

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NEW YORK FORWARD CHILD CARE EXPANSION INCENTIVE  
TEMPORARY OPERATING ASSISTANCE APPLICATION**  
Family Day Care, Group Family Day Care, Small Day Care Centers, Day Care Centers,  
and New York City Group Day Care Programs, School-Age Child Care

Program Name:	Enrollment ID Number:
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**Instructions:**

This application is for two separate grants available throughout New York State from the federal CARES Act funding related to the COVID-19 pandemic. One grant opportunity is to assist reopening and expansion of capacity in child care programs by providing materials and activities to support a more socially distant model, and for supplies associated with reopening and expansion. The second grant opportunity is to assist reopening and expansion of capacity in child care programs by providing temporary operating assistance as the program reopens or increases capacity.

- All questions must be answered in order to be considered for a grant.
- Applications must be returned by 5 p.m. on July 15, 2020, to [ocfs.sm.CARES2LR@ocfs.ny.gov](mailto:ocfs.sm.CARES2LR@ocfs.ny.gov).
- This is noncompetitive application. Programs in groups A, B or C that submit an application by July 15, 2020, meet eligibility requirements, and sign the attestations will receive at least a portion of their maximum grant amount. Full grant amounts may be reduced to support all eligible programs. Programs in groups D will receive funds if funds are available on a prorated basis.
- Other than up to a 25 percent advance, this is a reimbursement-based program, and receipts must be submitted to the child care resource and referral agency (CCR&R) in order to receive funds.

**Name of Applicant:** \_\_\_\_\_  
FIRST NAME LAST NAME

**Program Information:**

Street Address:		
City:	State:	Zip Code:
Phone Number: (    )-    -		
Program's Email Address:		

Is your program currently open and serving families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," when will your program reopen? *Programs must reopen within two weeks of submission of an application.	____ / ____ / ____ * (MM/DD/YY)
What age groups does your program serve? (Choose all that apply.)	Ages of children served: Infant <span style="float: right;">=</span> Toddlers <span style="float: right;">=</span> Preschool <span style="float: right;">=</span> School-Age <span style="float: right;">=</span>

Which program are you applying for? (Choose all that apply.)	Reopening/Restructuring	<input type="checkbox"/>
	Materials, Activities and Supplies Grant	<input type="checkbox"/>
	Temporary Operating Assistance Grant	<input type="checkbox"/>
	Both	<input type="checkbox"/>

**Part I - Eligibility Questions Required for All Applicants**

Question	Answer
1. Was your program open or closed on June 15, 2020?	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<b>If you answered "Open," please complete the following questions:</b>	
2. What is your program's licensed/registered/permitted capacity?	
3. If your program has been operating, how many children were in care on June 15, 2020?	
4. How many additional children will your program be able to serve as a result of this grant through increasing or restoring enrollment up to your allowable capacity?	
5. How many children do you anticipate your program will serve on July 31, 2020?	

**Part II - Required Eligibility Checklist Required for All Applicants**

	Answer "Yes" to ONLY ONE of the following four options that most accurately describe your program.
1. My program was closed (not operating) on June 15, 2020, due to COVID-19, but I plan to reopen within two weeks of submitting this application. <b>Note:</b> This answer must be consistent with answer in Part I.	If true, you are eligible for both grants. Please fill out the entire application.
2. My program is currently operating, and I am expanding the number of children served by the program by adding additional classrooms/groups. (For example, increasing from seven to 18 kids, requiring a second classroom or group within a classroom) <b>Note:</b> This should be reflected in Part I.	If true, you are eligible for both grants. Please fill out the entire application.
3. My program is currently operating, and I am planning on expanding the number of children served by the program but maintaining the number of classrooms/groups (for example, increasing from four to eight kids within one preschool classroom).	If true, you are eligible for the Restructuring/Reopening Materials, Activities, and Supplies Grant only. Please fill out the entire application except for Part VI.
4. My program is currently operating and will NOT be expanding the number of children served, but needs additional materials, activities, or supplies to comply with social-distancing requirements.	If true, you MAY be eligible for the Restructuring/Reopening Materials, Activities, and Supplies Grant if funds are available. Please fill out the entire application except for Part VI.

