**New Hampshire Department of Health and Human Services**

**American Rescue Plan Act – Stabilization Funds (ARPA S)**

***Final Report 1***

* All programs, regardless of the status of their spending must complete a Final Report 1 by ***February 24, 2023.***
* This report covers the program information and funds expended between January 1, 2020 and December 31, 2022.
* The ARPA S Final Report Part 1 has three elements – The Narrative, the Program Level Spreadsheet and the Allowable Uses Financial Spreadsheet. All three must be submitted simultaneously.
* **WHEN YOU HAVE COMPLETED THE PROGRAM LEVEL DATA EXCEL SPREADSHEET – YOU MAY USE THE SAME DOCUMENT FOR YOUR CDIQ PROGRAM LEVEL DATA REQUIREMENT – JUST SAVE A COPY AS** ***Program Name CDQI Final 1 Program .***
* Save your Final Report Narrative using the following naming convention: ***Program Name ARPA Final Report 1*.**
* Save your excel spreadsheets as ***Program Name ARPA Final 1 Program*** or ***Program Name ARPA Final 1 Finance.***
* 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 ARPA Final Report along with the two excel spreadsheets – Program and Finance information, please email it to Dianne.r.chase@dhhs.nh.gov with the all report components attached and a read, not just sent, receipt for confirmation.
* Multi-site programs may complete one narrative that covers all of their programs with the expectation the narrative will be longer than a single program write-up. They must complete a program level and financial spreadsheet summary for each program, but can create a multi-site excel spreadsheet that groups all the programs on to one sheet or duplicate the reports if the information is redundant from program to program. A specific webinar session to coach mulita-site programs is available.
* Be sure to label your email, in the subject line as ***Program Name APRPA Final Report 1 .***
* If you have trouble emailing the documents together because they are too large, be sure to label your multiple emails, in the subject line as ***Program Name APRPA Final Report One 1 of 3 , then 2 of 3***
* If you wish to submit a handwritten response, request a template and specific instructions through the Grant Help Desk link.
* If you are mailing in your ARPA Final Report, not our preferred method, use the address listed at the end of this document.
* For more information, see the ARPA Final Report webinar, instructions, FAQs for more tips at <https://www.nh-connections.org/new-hampshire-covid-related-provider-grant-funds/>
* For your 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>
* **ALL DATA WILL BE PUBLICLY SHARED AS AGGREGATE DATA** **ONLY**, not identifiable to any specific program, and in the event that we wish to share any stories or insight that would be identifying we will reach out to you first.

**New Hampshire Department of Health and Human Services**

**American Rescue Plan Act – Stabilization Funds (ARPA S)**

***Final Report 1***

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

**2. Lead Organization**

**(if applicable)**

**3. Primary Mailing**

**Address**

**(street, city, zip code)**

**4. Report Contact Person**

**(Program)**

**5.Telephone 6. Email**

**Number Address**

**7. State Vendor 8. Resource**

**Number Id Number**

**9. Program Status as of the date you submitted your agreement (summer/fall 2021)** Choose an item.

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

**11. Dates when funding was used**

**Start** Click or tap to enter a date. **End** Click or tap to enter a date.

**12. Full ARPA Grant Amount (all rounds) $**

**13. Grant Amount Allocated By $**

**14. As of the date you submitted your agreement was your program accepting children on NH Child Care Scholarship?**

Choose an item.

**15. BRIEFLY Discuss how your program decided to allocate your ARPA funds,** *initially what you had hoped to do and then ultimately what you did with the funds, and what issues you faced making those spending choices and what challenges addressed with the funds. Be specific and think of this an opportunity to share lessons learned.*

**16. BRIEFLY Discuss how your program met the 25% Recruit and Retain for Staff requirement.** *Be specific about the activities you undertook being sure to clarify how the spending supported staff at the time and going forward.* Do not just reiterate what you put in your financial report. Give us a snapshot of how you decided to use the funds and how it helped with recruiting and retention.

**17. Overall, how did the ARPA Funds positively impact your program?**

*Please describe how the allocation and use of the funds help support your program and specifically addressed the ACF/OCC goal described below:*

“The goal of the child care stabilization grants is to provide financial relief to child care providers to help defray unexpected business costs associated with the pandemic, and to help stabilize their operations so that they may continue to provide care.”

1. **Sharing real life stories -** *Please share two to three short (paragraph or so long) stories of the positive impact the funds had on children, families, and staff.*
2. **Were there negative or less than satisfying outcomes or impacts related to receiving and utilizing the ARPA funds?**
3. *By my handwritten or typed signature, I am attesting the information in this document and the information in the two companion excel spreadsheets are 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)**