

**NH DHHS Child Care Operating Expense Reduction (CCOER) Grant
Program Application Due Dec 1, 2023 4:30 PM**

***The Child Care Operating Expense Reduction (CCOER) Grant Program
Application***

This Application is for the Child Care Operating Expense Reduction Grant (CCOER) program, which will provide direct beneficiary awards to eligible Child Care Providers with the purpose of enabling those providers to strengthen their workforce by reducing operating costs and investing in workforce retention and recruitment.

CCOER funds were awarded under the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) established by the American Rescue Plan Act of 2021 (“ARPA”), H.R. 1319, Section 9901 on March 11, 2021, provided by the United States Department of Treasury (“Treasury”), Assistance Listing Number (ALN) 21.027, Federal Award Identification Number (FAIN) SLFRP0145.

Eligible Child Care Providers include:

- **New Hampshire licensed-exempt facilities;**
- **Licensed full day/full week early childhood and/or out-of-school time child care centers; and**
- **Family child care centers.**

All licensed and licensed-exempt facilities are defined under NH RSA 170-E. Interested Child Care Providers must submit completed Applications that are signed and include proof of operating expenses incurred between March 3, 2021 and September 30, 2023, in support of their request for reimbursement.

Child Care Providers with multiple sites, are required to complete separate Applications for each location funds are being applied for.

Who is not eligible to apply?

- **Programs that are not currently open;**
- **Head Start or Early Start programs;**
- **Public school operated programs;**
- **Part day or part week early childhood or enrichment programs that are not considered Child Care Providers; and**
- **Summer camps (full or part day) unless it is an expansion of a regular child care program.**

Examples of reimbursable operating expenses include:

- **Rent, mortgage or lease payments;**
- **Maintenance/repairs or minor improvements, that include but are not limited to:**
 - o **Renovating bathrooms.**
 - o **Installing ramps, railings, and other accessibility features.**
 - o **Removing non-loadbearing walls to create more space.**
 - o **Replacing carpet with linoleum or another cleanable surface.**
 - o **Installing touch-free faucets or light switches.**
- **Building of or expansion of outdoor playground space;**

- **Programs or services needed to operate the child care business, that include but are not limited to:**
 - o **Payroll/Bookkeeping Software.**
 - o **Business automation training and support services.**
 - o **Materials for play & learning/safe sleeping/diapering or toileting.**
- **Facility enhancements or programming that would improve the staff experience.**

Child Care Providers will be eligible to receive the Grant Award Amount as a reimbursement of expenses that will be determined upon receipt of all applications.

*All questions must be answered unless otherwise noted,
incomplete applications will not be considered*

Applications must be submitted no later than Dec 1, 2023 @ 4:30 PM, EST.

*** 1. County where program is located**

2. 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"/>

3. Payment Contact Information

Organization Name
(if different than
DBA above)

Address

City/Town

State

Zip Code

Contact Name

Contact E-mail

E-mail Confirmation

Contact Phone
Number

Alternative Phone
for questions by call
or text (will not be
shared)

4. Payment Information

**NH State Vendor Number (required six digit
number)**

**Business Name and Address Associated NH State
Vendor Number**

NH CCLU License # (if applicable)

**NH Employment Child Care Scholarship Program
Resources Id # (if applicable)**

**NH Preventive & Protective Child Care Scholarship
Program Resource Id# (if applicable)**

5. Program Type - select one

6. How long has your program business been operating?

7. Program Type - choose one answer

Business Type

Program is as:

8. Program status, as of application date

If closed temporarily, please explain and include a reopen date.

9. Current Child Capacity - Licensed (through NH Child Care Licensing Unit) or Approved as License-Exempt Child Care Facility (by local regulations).

10. Child Care Program Information

What hours do you operate and on what days? (ex. M-F 6 to 6)

When does your program operate? (year round, school year only, summer only)

What percentage of currently enrolled children (full and part-time) residing in New Hampshire? (1 - 100%)

Do you maintain a waitlist? (YES/NO)

How often do you update the waitlist? (monthly, quarterly, semi-annually, annually, when child added or removed, upon request, when child ages out)

How many children do you currently have on the waitlist? (# of children)

How many children in your program are currently receiving New Hampshire Child Care Scholarship? (# of children)

14. **Average Staff Wages for Staff on Application Date** - Round up to the nearest dollar (ex. if three teachers make \$8.50, \$9.00 and \$9.25 an hour, add the three amounts = \$26.75 then divide by three = \$ 8.91 an hour then rounded up answer would be \$9.00)

