the following COVID related loans, grants, funds you have or anticipate receiving (answer only the ones that apply)

	Received	Anticipated	Number of sites with this funding source
Payroll Protection Program	<input type="text"/>	<input type="text"/>	<input type="text"/>
Economic Injury Disaster Loans (EIDL)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workshare Program	<input type="text"/>	<input type="text"/>	<input type="text"/>
NH ECCP Incentive Fund – Staff Differential	<input type="text"/>	<input type="text"/>	<input type="text"/>
Philanthropy/Non-profit Funding	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer Subsidies (average per week)	<input type="text"/>	<input type="text"/>	<input type="text"/>
NH Child Care Scholarship Program (average per week)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Interruption Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Understanding the role that parent's funding has in your programs is important, please indicate any and all of the ways you receive typical funding in your program. Children may be listed in more than open category (for example, a family may have to pay a cost share as part of their Child Care Scholarship Fund allocation and/or responsible for a registration fee).

Parents/guardians pay/paid:

	YES/NO
Full pay	<input type="checkbox"/>
Pay on sliding scale	<input type="checkbox"/>
Cost share (NHECCP parent portion)	<input type="checkbox"/>
Co-payment (amount above NHECCP portion)	<input type="checkbox"/>
Full pay while closed for COVID-19	<input type="checkbox"/>
Partial pay while closed for COVID-19	<input type="checkbox"/>
No charges while closed for COVID-19	<input type="checkbox"/>
Employer pays full cost	<input type="checkbox"/>
Employer pays partial cost	<input type="checkbox"/>
No charge for program	<input type="checkbox"/>
Annual registration fee	<input type="checkbox"/>
School year registration fee	<input type="checkbox"/>
Summer registration fee	<input type="checkbox"/>
Days when child is absent	<input type="checkbox"/>

Other (please specify)

11. List the names of the programs you are including for funding in this application

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12. Individual Program Information - Use the coordinating numbers above please complete this section open or re-opening program (# of children can be current or anticipated at re-opening)

	City/Town	County	Status
Program 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 10	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 11	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 12	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 13	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 14	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 15	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 16	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 17	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 18	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 19	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 20	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 21	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 25	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Individual Program Information - Use the coordinating numbers above please complete this section open or re-opening program (# of children can be current or anticipated at re-opening)

	Open/Re-open date	Total Spaces	Total Attending
Program 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 10	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 11	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 12	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 13	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 14	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 15	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 16	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 17	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 18	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 19	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 20	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 21	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program 25	<input type="text"/>	<input type="text"/>	<input type="text"/>

14. How many staff members do you currently employ across all the programs listed for funding (for closed programs estimate the number you will be employing based on the Stay-At-Home)?

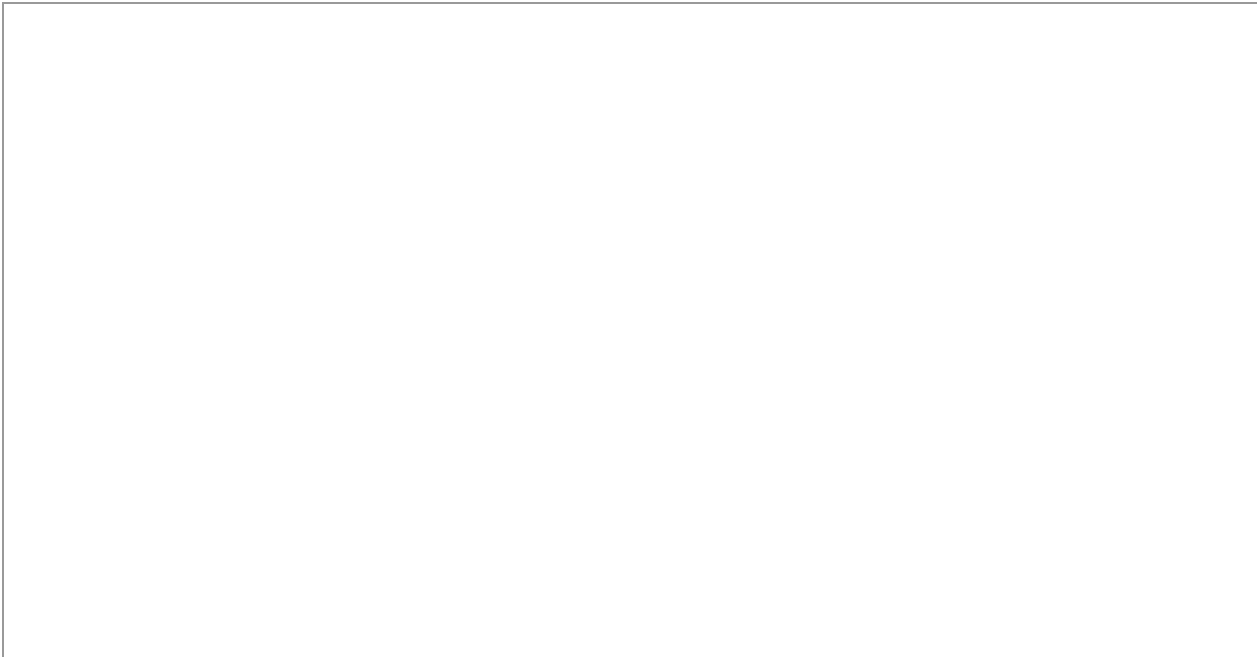
	Part Time	Full Time
Direct care/teaching	<input type="text"/>	<input type="text"/>
Management/support	<input type="text"/>	<input type="text"/>

