

CCRSP: COVID-19 Child Care Assistance Supplement (CCCAS) Funding Application

CCAS Application - Part Two (Online Survey)

Deadline Friday, November 6, 2020 5:00 PM

This application is exclusively for programs that have already received CCRSP funding . Summer only programs are excluded.

**Part One - CCAS Excel Spreadsheet with
three worksheets submitted by email**

Part Two - CCAS Online Application

Please carefully review the provided CCCAS Instruction Guide and Worksheets prior to starting. This application must be completed at one sitting and has a time limit on how long it can be left idle. Please prepare your answers in advance and then begin the application.

All of the Information you will be putting together for this application will help you in completing your final report and maintaining appropriate reference documentation for tax and audit purposes.

Be sure to include your CCCAS Financial Worksheet in a separate email as detailed in the Instructions to ensure your application is considered complete.

Now let's get started.....

* 1. This funding is for programs that have already been awarded the CCRSP funds. Please confirm you are a NH Child Care Recovery and Stabilization Program (CCRSP) grant recipient

Yes, I am a CCRSP grant recipient

No, I am not a CCRSP grant recipient. Please contact me about other funding opportunities.

* 2. County where program is located

3. Program Contact Information

Program Name/DBA	<input type="text"/>
Program Street Address	<input type="text"/>
Program City/Town	<input type="text"/>
Program Zip Code	<input type="text"/>
Contact Person	<input type="text"/>
Contact Person E-mail	<input type="text"/>
Contact Person Email Confirmation	<input type="text"/>
Contact Person Phone Number	<input type="text"/>
Parent Organization (if applicable)	<input type="text"/>

4. What week did you re-open your program? If you were open for a period of time and then closed for 14 business days or less due to a COVID outbreak/exposure and later reopened, please use your original opening date. If you stayed open throughout the pandemic then select "never closed".

5. Is your business currently permanently closed or planning on permanently closing on or before December 30, 2020 ?

Yes

No

6. As indicated on your CCCAS Worksheet (see instructions for specific column and row) what is your total gross income for 2019 and your projected 2020 gross income? What is the difference between 2019 and 2020? Is 2020 income higher or lower than 2019?

Total 2019 Gross Income
(Column J, Row 20 on
Worksheet A)

Total 2020 Gross Income
(Column J, Row 21 on
Worksheet A)

Total Difference between
2019 and 2020 Gross
income (Column J,
Row 22 on Worksheet A)

Is the income in 2020
higher or lower than the
income in 2019?

7. Please indicate your TOTAL COVID related expenses and income losses in the appropriate category using the information from your 2020 COVID Expense and Income Loss Worksheet included with your application packet.

Do not forget to submit your 2020 COVID Expense and Income Loss Worksheet to ECCP@dhhs.nh.gov to complete this application.

**Total Income Loss
Adjusted - enter the total
from 2020 COVID
Worksheet Column J,
Line 17**

**Total COVID-Related
Expenses - enter the
total from 2020 COVID
Worksheet Column J
Line 16**

**Total Qualified Losses
and Expenses - enter the
total from 2020
Worksheet Column J,
Line 18**

8. Please feel free briefly share the impact of COVID-19 on your business. Provide examples (see more details in instructions)This is not required and will not be scored as part of the application review process.