

Q#	Child Care Capital Program PASS/FAIL Questions	Response Field Type	Documentation Required	Pass	Fail	Score (P/F)
1	Prequalification Requirement					
	a) What is the organization's SFS Application ID?	Single Line of Text	NA	a) Correct SFS Application ID is provided. b) Grantee is prequalified or registered with SFS.	a) Incorrect or no SFS Application ID provided. b) applicant not prequalified/registered with SFS.	
	b) For not-for-profit organizations, when does their prequalification expire?	Date	NA			
	c) For for-profit corporations, provide a copy of their business entity formation documentation with their application?	Y/N	Business Entity Documentation	Documentation provided	No documentation provided	
	d) Are they filing their application under the exact legal name that is on file with the SFS, Department of State and IRS?	Y/N	NA	Applicant name matches DOS database, SFS and Documents Vault submissions	Name does not match or not found in DOS or SFS	
2	Organization Eligibility					
	a) Is the organization a licensed child day care center (GDC or DCC) or a registered school age child care (SACC) program or an Article 47 permitted program? If so, did they provide their facility ID#	Y/N	N/A	Facility ID provided for current licensed/registered/permitted programs.	Facility ID not provided or incorrect	
	b) Is the organization proposing a new child care center program that will be licensed within six months of the completion of this project, as defined by when the Certificate of Occupancy is issued?	Y/N	NA	Applicant answers Yes or question not applicable.	Applicant answers No	
	c) If their organization has an existing OCFS or NYSDOHMH license/registration/permit, did they uploaded regulator sign off for this project?	Y/N	Regulator Sign Off if applicable	Regulator sign off is included with application and shows approval or question not applicable.	If applicable, document not included or Regulator does not approve project.	
3	Project Location Eligibility					
	a) Does the organization own the project location under their legal name on file with the SFS, DOS and IRS and not a parent or affiliate?	Y/N	Deed	Applicant has answered Yes and provides deed in correct legal name.	Applicant answers Yes and either fails to provide a deed or name does not match OR Applicant answers No to both a) and b).	
	b) Does the organization lease the project location under their legal name on file with the SFS, DOS and IRS and not under a parent or affiliate, and do they have an executed lease with a 8 year term minimum at the time of this application?	Y/N	Lease	Applicant answers Yes and provides lease in correct legal name with correct term length.	Applicant answers Yes but lease has incorrect name or lease term OR Applicant answers No to both a) and b)	
	c) If they are leasing their project location - did they provide a letter from the landlord or leasing agency on company letterhead that gives their organization permission to complete the project at the designated site.	Attachment	Letter	Letter provided on letterhead and grants Applicant in correct legal name permission to undertake project.	Letter needed but not provided OR Letter has incorrect name and/or incorrect term.	
	d) If applicable, did they describe how any other entities or programs at the project location may benefit from the project (e.g. other organizations within the same building, landlord, sublessor, etc.)	Paragraph Text	NA	Applicant indicates there are no other entities or programs that will benefit OR the benefit accrued is de minimis and applicant and/or the other applicant programs that will benefit are eligible programs	Applicant indicates other entities or ineligible programs will receive a substantial benefit (e.g. roof / HVAC /elevator project will benefit all entities or other ineligible programs in building/ at project location)	
4	Project / Project Cost Eligibility					
	Did they purchase equipment or start construction on their project prior to April 1st 2023?	Y/N		Applicant answers N	Applicant Answers Y	

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5	Project Finance Eligibility					
	a) Do they intend to finance the portion of their project budget to be reimbursed with grant proceeds with long-term debt (over 1 year old)?	Y/N	NA	Applicant answered N	Applicant answers Y	
	b) Do they intend to finance any portion of their project budget with existing or proposed tax credits?	Y/N	NA	Applicant answered N	Applicant answers Y	
	c) Did they submit documentation that indicates that their organization has the funds necessary to complete the project?	Y/N	Financial Documentation	Documentation provided	No documentation provided	
	d) Does the Applicant agree, if selected for processing, to meeting the requirements for a Grant Disbursement Agreement within twelve months of the date of the Grant Award Letter?	Y/N	NA	Applicant answered Y	Applicant answered N	