15. Please indicate your funding need by putting your requested amount of dollars in all applicable budget areas. - see instruction page for more detail - you will have an opportunity to provide a short explanation below in questions 20 - 25 below.

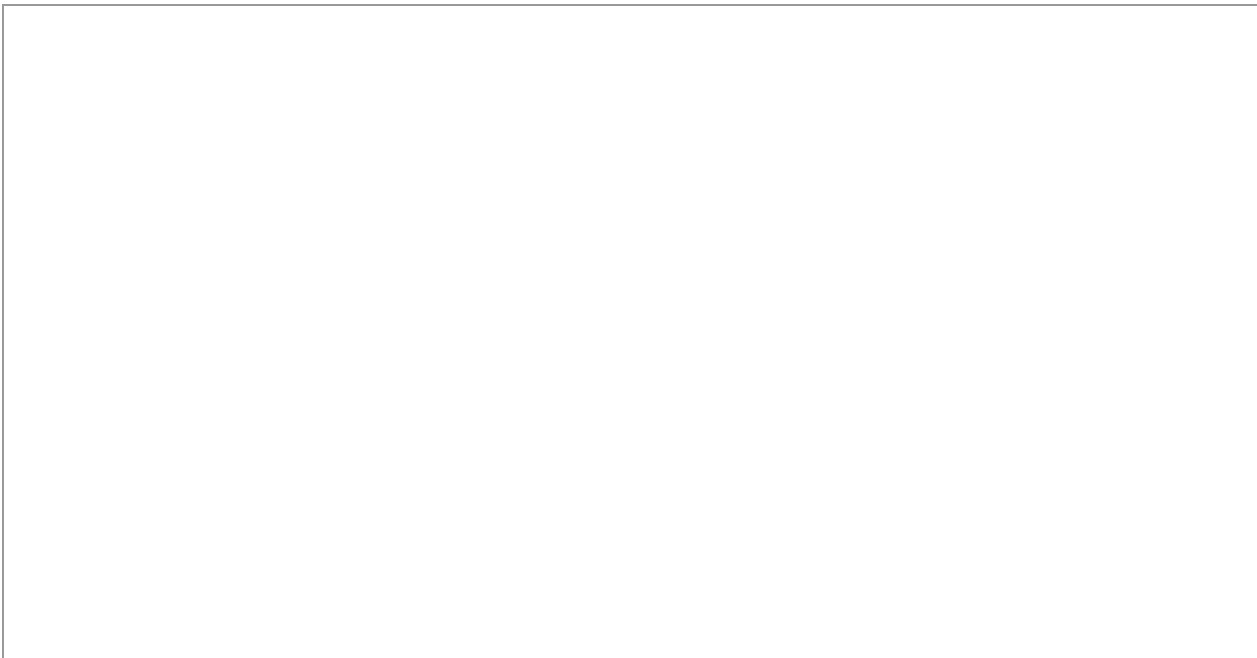
Staffing *	<input type="text"/>
Health, Safety and Janitorial Services and Supplies**	<input type="text"/>
Supplies and Materials Costs***	<input type="text"/>
Operations and Business Expenses****	<input type="text"/>
Ongoing Income Loss*****	<input type="text"/>
Other Area, not listed*****	<input type="text"/>

16. *Please explain how these funds would be used for staffing expenses. Include how changes in income and expenses since mid-March have effected this budget area.

