



New Hampshire Department of Health and Human Services Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA)

CRRSA Final Report Instructions version 12-28-22

- All programs must complete a Final Report by **February 17, 2023**. **NOTE THE DATE CHANGE!!**
- This report covers the program information and funds expended between **March 1, 2020 and September 30, 2022**
- Save your Final Report using the following **naming convention: Program Name CRRSA Final Report**
- All narrative responses should be typed in **Calibri or similar 12 point font, with 1.5 line spacing**. While length limitations do not apply, be clear and to the point. Bulleted responses are permitted and brevity is encouraged.
- When you have completed your CRRSA Final Report, please email it to Dianne.r.chase@dhhs.nh.gov with the report attached and a read, not just sent, receipt for confirmation.
- **Please don't scan your report, instead attach the file please!** We will be cutting and pasting data and narrative out of your document to create our final report. A scanned document makes that impossible.
- If you need to handwrite your response, request a template and specific instructions through the Grant Help Desk link.
- If you are mailing in your CRRSA Final Report, not our preferred method, use the address listed at the end of this document.
- For more information, see the CRRSA Final Report webinar, instructions, FAQs for more tips at <https://www.nh-connections.org/new-hampshire-covid-related-provider-grant-funds/>
- For application, agreement and invoice copies, go to NHCIS under the Grant Tile.
- For questions, issues, meeting requests, and signed agreement copies etc. please **DO NOT EMAIL**, but submit a grant help desk request at <https://www.surveymonkey.com/r/3GRQY8J>
- **Do not worry that charts run over one or more pages or your narratives spill on to the next page** – that is not a concern – it is your completeness and clarity that is critical
- **If you remember something after you submit**, just submit a Grant Help Desk ticket explaining what you needed added or changed.
- **Not too worry - If we read your report and it has gaps or errors**, we will let you know so you can get it fixed.
- **All questions must be answered.**

1. Program Name(s) and Location(s):

List all of the programs that were included in your CRRSA grant application. Include the program name and location.

For a single program – Best Child Care, Goodtown

For multi-site programs – Best Child Care, Goodtown/Best Child Care, Happytown

For multi-site programs in the same town Best Child Care, Elm St, Goodtown/ Best Child Care, Maple St, Goodtown

For multi-site programs affiliated with a larger organization YWCA Waynorth - Best Child Care, Goodtown/
YWCA Waynorth - Best Child Care, Happytown

2. Lead

Organization
(if applicable)

Put parent organization name here or leave blank if there is not one, please make sure this matches your Vendor Number official name

3. Primary Mailing Address

(street, city, zip code)

This is your official NH State Vendor Number address

4. Report Contact Person

(Program)

This is the person we can contact with questions about your report

5. Telephone Number

The contact's phone number

6. Email Address

The contact's email address – please check it twice

7. State Vendor Number

Do not leave blank, if you cannot find it is likely on your invoice or your payment remittance. It is not your license number

8. Resource Id Number

If you have one it needs to be here. This is the NH Child Care Scholarship number

9. Program Status as of the date you submitted your agreement Choose an item.

Select the phrase that best describes the status of your program on the day you signed your agreement. Your agreement can be seen in your NHCIS grant tile

10. If program was temporarily or permanently closed, please explain:

This is important as the grant eligibility required the program to be open at the time of the grant award. By open it could be temporarily closed, but not permanently closed. If you never re-opened you were not eligible to keep the funds.

11. Dates when funding was used In this question you are telling us the date range that you allocated the funding to – so if you included income losses beginning March 1, 2020 that would be your start date and then allocated other expenses until all your funds were gone August 15, 2021, that would be your end date.

Start Click or tap to enter a date.

End Click or tap to enter a date.

12. Grant Amount \$

Total you received as your award amount.

13. Grant Amount Spent By 9/30/22 \$

Total amount you allocated to allowable expenses. This should equal your grant award amount. If it does not, then you owe the state that amount.

14. As of the date you submitted your agreement was your program accepting children on NH Child Care Scholarship? Choose the answer that most accurately reflects your program’s position on scholarship children on or about the submission date.

Choose an item.

15. Enrollment and Staffing Numbers during the grant period

A. Please indicate your capacity and enrollment at several intervals during the grant period

If you don’t have the information for the exact date, then come as close as you can to the accurate numbers, put EST after the date to indicate this is an estimated number and not resulting from your attendance records. IT = Infants and Toddlers; PS = Preschoolers; K = Kindergarteners; SA = School Age children

Point in Time	Capacity	Enrolled	Attending	Age groups served
Apr 1, 2021 Baseline EST	Your CCLU license capacity or for LE programs, the capacity you ideally have in the program	How many were actually enrolled at the time – they may or may not have been attending on that date	How many were actually attending on the date	<input checked="" type="checkbox"/> I/T <input checked="" type="checkbox"/> PS <input checked="" type="checkbox"/> K <input type="checkbox"/> SA What age groups did you serve at the time?
Aug 2, 2021				<input type="checkbox"/> I/T <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> SA
Nov 1, 2021				<input type="checkbox"/> I/T <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> SA
Sep 30, 2022				<input type="checkbox"/> I/T <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> SA

B. Please indicate your staffing numbers at several intervals during the grant period.

Point in Time	Direct Care	Support Staff	Mgmt Staff	Age groups served
Apr 1, 2021				<input type="checkbox"/> I/T <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> SA
Aug 2, 2021				<input type="checkbox"/> I/T <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> SA
Nov 1, 2021				<input type="checkbox"/> I/T <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> SA
Sep 30, 2022				<input type="checkbox"/> I/T <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> SA

C. Any additional information you would like to share about enrollment and staffing before or during the grant period Add any explanation you have about enrollment or staffing here such as “program was newly opened on X date” or “we increased our licensed capacity in our school age program Fall of 2020, but were unable to fill the enrollment due to COVID” or I bought the program in November of 2020 and do not have any of the previous records”. Or “50% of staff were out due to COVID during this time” or “we changed our schedule to shorter hours so we needed fewer staff”.