Full Time = anyone working 35 or more hours per week

Part Time = anyone working between 1 and 34 hours per week

	Infant FT	Infant PT	Toddler FT	Toddler PT	Preschoolers FT	Preschoolers PT	Kinder FT/PT	SA Grds FT	SA Grds PT
Current Teacher Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Assistant Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Lead Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Group Leader	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistant Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bus Driver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cook	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Floater Multiple	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other - non classroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. **Current Staff Benefits**

	Medical	Dental	Paid Time Off	Free/Reduced Child Care
Full Time Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part Time Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

16. Grant Request - Expense 1

Amount of eligible operating expense(s) requested:

Briefly describe what the operational expenses(s) were for and why you incurred this expense(s) ("for" or "in" the space where your program is located):

Date the expense(s) was incurred:

Describe what documentation you will be submitting, to verify incurred expense(s) (Example: receipts, statements and invoices, etc.):

17. Grant Request - Expense 2

Amount of eligible operating expense(s) requested:

Briefly describe what the operational expenses(s) were for and why you incurred this expense(s) ("for" or "in" the space where your program is located):

Date the expense(s) was incurred:

Describe what documentation you will be submitting, to verify incurred expense(s) (Example: receipts, statements and invoices, etc.):

18. Grant Request - Expense 3

Amount of eligible operating expense(s) requested:

Briefly describe what the operational expenses(s) were for and why you incurred this expense(s) ("for" or "in" the space where your program is located):

Date the expense(s) was incurred:

Describe what documentation you will be submitting, to verify incurred expense(s) (Example: receipts, statements and invoices, etc.):

19. Grant Request - Expense 4

Amount of eligible operating expense(s) requested:

Briefly describe what the operational expenses(s) were for and why you incurred this expense(s) ("for" or "in" the space where your program is located):

Date the expense(s) was incurred:

Describe what documentation you will be submitting, to verify incurred expense(s) (Example: receipts, statements and invoices, etc.):

20. Grant Request - Expense 5

Amount of eligible operating expense(s) requested:

Briefly describe what the operational expenses(s) were for and why you incurred this expense(s) ("for" or "in" the space where your program is located):

Date the expense(s) was incurred:

Describe what documentation you will be submitting, to verify incurred expense(s) (Example: receipts, statements and invoices, etc.):

21. Total amount of all eligible operating expense(s) requested (add together amounts in questions 15 - 20):

22. If applying for rent, mortgage or lease expense request(s)- complete these questions

A. Does the Child Care Provider own or rent its location? (RENT/OWN)

B. If the location is owned by the Child Care Provider, are there other businesses in the building? (YES/NO)

C. How long has the business owned or rented this location? YRS

D. Describe the type of building and location where the child care program operates (stand-alone building on private lot, stand-alone building in business/industrial park, converted private home, church, etc.):

E. Monthly Rent or Mortgage Payment:

F. Are utilities are included in the monthly payment (YES/NO):

G. Next Payment is Due on MM/DD/YY:

23. Re-investing the child care workforce - Briefly describe how you will re-invest the monies reimbursed to you toward retention or recruitment of your child care workforce. Include a timeline and (if any) potential impact on your staff.

24. Reinvesting in the child care workforce - Briefly describe your sustainability plan for maintaining increased staff wages and/or enhanced benefits over the next two (2) to four (4) years.

25. By checking the following boxes, I confirm:

- The Child Care Provider applying for the CCOER Grant Award is in full operation as of the date this form was completed.
- The Child Care Provider applying for the CCOER Grant Award is in Good Standing with the State of New Hampshire and any required licensing to operate
- The Child Care Provider owner intends to maintain ownership and remain open and active through September 30, 2024.
- The documentation provided with this Grant Application is an accurate representation of the Child Care Provider's current eligible expenses and staff wages.

26. Attestation and Certification

I, the Applicant, hereby certify that all the information provided in this Application is complete , accurate, and up-to-date, as of the date specified below. If I receive a CCOER Grant Award, the funds shall only be used for eligible expenses and not for other COVID-19 related , or other expenses for which I received previous funding/reimbursement from other state or federal sources.

I, the Applicant understand, agree and accept use of its electronic signature by email as binding and final in accordance with all terms of RSA 294-E, the Uniform Electronic Transactions Act.

I, the Applicant understand, agree and accept that by submitting this application, it is certifying that the person named in the signature block has authority to bind the business entity and the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity.

Name of Child Care Program/Provider:

Name of Designated Signatory for Child Care Program/Provider:

By typing the signatory name here, this constitutes a legal electronic signature as described above:

Title of Signatory Person:

Date Signed: