

**For Open Programs Only - NH DHHS CHILD CARE RECOVERY & STABILIZATION
FUNDING APPLICATION**

This application is for single site programs only that are currently open .

Please refer to the provided instructions prior to starting. You must complete the survey at one sitting.
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. I am designated as an Emergency Child Care Program by DHHS

Yes

No

* 2. County where program is located

3. Program Contact Information

Program Name/DBA	<input type="text"/>
Program City/Town	<input type="text"/>
Program Zip Code	<input type="text"/>
Application Contact Person	<input type="text"/>
Contact Person E-mail (required)	<input type="text"/>
Contact Person E-mail confirmation	<input type="text"/>
Contact Person Phone Number (required)	<input type="text"/>
Alternative Phone for text message (during application/review process only)	<input type="text"/>
Program Director Name	<input type="text"/>

4. Payment Contact Information

Organization Name (if different)	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Contact Name	<input type="text"/>
Contact E-mail	<input type="text"/>
E-mail Confirmation	<input type="text"/>
Contact Phone Number	<input type="text"/>
Alternative Phone for questions by call or text (will not be shared)	<input type="text"/>

5. Payment Information

EIN #	<input type="text"/>
NH CCLU License # (if applicable)	<input type="text"/>
Camp License #(if applicable)	<input type="text"/>
NH Employment Child Care Scholarship Program Resources Id #	<input type="text"/>
NH Preventive & Protective Child Care Scholarship Program Resource Id#	<input type="text"/>
NH Vendor Id #	<input type="text"/>

6. Program Type

7. How long has your program business been operating?

8. 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 |

9. 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:

10. 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
Payroll Protection Program	<input type="text"/>	<input type="text"/>
Economic Injury Disaster Loans (EIDL)	<input type="text"/>	<input type="text"/>
Workshare Program	<input type="text"/>	<input type="text"/>
NH ECCP Incentive Fund – Staff Differential	<input type="text"/>	<input type="text"/>
Philanthropy/Non-profit Funding	<input type="text"/>	<input type="text"/>
Employer Subsidies (average per week)	<input type="text"/>	<input type="text"/>
NH Child Care Scholarship Program average per week)	<input type="text"/>	<input type="text"/>
Business Interruption Insurance	<input type="text"/>	<input type="text"/>

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

Other (please specify)

12. Program status, as of application date

13. What week did you re-open your program?

14. During the week of March 2 - 6, 2020, what were average attendance/enrollment numbers?

	Infants/toddlers	Preschoolers	Kindergartners	Elementary	Middle schoolers
Individual children attending per week (full and part time)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual children enrolled (not necessarily attending - full and part time)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensed or approved capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Optimum enrollment in this category	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. During the week of March 2 - 6, 2020 how many staff did you have?

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

16. What is the percentage of children that may be considered "vulnerable" in your program. Vulnerable is defined as children with special needs (medical, behavioral, educational, etc.) and/or at-risk for physical, psychological and environmental abuse or neglect. A child does not need to have an active DCYF case to be considered vulnerable. You may consider a child vulnerable due to socio-economics, caregiver capabilities or relationships, living situation, food insecurity, etc. This is based on your professional opinion.

	Week of March 2 - 6, 2020	Week of June 1 - 5
Percentage of vulnerable children	<input type="text"/>	<input type="text"/>

17. Current attendance/enrollment

	Infants/toddlers	Preschoolers	Kindergartners	Elementary	Middle schoolers
Individual children attending per week (full and part time)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual children enrolled now but not necessarily attending (full and part time)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensed or approved capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Optimum enrollment in this category	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. How many staff members do you currently employ? (be sure to include yourself)