Q#	Child Care Capital Program - PROJECT VIABILITY Questions	Response Field Type	Documentation Required	Scoring Guidance	MAX score	Score
1	Project Description & Support for Project Costs				21	0
	a) Title of their project (1 sentence)	Single Line of Text	NA	N/A		
	b) Short project description (8-10 sentences)	Paragraph Text	NA			
	c) What is the total estimated cost of their project?	\$	NA			
	d) What is the percentage of their estimated total project cost (TPC) for which they are requesting funding (Minimum \$500k, Maximum \$1,500,000)?	\$	NA	Amount requested is 90% or more of TPC = 3; Amount requested is 60-89% of TPC = 2; Amount requested is 40-59% = 1	3	
	e) How did they derive the cost estimate for the DESIGN budget category, if applicable, and did they upload any supporting documentation (e.g. invoices or quotes)?	Paragraph Text	Estimates, Quotes, Invoices	Cost estimate is fully supported by estimates, quotes, or invoices by qualified sources = 3; Cost estimate is mostly supported = 2, Cost estimate has some support = 1	3	
	f) Did the Applicant provide a description of the project costs/project tasks they are expecting to be reimbursed for under the DESIGN category of the budget?	Paragraph Text	NA	Description of DESIGN costs/project tasks include 0 Non-Bondable Costs = 3; description includes de minimis Non-Bondable Costs = 2; Description of of costs/project tasks include some Non-Bondable Costs = 1	3	
	g) How did they derive the cost estimate for the CONSTRUCTION budget category, if applicable, and did they upload any supporting documentation (e.g. invoices or quotes)?	Paragraph Text	Estimates, Quotes, Invoices	Cost estimate is fully supported by estimate, quotes, or invoices by qualified sources = 3; Cost estimate is mostly supported = 2, Cost estimate has some support = 1	3	
	h) Did the Applicant provide a description of the project costs/project tasks they are expecting to be reimbursed for under the CONSTRUCTION category of the budget?	Paragraph Text	NA	Description of CONSTRUCTION costs/project tasks include 0 Non-Bondable Costs = 3; description includes de minimis Non-Bondable Costs = 2; Description of of costs/project tasks include some Non-Bondable Costs = 1	3	
	i) How did they derive the cost estimate for the OTHER budget category, if applicable, and did they upload any supporting documentation (e.g. invoices or quotes)?	Paragraph Text	Estimates, Quotes, Invoices	Cost estimate is fully supported by estimate, quotes, or invoices by qualified sources = 3; Cost estimate is mostly supported = 2, Cost estimate has some support = 1	3	
	h) Did the Applicant provide a description of the project costs/project tasks they are expecting to be reimbursed for under the OTHER category of the budget?	Paragraph Text	NA	Description of OTHER costs/project tasks include 0 Non-Bondable Costs = 3; description includes de minimis Non-Bondable Costs = 2; Description of of costs/project tasks include some Non-Bondable Costs = 1	3	
2	Anticipated Project Time-Frame				6	0
	a) What costs have been incurred as of the date of this application?	\$	NA	N/A	3	
	b) If costs have been incurred as the date of this application - did the Applicant provide a brief description of the work that has been completed. If no work has been completed - did they note instead the anticipated project start date?	Paragraph Text	Invoices	Work has begun OR anticipated start date is within 3 months of application = 3; anticipated start date is within 6 months of application = 2		
	c) If the project has been completed - please note the project end date. If the project has not been completed - did the Applicant provide a brief description of the work that has yet to be completed AND the anticipated end date for the project?	Paragraph Text	NA	Project completed OR anticipated end date is within 1 year of applications = 3; anticipated end date is within 2 years of application = 2		
3	Other Project Funding Sources				10	0
	a) What is the amount of their estimated total project cost that will not be funded by grant amount requested?	\$	NA	N/A	10	
	b) What percentage of project costs that will be funded by other funding sources have been secured and committed to the project as documented by a bank statement under the organization's legal name. If no additional funding needed - please answer 100%	%	Bank Statements	If 100% = 10; If between 75-99% = 7; If between 50-74% = 5, if between 25-49% = 3, if under 25% = 1		

Q#	Child Care Capital Program - PROJECT VIABILITY Questions	Response Field Type	Documentation Required	Scoring Guidance	MAX score	Score
	c) Did the Applicant describe any other funding source they anticipate securing, and anticipated date by which this funding will be available to their organization in the form of equity to be applied to their project.	Paragraph Text	NA	If date all other funding needed anticipated within 3 months of application = +2 to score above; if date anticipated within 6 months = +1 (note: if no other funding sources needed as indicated in 3a or 3b -section score already maxed out so do not add any additional points)		
4	Project Location Readiness				4	0
	Did the applicant describe any regulatory approvals (such as SEQR, SHPO, etc.) that are or may be required for the project. If they have been completed, did they attach the documentation to their application or give the anticipated date of receipt of said regulatory approvals. If unknown - please respond unknown; if not applicable - please respond N/A	Paragraph Text	SEQR docs, Permits, etc.	If N/A or completed = 4; if anticipated completions date within six months = 3; Within 1 year = 2; if unknown = 1, if over 1 year = 0	4	
TOTALS					41	0

