



The following template is a copy of the CCASP/ARPA Grant Application on the NH Connections Information System. PLEASE DO NOT TRY TO SUBMIT THIS APPLICATION - This is for reference use only. The actual application is available on the NHCIS and should be accessed through your Program Profile user id and password. In addition, please access the CCASP Letter of Intent (prior to completing the NHCIS application) at <https://www.nh-connections.org/covid-19/financial-resources/> along with additional information about the CCAS/ARPA grant process. On the NHCIS application, you will have step by step support with the “tool tips” for the various questions. These are accessed by hovering over the little  If you need additional assistance, please contact us at eccp@dhhs.nh.gov

**NH CONNECTIONS**
Growing our children's future together

HomeSupportRizwan Ali ▾

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Program Profile Information

Organization Name

Ali GCC

* Doing Business As

Program Mailing Address

Street

546 7th Ave

City

Nashua

State

New Hampshire

Zip

06743

Program Physical Address

Street

546 7th Ave

City

Nashua

State

New Hampshire

Zip

06743

* County

Select an Option ▾

Important Reference Numbers

* Vendor Id # [Link for Vendor number application](#)

Only verifiable vendor numbers will result in your grant application being funded.

* CC Scholarship Resource ID # (if not applicable, enter 0)

* CCLU License # (if not applicable, enter 0)

012678

Director/FCC Provider


* First name

* Last name


* Title

* Phone

* Email

* Gender 

Select an Option ▾

* Ethnicity 

Select an Option ▾

Person Completing Information

Name

Rizwan Ali

* Phone

1112223334

Email

rizwan.ali@mtxb2b.com

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Questions

Program Type

Licensed Group Child Care Program

QRIS Rating

*Program Structure

Select Progress

*Program Open/Closure Status

Select Progress

*Total Number of Classrooms, as of the date of application

	Infants	Toddlers	Preschoolers	Kindergarteners	School Age (1st – 5th)	Total Classrooms Available
Open	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Total Number of Children, as of the date of application

	Infants	Toddlers	Preschoolers	Kindergarteners	School Age (1st – 5th)	Total Children Capacity/Enrolled
Licensed/ Identified Capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enrollment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waitlist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*What was your average weekly enrollment by age in January 2020 (before COVID-19)?

	Infants	Toddlers	Preschoolers	Kindergarteners	School Age (1st – 5th)	Total Children Capacity/Enrolled
Licensed/ Identified Capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enrollment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hours Of Operation

If the Hours of Operation have been updated please also update the Hours of Operation on your program profile page [here](#).

Days of Operation

Please fill out days only when you are operating.

Day	Start Time	End Time
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

*Number of children enrolled who are receiving child care scholarship as of the date of application

*Total Number of Staff Regularly Working in Program at the Date of Application

	Direct Care Staff	Non-Classroom Support Staff	Administrators
Full time	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part time	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Are you currently looking for staff?

Select Progress

*Average Hourly Staff Wage

	Direct Care Staff	Non-Classroom Support Staff	Administrators
Full time	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Part time	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

*Do you offer benefits for your childcare staff? Please check ALL that apply

Health Insurance

Dental Insurance

Vision Insurance

Short Term Disability

Long Term Disability

Life Insurance

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Current Monthly Operating Expenses ●

Allowable Expenses	Average Monthly Costs
Payroll ●	<input type="text" value="0.00"/>
Benefits ●	<input type="text" value="0.00"/>
Other Personnel Expenses ●	<input type="text" value="0.00"/>
Rent or Mortgage ●	<input type="text" value="0.00"/>
Facility Expense ●	<input type="text" value="0.00"/>
Transportation Expenses ●	<input type="text" value="0.00"/>
Personel Protective Equipment(PPE), Including Cleaning and Sanitation Supplies and Services ●	<input type="text" value="0.00"/>
Training Expenses for Staff on Health and Safety Practices ●	<input type="text" value="0.00"/>
Equipment and Supplies in Response to Covid 19 ●	<input type="text" value="0.00"/>
Total	<input type="text" value="0.00"/>

Additional Costs

	Goods and Services to Maintain or Resume Services ●	Mental Health Supports for Children or Staff ●
Amount	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Describe	<input type="text"/>	<input type="text"/>

Total Additional Costs

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Options for Use of Funds

Please enter the percentages next to the categories in which you are planning to use the funds.

Allowable Expenses	Percentage
Payroll (Please note, a combined minimum of 25% must be allocated to Payroll and/or Benefits. Examples include staff bonuses, increased hourly/salary rates, new benefits such as employer match for 401K/403B, employer contributions to medical insurance, etc.) ●	<input type="text" value="0"/>
Benefits (Please note, a combined minimum of 25% must be allocated to Payroll and/or Benefits. Examples include staff bonuses, increased hourly/salary rates, new benefits such as employer match for 401K/403B, employer contributions to medical insurance, etc.) ●	<input type="text" value="0"/>
Other Personnel Expenses ●	<input type="text" value="0"/>
Rent or Mortgage ●	<input type="text" value="0"/>
Facility Expense ●	<input type="text" value="0"/>
Transportation Expenses ●	<input type="text" value="0"/>
Personal Protective Equipment(PPE), Including Cleaning and Sanitation Supplies and Services ●	<input type="text" value="0"/>
Training Expenses for Staff on Health and Safety Practices ●	<input type="text" value="0"/>
Equipment and Supplies in Response to Covid 19 ●	<input type="text" value="0"/>
Goods and Services to Maintain or Resume Services ●	<input type="text" value="0"/>
Mental Health Supports for Children or Staff ●	<input type="text" value="0"/>
Total (This total will automatically be calculated based on the responses above. If this total is not 100%, you will have to adjust the amounts entered in the categories above to equal 100%.)	0%

*Please indicate if you plan to use funds for any expenditures prior to March 11, 2021

Select an Option ▾

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Incentive Add-Ons

I intend to apply for the following incentives. Note, incentives are calculated as a percentage of the base award amount.

*Free Staff Child Care (5 % of base award amount. You will have the option to accept this Add-on once you receive your Award) ●

Select an Option ▼

*Non-traditional Hours (2% of base award amount) ●

Select an Option ▼

*Tuition Increase Freeze through 9/30/2022 (3 % of base award amount. You will have the option to accept this Add-on once you receive your Award) ●

Select an Option ▼

*Child Care Scholarship Enrolled Provider (1% of base award amount) ●

Select an Option ▼

*Child Care Scholarship Children Enrolled as of date of application (3% of base award amount) ●

Select an Option ▼

*All staff complete Professional Registry Profile (2% of base award amount) ●

Select an Option ▼

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