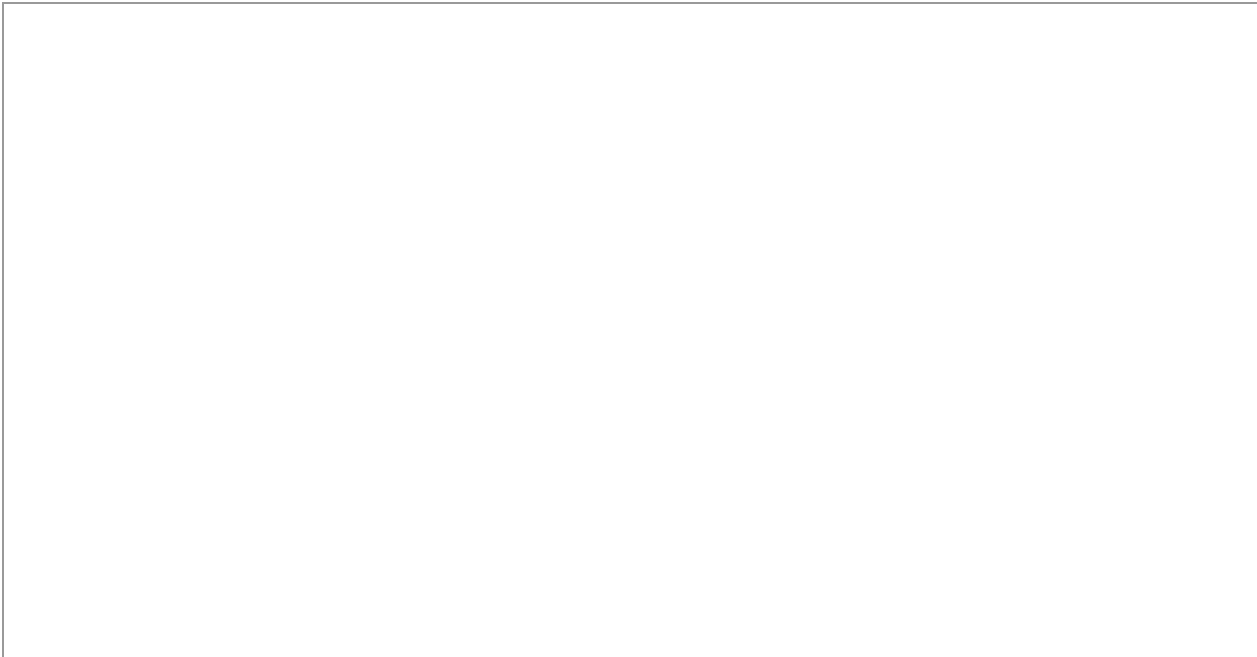
	Part Time	Full Time
Direct care/teaching	<input type="text"/>	<input type="text"/>
Management/support	<input type="text"/>	<input type="text"/>

19. 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.

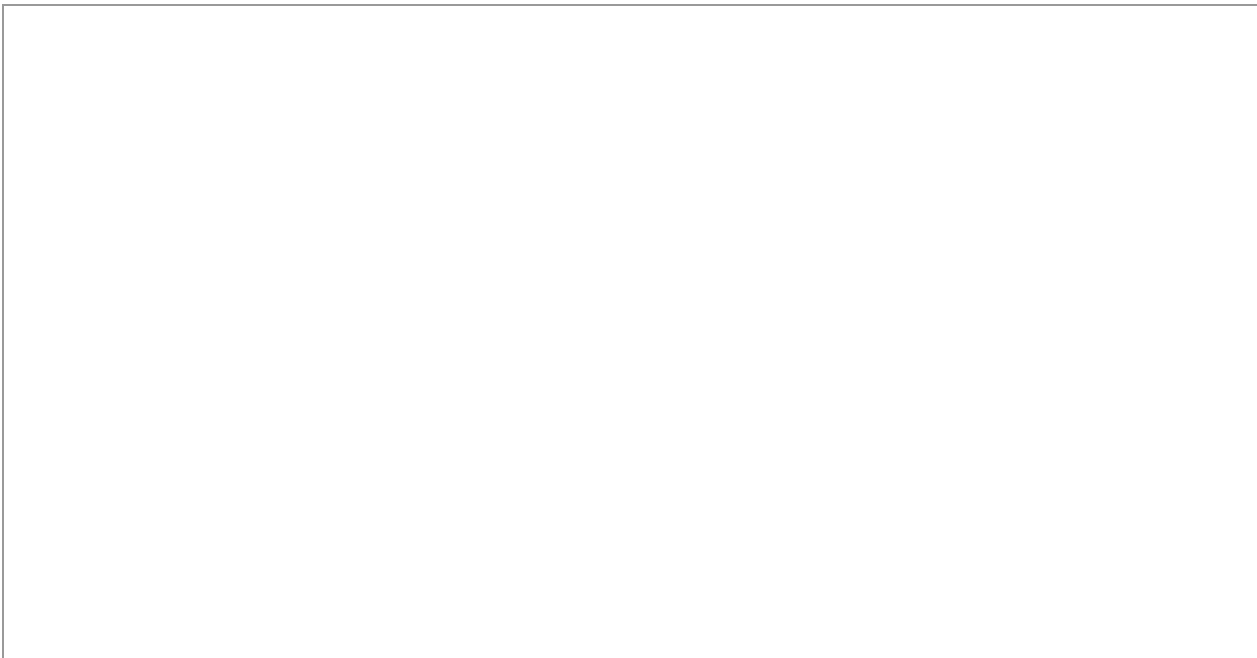
Staffing *	<input type="text"/>
Health, Safety and Janitorial Services and Supplies**	<input type="text"/>
Supplies and Materials Costs***	<input type="text"/>
Operations and Business Expenses****	<input type="text"/>
Ongoing Income Loss*****	<input type="text"/>
Other Area, not listed*****	<input type="text"/>

20. *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.

