

NH DHHS CHILD CARE WORKFORCE GRANT APPLICATION

The Child Care Workforce Grant (CCWG) Application

The Child Care Workforce Grant (CCWG) program's purpose is to finance recruitment and retention bonus and benefit grants for New Hampshire child care programs.

For eligibility, instructions and allowable uses see <https://www.nh-connections.org/new-hampshire-provider-grant-funds/>

Now let's get started.....

1. County where program is located

2. Program Contact Information

Program Name/DBA

Program City/Town

Program Zip Code

Application Contact Person

Contact Person E-mail (required)

Contact Person E-mail confirmation

Contact Person Phone Number (required)

Alternative Phone for text message (during application/review process only)

Program Director Name

3. Payment Contact Information

**Organization Name
(if different)**

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**

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

**NH CCLU License #
(if applicable)**

**NH Employment
Child Care
Scholarship
Program Resources
Id #**

**NH Preventive &
Protective Child
Care Scholarship
Program Resource
Id#**

5. Program Type

6. How long has your program business been operating?

7. 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 |

8. Program status, as of application date

Other (please specify)

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

10. Ideal Child Capacity - Here we want to know how many your children you ideally want to enroll based on the capacity number you listed above. This number is how many children you want in the program to maintain high quality. For example, you might be licensed for 125, but you know in your program more than 100 would be a little too much. Your capacity number and your ideal capacity could be the same number, but it cannot be higher. ONLY WRITE NUMBERS please

11. What % of currently enrolled children live in New Hampshire?

12. Do you maintain a waiting list?

13. If you maintain a waiting list, how often do you update the list? (reach out to families to update, remove outdated requests, etc.)

14. Current Child Care Enrollment, Capacity, and Available Slots

	Infants	Toddlers	Preschoolers	Kindergartners	Elementary Grd 1-3	Elementary Grd 4-5
Total Capacity in this age group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children Enrolled (not necessarily attending) FULL TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children Enrolled (not necessarily attending) PART TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Available slots in this age group FULL TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Available slots in this age group PART TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children on waiting list in this age group FULL TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children on waiting list in this age group PART TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children currently receiving NH Child Care Scholarship in the age group FULL TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children currently receiving NH Child Care Scholarship in the age group PART TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Classrooms Open in this age group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Classrooms closed in this age group	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Classrooms closed due to staffing shortages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any thing else you want to share on this topic? Please be brief

15. Children receiving the disability

differential through the NH Child Care Scholarship Program - this differential is paid out through the NH Child Care Scholarship Program for children experiencing a disability or significant special needs, temporary or permanent.

How many full time children in your program are currently receiving the disability differential through NH Child Care Scholarship Program?

How many part time children in your program are currently receiving the disability differential through NH Child Care Scholarship Program?

How many children in your program are not currently receiving the disability differential through NH Child Care Scholarship Program, but you believe they are eligible?

Are you aware of the disability differential available through NH Child Care Scholarship Program and how it is accessed for children?

16. Since implementing the "pay by enrollment" plan for the NH Child Care Scholarship Program how has it improved the consistency of your program's income stream?

17. What benefits do you currently offer to staff? Please answer YES or NO

	Fully paid Medical/Health Ins	Partially Paid Medical/Health Ins	Dental Ins	Life Ins	Short/Long Term Disability	Paid Time Off	Free/Reduced Child Care	Retirement Plan
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Benefits

Other (please specify)

20. Staff Configuration Support and Management ACTUAL on Application Date:
Grant awards will be based on the number of full equivalent positions you currently have and the positions that are open. In questions 11 and 12 we ask for actual staff numbers and in Question 13 we ask for your full time equivalents - please read the instructions carefully before answering.

Full Time = anyone working 35 or more hours per week

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

	Current FT	Current PT	FT Openings	PT Openings
Program Support Staff (cook, bus driver, custodian, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Administrative Staff (receptionist, bookkeeper, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Professional Staff (curriculum specialist, interventionist, etc.)	<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"/>
Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. **Staff FULL TIME EQUIVALENT on Application Date:** Grant awards will be based on the number of full equivalent positions you currently have and the positions that are open. In early questions we asked for actual staff numbers and here we are asking for staff hours - please read the instructions carefully before answering.

We will do the calculating as long as you provide us with the numbers.

Take all the *average* number of hours your *direct care staff* (all W-2 employees excluding temporary or seasonal workers) work per week and add them together. Then enter that number.

Now do the same for your *support and management staff*.

Then do the same for your current job openings in both categories.

Please make sure your staff numbers align with your capacity and ratios along with your payroll since you will be providing documentation for this during the reporting process.

We will then calculate the full time equivalents based on your total number of staff hours, which is the total divided by 35.

PLEASE put something in each box - even if it is 0!

Current Direct Care

Staff Hours Per
Week

Current Support and
Management Staff

Hours Per Week

Openings Direct

Care Staff Hours Per
Week

Openings Support
and Management

Staff Hours Per
Week

Total All Hours

Worked in One
Average Week

22. **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)

	Current FT Hrly	Current PT Hrly	Incoming FT Hrly	Incoming PT Hrly
Assistant Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lead Teacher	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistant Group Leader	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Group Leader	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Support Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Administrative Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Professional Staff	<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"/>
Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

23. **ACKNOWLEDGEMENT**

I, the Applicant, hereby certify that all information provided in this Application is complete, accurate, and up-to-date, as of the date specified below. If I receive the CCWG Award, the funds shall only be used for eligible expenses.

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, I am certifying that the person named in the signature block has authority to bind the business entity and that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity.

I, the Applicant understand, any provision of this Application, does not commit the Department to award a Grant Agreement. The Department reserves the right to reject any and all responses to the Application or any portions thereof, at any time and to cancel this Application and to solicit new Application responses under a new process.

PUBLIC DISCLOSURE NOTIFICATION

I, the Applicant understand, the name, business addresses of all Applicants and the names, business addresses and amount of any award actually made to all Applicants/Grantees will be public information, subject to disclosure and may be posted on the DHHS website.

DHHS will assert that the other financial information submitted in support of this Award in an application or report is confidential financial information that is exempt from disclosure under RSA 91-A:5,IV, unless ordered to disclose such information by a court of competent jurisdiction.

By signing, I am confirming:

- The Child Care Provider applying for the CCWG Grant Award is in full operation as of the date this form was completed.

- The Child Care Provider applying for the CCWG Grant Award is in Good Standing with the State of New Hampshire and any required licensing to operate.

- The documentation provided with this Grant Application is an accurate representation of the Child Care Provider’s current enrollment and staff wages.

- I acknowledge the Public Disclosure Notification.

Name of Child Care Provider (Program):

Designated Signature for Child Care Provider(Program) - digital signature accepted:

Date Signed and Submitted:

Printed Name:

Title: