

**APPLICATION  
CHILD CARE CAPITAL CONSTRUCTION FUNDING PROGRAM  
(4CFP)**

PLEASE REFER TO THE REQUEST FOR APPLICATIONS (RFA) AND INCLUDE ANY ADDITIONAL PAGES AS NECESSARY TO FULLY  
RESPOND TO EACH QUESTION IN THIS APPLICATION

**SECTION 1: GENERAL INFORMATION**

**A. Applicant Organization**

Type of Applicant: Municipality ☐ Not-for Profit ☐ Public Authority ☐ College or University ☐

Title of Project: \_\_\_\_\_

Legal Name (and d/b/a if applicable): \_\_\_\_\_

Mailing Address (not P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Taxpayer ID: \_\_\_\_\_

NYS Charities Registration # (if applicable): \_\_\_\_\_

Statewide Financial System (SFS) Vendor ID # \_\_\_\_\_

Prequalification Application # \_\_\_\_\_

**Not-for-profit entities must be prequalified in SFS in the name of the Applicant at the time the Application is submitted; otherwise, the Application will not be eligible for a Grant and will not be scored further.**

**B. Primary Contact(s):**

Name(s): \_\_\_\_\_

Title(s): \_\_\_\_\_

Phone#(s): \_\_\_\_\_ Alt Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

**SECTION 2: PROJECT INFORMATION**

1. Project Purpose: Check **ONE** box below.

- ☐ New Child Care Program (New Construction, Renovation or Expansion)  
☐ Expansion of existing Child Care Program (Renovation or Expansion for additional child care capacity)

2. If renovating **existing licensed/registered/permitted program** :

- Please provide OCFS License/Registration # or NYCDOHMH Permit # \_\_\_\_\_
- What is your current licensed/registered/permitted child care capacity?  
\_\_\_\_\_ Infant/Toddler \_\_\_\_\_ Non-Infant/Toddler
- What will be the total number of children to be served upon the proposed project's completion?  
\_\_\_\_\_ Infant/Toddler \_\_\_\_\_ Non-Infant/Toddler

3. If you checked **New Child Care Program** above, will the program be licensed/registered/permitted within six months of the completion of this project, as defined by when the Certificate of Occupancy is issued? ☐ Yes ☐ No

- What will be the total number of children to be served upon the proposed project's completion?  
 \_\_\_\_\_ Infant/Toddler \_\_\_\_\_ Non-Infant/Toddler

4. Project Location including Project Address, Zip Code, and County (no P.O. Boxes)

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_

5. Site Control to demonstrate that Applicant has sufficient authorization and control to undertake the Project at the project location. *Refer to Section Two of the RFA for details.*

Does the Applicant: ☐ Own ☐ Lease ☐ Pending Acquisition

Attach site control documentation in the form of a Certificate of Municipal Site Control, deed, full lease/rental agreement and formal landlord, or leasing agency approval, or for acquisitions, executed contract of sale. All documents must be in the name of the Applicant, for the Project Location described in Question 2, and all leases must have at least eight years remaining from date the application is submitted.

**If appropriate site control is not provided, the Application will not be Eligible for a Grant and will not be scored further.**

6. If you are applying as a municipality, do you plan to have an outside licensed/registered/permitted child care program operate the program at the project location? Select N/A if you are not a municipality.

- ☐ Yes  
☐ No  
☐ N/A

7. Project Schedule:

- Project Construction Start Date: \_\_\_\_\_
- Anticipated Construction Date of Completion: \_\_\_\_\_
- Anticipated date new child care capacity will be available: \_\_\_\_\_
- Will some or are all of the project's equipment purchases or construction costs be incurred after April 1, 2025?  
☐ Yes ☐ No

8. Project Description: Please attach a detailed narrative of the specific capital project that will be undertaken and funded pursuant to this application. Please check the box to confirm that the narrative has been provided. ☐

9. Total Child Care Capital Construction Funding Program grant funding requested: \_\_\_\_\_

10. Please provide the Total Project Cost for this project.  
 (4CFP Grant Requested + Other Funding= Total Project Cost)

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Total

11. Will any entity other than the Applicant set forth in Section 1, above, be paying any project related costs? If yes, please attach a separate sheet setting forth the costs to be paid by another entity, as well as a description of the relationship between the Applicant and the other entity.

- ☐ Yes  
☐ No

12. Are there environmental or regulatory permits required for this project? If yes, please specify which permits. If none, reply N/A.

\_\_\_\_\_  
If yes, have the permits been secured?

- ☐ Yes  
☐ No

If no, the permits have not been secured, please specify why: \_\_\_\_\_  
\_\_\_\_\_

13. Has any State or Local government agency reviewed the project under the State Environmental Quality Review Act (SEQRA)?

- ☐ Yes  
☐ No

If yes, please set forth the lead agency for the review and provide a copy of the negative declaration, findings statement, or Type II memo issued by the lead agency.

### SECTION 3: ELIGIBILITY FOR TAX-EXEMPT FINANCING

1. Has the applicant previously received financing from the sale of tax-exempt bonds for this project?

- ☐ Yes  
☐ No

If yes, attach a schedule describing the details of such financing.