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

<b>If you answered “Closed,” please complete the following questions:</b>	
What is your program’s licensed/registered/permitted capacity?	
If your program has not been operating due to COVID-19, what is your anticipated reopening date?	/ /
How many children will your program serve upon reopening?	
How many children do you anticipate your program will serve on July 31, 2020?	

**Part IV - Proposed Budget Narrative Required for All Applicants**

Modality Maximum Grant	
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Please submit a narrative and a proposed budget up to the maximum grant amount for your modality explaining how the grant for Reopening/Restructuring Materials, Activities and Supplies will support the increase or restoration of enrollment. (Please attach additional sheets as necessary.)

**Part V - Required Questions for Reopening/Restructuring Materials, Activities, and Supplies Grants (See Part II.)**

Provide a narrative answer to each of the questions below where you are seeking grant money to support the modification, activity, supplies, or training.

<b>Question</b>	<b>Answer</b>
<p><b>1. Physical Space Modification Needs</b> Describe the pre-pandemic layout of the program and how the program will make adaptations to meet all regulatory and social-distancing physical space requirements. Any of the proposed adaptations that will be funded through these grants must be accompanied by a floor plan or photos of the proposed space. If funding is not being requested for space modifications, write N/A.</p>	
<p><b>2. Supplies for Increased Enrollment</b> 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.  If funding is not being requested for supplies, write N/A.</p>	
<p><b>3. Training</b> Describe how many hours of training are needed and how many individuals will be trained for staff that will be added to expand the number of children served.  If funding is not being requested for training, write N/A.</p>	
<p><b>4. Other</b> Describe other purposes for the requested funds.</p>	

**Part VI - Required Questions for Temporary Operating Assistance Grants (See Part II.)**

Question	Answer
<p><b>1: Pre-Pandemic Enrollment</b> Please submit your enrollment roster with this application as of March 1, 2020, by classroom.</p>	<p>Submitted: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>2: Mid-Pandemic Enrollment</b> Please submit your roster of children in care on June 15, 2020, by classroom.</p> <p>Please indicate if your program was closed on this date.</p> <p>(Note: Programs serving children paid for by child care subsidies should count those children as enrolled/present if programs have received payments for absences. Programs should NOT identify the children who receive subsidies on the roster; they should just indicate the total number of children.)</p>	
<p><b>3: Summer Enrollment</b> Please submit your anticipated roster of children in care for July 31, 2020, by classroom with your application. Programs are encouraged to contact families and inquire about anticipated returns.</p> <p>(Note: Programs serving children paid for by child care subsidies should count those children as enrolled/present if programs have received payments for absences. Programs should NOT identify the children who receive subsidies on the roster; they should just indicate the total number of children.)</p>	<p>Submitted: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>4: Spending Plan and Budget</b> Please submit a budget for monthly classroom expenses for the grant funds.</p>	<p>Submitted: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>5: Sustainability</b> Please submit a plan for how programs will maintain the enrollment and plan to return to pre-pandemic enrollment levels, especially as grant funds are reduced.</p>	<p>Submitted: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>6. How many classrooms are you applying to restore with this grant?</b> Please note, in the case the program is oversubscribed, every eligible program will receive funding for one classroom before receiving funding for additional classrooms.</p>	

**Attestation:**

By signing this document, I attest to the following:

- I agree that my program will follow all Office of Children and Family Services (OCFS) regulations and Department of Health guidance.
- I intend for my program to be operating through December 31, 2020. I understand that I may be required to return a proration of the funding if this does not occur.
- I will use funds for allowable purposes specified in the grant and for no other purposes.
- I have submitted all required documentation.
- I will report to OCFS on a weekly basis, as requested by the agency, on 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 is contingent on the availability of funds to support it.
- I understand that outside of up to a 25 percent advance, this is a reimbursement process, and that receipts must be submitted to the CCR&R in order to receive funds.
- 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 relevant information.

<b>Signature</b>	<b>Date</b> /        /
<b>Printed Name:</b>	
<b>Role/Title:</b>	

\*Only one application per program