Q#	Child Care Capital Program PROJECT IMPACT Questions	Response Field Type	Documentation Required	Scoring Guidance	MAX score 17	Score
1	Did the Applicant describe any other special characteristics (see Section 2.1 definition) of their current or intended client population in terms of protected classifications that will be served by their project, and attach any applicable supporting documentation to their application?	%	Supporting Documentation	Characteristic described is a protected class under the NY Human Rights Law (race, color, national origin, religion, sex, familial status, disability, age, marital status, military status, sexual orientation, gender identity and expression, and source of income = 2; characteristic described is not protected class but is otherwise compelling = 1	2	
2	What percentage of their intended target population shares the special characteristics they described above will be served by the project? If program is not open, what percentage of their proposed intended population sharing the special characteristics mentioned above will be targeted in marketing the new program?	%	NA	Over 50% = 3; 25-49% = 2; 1-24% = 1	3	
3	How did they calculated the percentage for question 2 above, including any external data used, and/or their organization's relevant data collection processes and length of time they have consistently maintained this data for programmatic decision and reporting purposes	Paragraph Text	NA	Response is highly supported with reliable external or internal data collected by applicant and used to make programmatic decisions and for reporting purposes by applicant = 3; Somewhat supported but lacking reliable external data or a consistent robust internal data collection process = 2; minimally supported = 1	3	
4	How many child care slots do they anticipate will be directly impacted/served by their project?	#	NA	More than 250=3; between 100-249=2; between 1-99=1	3	
5	How did they calculate the number of child care slots, including any external data used, and/or their organization's relevant data collection processes and length of time they have consistently maintained this data for programmatic decision and reporting purposes	Paragraph Text	NA	Response is highly supported with reliable external or internal data collected by applicant and used to make programmatic decisions and for reporting purposes by applicant = 3; Somewhat supported but lacking reliable external data or a consistent robust internal data collection process = 2; minimally supported = 1	3	
6	Did they describe any barriers their client population faces, (or their proposed target population if not yet open), in availing themselves of the services to be provided through their project (e.g. geographic distance or lack of public transportation, internet, etc.), and how their organization plans to help the client population overcome these barriers and/or engages or will engage in aggressive outreach to target population.	Paragraph	NA	No barriers - project location is firmly imbedded within target client population through geographic proximity and extensive outreach by applicant = 3; Some barriers but there is a demonstrated plan to help client population overcome these barriers and extensive outreach plan = 2; Some barriers but will not overly prohibit services from being rendered to client population = 1	3	
TOTALS					17	0

Q#	Child Care Capital PROJECT NEED Questions	Response Field Type	Documentation Required	Scoring Guidance	MAX score	Score
Critical Needs & Service Accessibility of Client Population					42	0
1	What was the described critical need of child care slots that their project will address.	Paragraph Text	NA	Critical need(s) described not currently available at all to intended population = 3; Need described are only moderately available to intended population = 2; Need described are widely available to intended population = 1	3	
2	How did they assess the critical need(s) described in question 1 above that will be addressed by their project. Please include any external data used, (e.g., community surveys, etc.) and/or their organization's relevant data collection processes and number of years they have consistently maintained this data for programmatic decisions and reporting purposes.	Paragraph Text	NA	Response is highly supported with reliable external or internal data collected by applicant and used to make programmatic decisions and for reporting purposes by applicant = 3; Somewhat supported but lacking reliable external data or a consistent robust internal data collection process = 2; Minimally supported = 1	3	
3	How did they describe how their project will address the critical need(s) they describe in question 1 above.	Paragraph Text	NA	Response supports that the project will highly address critical needs = 3; Project will moderately address critical needs = 2; Project will minimally address critical needs = 1.	3	
4	Desert Score Location	Paragraph Text	NA	Insert the Program's address into the Desert map tool: https://bit.ly/cc_deserts Is the proposed program in a REDC with high rate of Desert Census Tracts (CTs)? GDC/DCC/SACC - High (>=68.10%) = 15; Medium (64.0-67.9%) = 10; Low (<=63.9%) = 5	15	
5	What level of desert census tract is the proposed program located in?	#	NA	High (Desert w/ no CC and >49 children) = 3; Medium (Desert w/ >10.0 children per slot) = 2; Low (Desert w/ 3.01-9.99 children per slot or Desert w/ no CC and <50 children) = 1	3	
6	What is the number of classrooms by type (infant/toddler, non-infant/toddler) of the projected new slots?	#	NA	For DCC/GDC Projects estimated to create one non-infant/toddler classroom = 5; two non-infant/toddler classrooms or 1 infant/toddler classroom = 10; three non-infant/toddler classrooms or two infant/toddler classrooms = 15 For SACC Projects estimated to create one classroom = 5; two classrooms = 10; three classrooms = 15	15	
TOTALS					42	0

S#	Section	MAX score	Score
1	Project Viability	41	0
2	Project Impact	17	0
3	Project Need	42	0
TOTALS		100	0