16. Please indicate in the chart below how the CRRSA funds were allocated.

Refer to the allowable uses chart and the Allowable Uses Webinars for more information. Be sure you can back up this information with receipts, invoices and other documentation if, and when, it is requested. Remember these can be expenses and income losses from March 1, 2020 through September 30, 2022.

CRRSA Allowable Uses Summary Chart		
Budget Line Item	Amount Expended	Brief description of how funds were used, the time period. Put a ; between each descriptive statement
Staffing and Personnel Expenses Portion of wages, benefits, contract and per diem staff related directly to COVID	This amount reflects the expenses for the entire grant period	Here you would say, for example, paid out 25% of all wages and benefits for 10 FT and 5 PT direct care staff averaging \$15 an hour for 6 months Jul 2021 through January 2022 for the increased pay rate to incentive staff to return to work.
Operating and Occupancy Costs to maintain operations during the COVID emergency	Put whole numbers in here – round them up or down as needed	
Materials and supplies related to COVID		
Equipment and Services related to COVID		
Staff Development/Training to support Staff and Families related to COVID		Very broad
Parent Fees to Offset Tuition for Essential and Unemployed Families		This can include “vulnerable children”. Make sure you are not including this in your income losses.
Income Losses related to COVID		Detail answer in Question # 17 this is for losses between March 1, 2020 and September 30, 2022. Be sure not to include other losses already covered by CRRSP, CCAS, Disaster billing, Full day school age care, PPE, Absent Due to COVID or billed to parents.
Overhead		Be sure to add detail here and stay within a reasonable amount, be sure not to double dip with operating or occupancy, staffing expenses

Other Areas, not listed - add rows as needed		
		Right click and do "add row below for more entries"

EXPENDED AMOUNT TOTAL \$

This amount should equal your grant amount or your grant expended amount plus the amount you returned to the state.

17. Income Losses

A. Detail the income losses credited to CRRSA funds, delete unused rows, but not table header or total line.

Type of Income Loss	From (date no earlier than March 1, 2020)	To (date no later than September 30, 2022)	\$ Total Amount Pre-Loss	\$ Amount of Loss being credited to CRRSA funds	Number of children # previous year same time period/# at time of loss
For reduced enrollment comparing same time period in 2019	3/21/2022	6/16/2021	March 2019 – June 2019 \$270,000	\$135,000	2019 – 110 children/2020 – 51 children
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.			
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.			
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.			
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.			
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.			
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.			
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.			
Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.			
Totals should equal same amount listed in CRRSA Allowable Uses Summary Chart					

B. If you selected “Other scenario” in the Type of Income Loss for Part A please explain here.

Explain here why you chose the Other Scenario for the source of an income loss. For example, you may have an income loss because you had to cover staff child care since children were out of school and your staff could not come in otherwise. It will be clearer in the Allowable Uses webinars.

C. Any additional information you wish to share related to income losses.

This is a good place to clarify how you calculated your losses and what you included and excluded. It will help DHHS and potential auditors understand how you calculated the losses.

18. How did the CRRSA Funds positively impact your program?

Please describe how the allocation and use of the funds in your program help support one or more of the following goals of the CRRSA funding.

Here you need to choose at least one goal but likely you have something for each one of the goals. Don't worry about wordsmithing, get it down on paper in any form that is understandable – bullets, a list even short paragraphs. You can include any links or supporting materials that may help illustrate how you met the goals.

A. Helped provide and maintain healthy, safe and stable services think broadly – adding extra staff to create smaller ratio groups, an extra play area are not as obvious ways to meet this goal.

Think beyond gloves and masks here.

B. Helped with ongoing program recovery & stabilization – reflect back on what would have happened without the funding to answer this question.

C. Helped build a stronger child care system infrastructure – this could be as simple as staying in business in an area with limited options or that you serve a specific population of child or family.

D. Helped support families – this can be beyond just tuition assistance

19. Please discuss how in general how the CRRSA funding impacted your program? Please be specific about what your program was able to accomplish during the time you were spending the funds and how that impact will carry forward in the future (as applicable) include data when possible. Include one to two personal stories about the impact on families, children or staff.

Here is a way to paint a picture of how the funds impacted your program with personal stories, data and an overview of what life was like in the Spring of 2021. Again do not worry about wordsmithing, think clear, concise and brief.

20. By my handwritten or typed signature, I am attesting the information in this document is true and accurate to the best of my knowledge. Said information is supported by onsite documents that are available at my program location or through my representative.

Date Click or tap to enter a date.

Signed by (name)

Be sure to sign!

To submit your report

Via email – Dianne.r.chase@dhhs.nh.gov

Via regular mail –

Dianne Chase

BCDHSC – Main Building

NH DHHS

129 Pleasant Street

Concord, NH 03301