Making Your CCRSP Funding Work for You: Invoicing and Accountability - Part One
A New Hampshire Department of Health and Human Services Webinar
Hosted by Child Care Aware of New Hampshire
July 29, 2020,

Recorded Informational Webinar
This is a pre-recorded webinar
Hello And a Few Logistics!

This webinar is the first of a series on the CCRSP Funding and how it is to be invoiced, spent and documented. Questions submitted by providers to ecccp@dhhs.nh.gov will be included in an ongoing FAQ document posted on CCAofNH and added to future live and recorded webinars.

To get professional development hours for this webinar please send an email to cccrrtraining@snhs.org with the name of your program and your full name(s) and the Title of the Webinar in the subject and body of the email “CCRSP Invoicing and Accountability”
Agenda

Making Your CCRSP Funding Work for You: Invoicing and Accountability Part One

1. Welcome & Logistics
2. Understanding the CCRSP award funds and how they can be used
3. How to document your CCRSP expenses
4. How to complete and submit invoices for your award
5. What are the next steps in the process?
6. What will be required for accountability?
Understanding the CCRSP Award Funds: How They Can Be Used
How to Determine What Counts as an CCRSP Expense

1. Start by asking yourself these four questions –
   - Was or will the expense or loss occur between March 1, 2020 and December 30, 2020?
   - Was the expense or loss COVID-19 related?
   - Was other funding received that offsets or paid for this loss or expense?
   - Can this expense/loss be documented in a way that will meet accounting and auditor requirements?
More on .....How to Determine What Counts as an CCRSP Expense

2. Be sure you meet some or all of the following criteria

➢ The expense falls into one of these categories – income loss, increased operational expenses (staffing, supplies, materials, equipment, related services) or other additional expenses prompted by circumstances related to COVID-19.

➢ The expense may be a regular ongoing expense, but the cost has changed due to current circumstances related to COVID-19 to qualify.

➢ The expense is outside of or beyond a “regular expense” that you would have paid out pre-COVID.

➢ With “regular” expenses you are only counting the portion that is changed/increased due to COVID.
What *Does Not* Counts as a CCRSP Expense

You can not -

- Supplant, replace or “double-dip for other funds you have already received or are receiving such PPP, Scholarship Income, Insurance, unemployment, etc.
- Count a regular ongoing expense that is the same as it was before with no COVID-related increase or change.
- Capital expenses – planned or unplanned that are not COVID related.
- Losses due to negligence, accident or other scenarios that are not COVID related.
- Expansion or renovation not related to COVID.
Things to keep in mind!

- You do not need to wait until you have the expenses to submit an invoice. The award is not tied to the timing of the expense except that it must fall between March 1 and December 30, 2020.

- You will not be submitting receipts, bills, documentation to DHHS. You are required to discuss how you spent the funds and its impact on your business in the final report.

- You may or may not be audited, but you should have clear and solid documentation.

- You cannot get paid unless you have a State of New Hampshire issued Vendor Number that you have applied for and received.
The Overall CCRSP Process

- **Apply and Funded**
  - Submit application and all supporting documents, reviewed and funded
  - Notified by award letter

- **Accept award and numbers**
  - Read, complete and sign the Provider Agreement
  - Complete the Program Number Attestation based on approved or licensed number of children
  - Electronically sign and submit

- **Invoice and Submission**
  - Apply for and receive vendor number from Sate of NH
  - Receive invoice packet and complete first invoice
  - Complete invoice and submit electronically

- **Receiving Payment**
  - Invoice is logged, checked for accuracy, signed in BCDHSC
  - Invoice is submitted to Finance, processed and submitted to Accounts Payable
  - Accounts Payable processes, prints and mails check
What slows the process down?

- Lack of accurate or complete information on documents – lack of or incorrect vendor number, no award amount, not fully signed including each page with initials.
- Submissions other than with electronic signature or via email as instructions describe.
- Inability to sign (on our end) the agreement due to submission type.
- Waiting on mailed documents.
- Incorrect email addresses and change in recipients for notification.
- Technology – yours, ours, cyber space.
- Staffing CONSTRAINTS on our end, volume of emails and queries. Always want to answer, just takes time.
- External Forces – meeting federal requirements, GOFERR, legal reviews, etc.
Completing the Invoice

1. Get information assembled to complete the invoice:
   - Vendor number
   - License Number (if applicable)
   - Child Care Scholarship Resource # (Employment and P & P related)
   - Number of children currently enrolled – full and part time
   - How many children do you have on employment related child care scholarship through the state
   - How many children do you have on the Preventative and Protective Scholarship Program through the state
   - Number of direct staff currently working – full and part time
   - Number of support staff currently working – full and part time
   - How many classrooms you have open
   - Your full award amount
Completing the Invoice

2. Save the invoice to your computer with your Program Name Invoice One (or others as applicable)

3. Fill in the information
   - Your contact information, business name (the one that you used in the Vendor Number application and the name the check will be made out to), and the address associated with the vendor number
   - Vendor number
   - License Number (if applicable)
   - Child Care Scholarship Resource # (Employment and P & P related)
   - Number of children currently enrolled – full and part time
   - How many children do you have on employment related child care scholarship through the state
   - How many children do you have on the Preventative and Protective Scholarship Program through the state
   - Number of direct and support currently working – full and part time
   - How many classrooms you have open
   - Your full award amount (on invoice one it will automatically calculate the 60%)

3. Sign the attestation in the top right hand corner
4. Save again
5. Attach to an email addressed to DHHS.eccpinvoices@dhhs.nh.gov
DHHS Child Care Recovery and Stabilization Program (CCRSP) - Round One Single Program Funding Invoice #1

Vendor Name: Good Child Care LLC
DBA: The Good Center for Learning
Address: 22 Good Valley Lane
City: Perfect
State: New Hampshire
ZIP: 03000

Vendor Code: 123456
Process Level: 
Co: DHHS Finance Approval: Print Name: Johnny B. Goode
Job#: 
Invoice #: 
Date:
DHHS Program Approval: 
Signature: Johnny B. Goode
Date: July 4, 2020

DHHS Finance Approval: 
Print Name: Johnny B. Goode
Phone: 603-323-4567

Certification: I certify that the data entered on this invoice represents true and accurate information.

Program Reporting

As of this invoice date...

Total # of individual children enrolled - FULL TIME

Total # of individual children enrolled - PART TIME

How many of those children are enrolled in the NH Child Care Scholarship Program?

How many of those children are enrolled in the P & P Program?

Total - direct care staff that are currently working

Full-Time (21-40 Hours)

Part-time (1 to 20 Hours)

Total - support staff that are currently working

Full-Time (21-40 Hours)

Part-time (1 to 20 Hours)

Do you still have staff that have not returned to work? YES/NO

Number of classrooms open

Amount to be paid on Invoice

Total # of individual children enrolled

Total Award Amount

Amount Remaining in this Award

Total Award Amount

Amount Requested for this Invoice*

Amount Remaining in this Award

* This invoice reflects 60% of the total award and its expenditure must comply with the scope of allowable funds as detailed in the Child Care Recovery and Stabilization Program COVID-19 Round One Grant Agreement and the funds will be used solely for an allowable purpose as defined in H.R. 748, Section 5001.

DHHS USE ONLY
Invoice Date: Total Amount: DHHS Program Approval: Vendor Detail Authorized by: 
Vendor Code: Process Level: 
Remit to: 
Desc: 
Co: DHHS Finance Approval: 
Job#: 
Invoice #: 
Date:
DHHS Finance Approval: 
Print Name: Johnny B. Goode
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