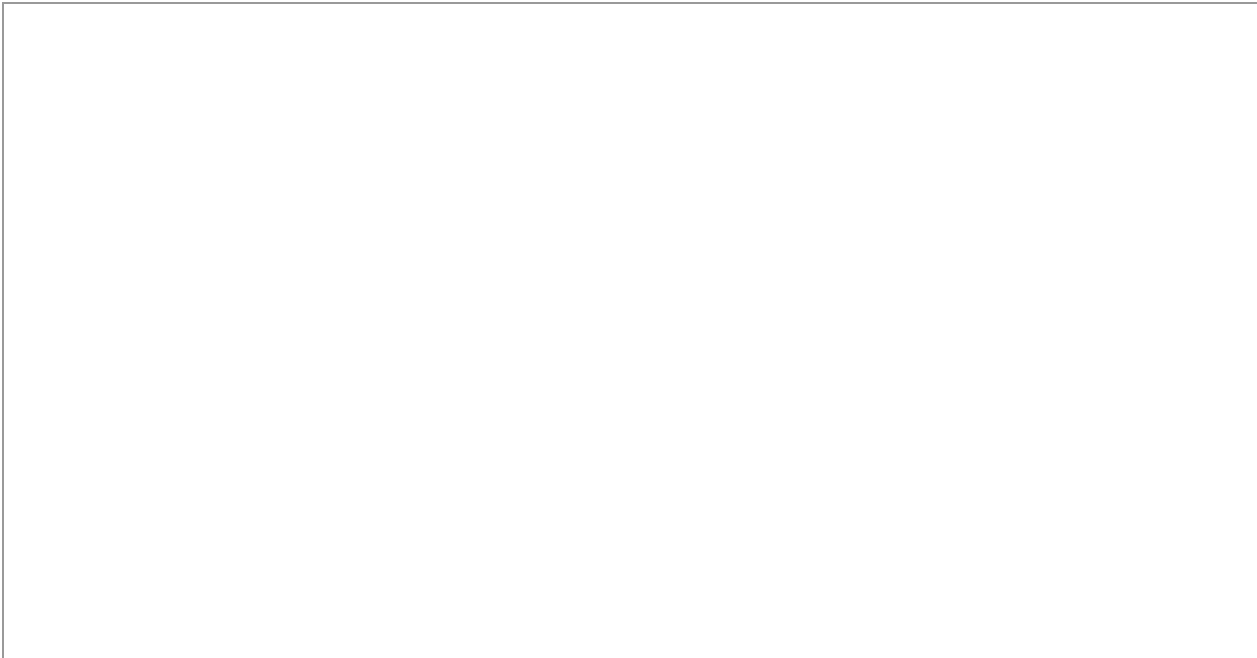
21. ****Please explain how these funds would be used for health, safety and janitorial expenses. Include how changes in income and expenses since mid-March have effected this budget area.**



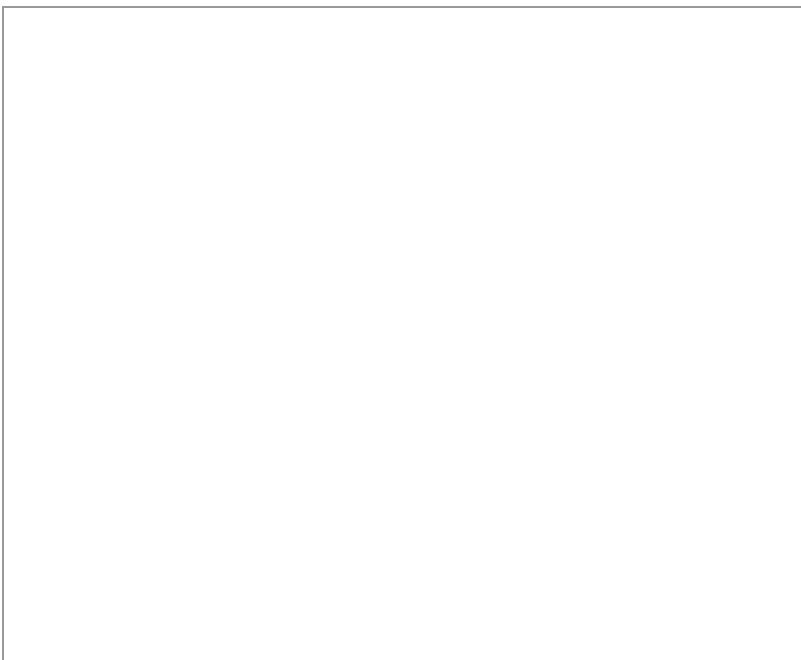
22. *****Please explain how these funds would be used for supplies and materials costs. Include how changes in income and expenses since mid-March have effected this budget area.**



23. ******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.**



24. ******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.**



25. *****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.

26. Are you currently a member of an early childhood, afterschool or camp coalition?

Coalition/Association name(s)

27. 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

28. Is there anything else we should know about your program to help us understand your financial or operational needs?