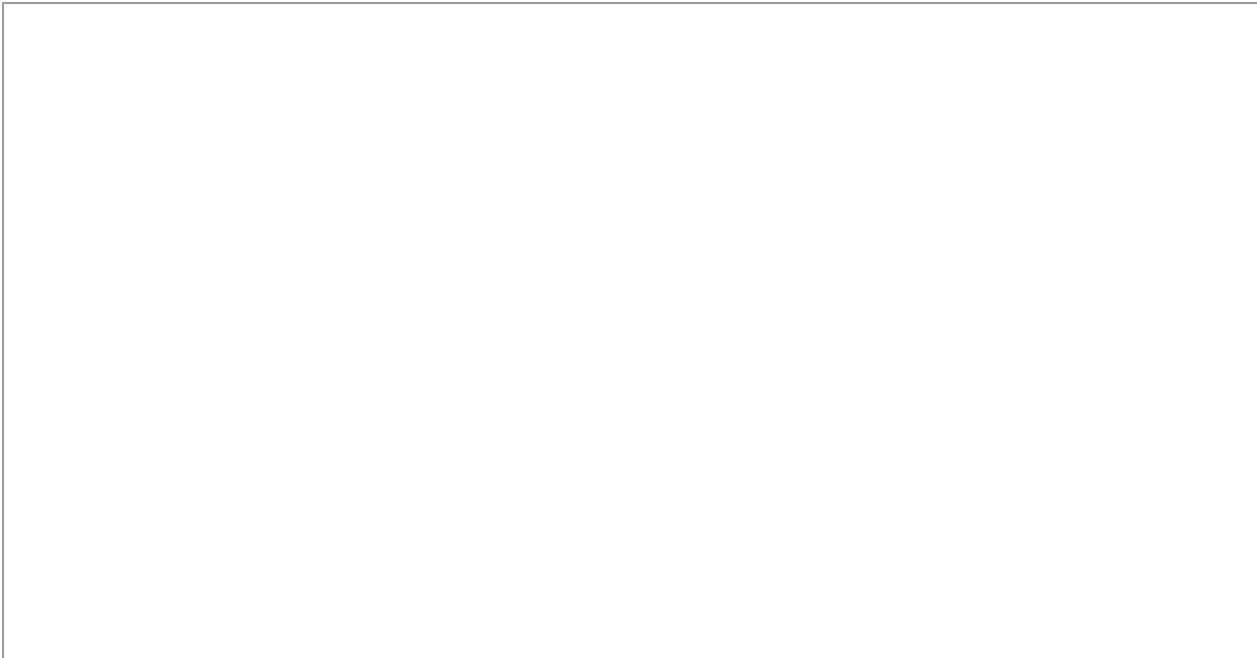
17. ****Please explain how these funds would be used for health, safety and janitorial expenses. Include how changes in income and expenses since mid-March have effected this budget area.**



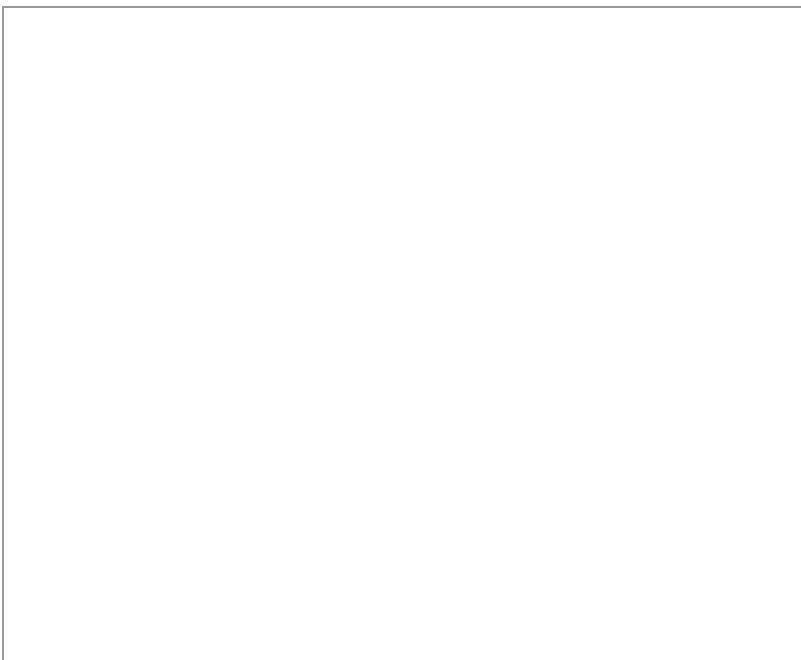
18. *****Please explain how these funds would be used for supplies and materials costs. Include how changes in income and expenses since mid-March have effected this budget area.**



19. ****Please explain how these funds would be used for operations and businesses expenses. Include how changes in income and expenses since the mid-March have effected this budget area.



20. ****Please explain how these funds would be used for ongoing income losses. Include how changes in income and expenses since the mid-March have effected this budget area.



21. *****Please explain how these funds would be used for another area not listed. Include how changes in income and expenses since mid-March have effected this budget area.

22. Are you currently a you and/or your staff member sof an early childhood, afterschool or camp coalition?

Coalition/Association name(s)

23. What technical needs would be most important to support your financial and operational recovery and stability? (please check all that apply)

- Business and operational related curriculum
- Exploration of new/alternative child care models
- Social/emotional development related to children and families, especially related to COVID-19 stress and trauma
- Social/emotional issues related to staff , especially related to COVID-19 stress and trauma
- Staff self-care
- Head Start training
- Managing the new ratio
- Health and safety in the COVID-19 age
- Coaching on classroom and curriculum skills and practices
- Additional topics you would like to see offered

24. Is there anything else we should know about your programs and organization to help us understand your financial or operational needs?