2. Does the applicant anticipate applying for financing for this project from the sale of other bonds?

- ☐ Yes  
☐ No

3. Is this project part of an existing or proposed tax credit structure or other similarly structured financing arrangement?

- ☐ Yes  
☐ No

**If yes, the Application shall be deemed ineligible and shall not be scored further.**

4. Have any funds been expended, or obligations incurred to date on that portion of the project for which this application is made?

- ☐ Yes  
☐ No

If Yes, attach a schedule showing details of such disbursements (date, purpose, payee, etc.)

**Please note, costs incurred and paid prior to 4/1/2025 will not be eligible for 4CFP grant funding.**

### SECTION 4: PROJECT IMPACT QUESTIONS

Please answer all of the following questions and include additional documentation as attachments if necessary.

**Please limit each response to 500 characters or less.**

1. What are the **special characteristics** as defined in Section 2.1: *Definitions* of the RFA of your current or intended client population, in terms of protected classifications, that will be served by your project? Please attach any applicable supporting documentation to your application.

2. What percentage of your intended target population, that shares the special characteristics you described in question 1, will be served by the proposed project?

|  |
|--|
|  |
| 3. If this is a new proposed program, what percentage of your proposed intended population sharing the special characteristics mentioned in question 2 will be targeted in marketing the new program? If this is not a new proposed program, write N/A.  |
| 4. Describe how you calculated the percentage for question 3 above, including any external data used, and/or your organization's relevant data collection processes and length of time you have consistently maintained this data for programmatic decision and reporting purposes. If you answered N/A to question 3 above, write N/A in this box.  |
| 5. How did you calculate the number of child care slots you intend to add or create with your project including any external data used, and/or your organization's relevant data collection processes and length of time they have consistently maintained this data for programmatic decision and reporting purposes?   |
| 6. Please describe any barriers your current or proposed client population faces in availing themselves of the services to be provided through your project, (e.g. geographic distance or lack of public transportation, internet, etc.), and how your organization plans to help the client population overcome these barriers and/or engage/will engage in aggressive outreach to target populations.                    |
| <b>SECTION 5: PROJECT NEED QUESTIONS</b>   |
| 1. Please describe the critical need of the child care slots your proposed project will address.   |
| 2. How did you assess the critical need of child care slots described in question 1 above that will be addressed by your proposed project? Please include any external data used, (e.g. community surveys, etc.) and/or your organization's relevant data collection processes and number of years you have consistently maintained this data for programmatic decisions and reporting purposes.                           |
| 3. Describe how your proposed project will address the critical need(s) you described in question 1 above.   |
| 4. Based on your project location, what is the total number of classrooms, by type, (infant/toddler, non-infant/toddler) to be created by your proposed project?<br>Infant/Toddler _____ Non-Infant Toddler _____  |
| <b>NOTE:</b><br>Desert Level- OCFS will determine the Applicant's desert level as outlined in the scoring matrix. <i>Please refer to Section 4.2 of the 4CFP RFA. No action is required by applicant for this section.</i>   |
| <b>SECTION 6: APPLICANT AGREEMENT</b>  |
| 1. By applying for 4CFP grant funding, do you understand that the child care program must be willing to accept families receiving child care assistance? <i>(Please note that child care provider will not be required to maintain said families through the duration of the grant program if those families choose another provider of their own accord.)</i><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. By applying for 4CFP grant funding for a newly created Child Care Program, do you understand that you are agreeing to commit to being fully licensed, registered or permitted and operational within six months of the proposed project's completion as determined by the receipt of the Certificate of Occupancy?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |

3. Do you understand that if a 4CFP Award is made, the newly created or expanded program will be required to continue to operate as a licensed/registered/permitted child care provider in this project location for a minimum of eight years from the date the certificate of occupancy is issued??

Yes ☐

No ☐

4. Do you understand that this Request for Grant Applications does not commit the New York State Office of Children and Family Services (OCFS) or the Dormitory Authority of the State of New York (DASNY) to enter into a Grant Disbursement Agreement, pay the costs incurred in the preparation of a response to this Request for Grant Applications or to disburse any funds?

Yes ☐

No ☐

## SECTION 7: PROJECT BUDGET

*Please refer to Section Two of the RFA*

Complete the following Project Budget detailing the proposed sources and uses of funds (attach additional sheets if necessary) that will be utilized to complete the Project. State the source of the funding, and any conditions or contingencies that need to be satisfied prior to accessing the funds.

**Please include evidence of committed funding sources to be used to complete the project as described.** This may include a copy of letter(s) of credit, award letters, a resolution from the governing board of the Grantee committing to provide the balance of the funds, or a combination of the above.

| <b><u>USE OF FUNDS</u></b> | <b><u>SOURCES</u></b> |        |                                 |        |   |        | <b><u>TOTAL</u></b> |
|----------------------------|-----------------------|--------|---------------------------------|--------|---|--------|---------------------|
|                            | State                 |        | In-Kind /Equity (If applicable) |        | Other sources (Please specify each source and include commitment letter or other evidence that funds have been secured) |        |                     |
| Tasks                      | Entity Name           | Amount | Source Name                     | Amount | Entity Name   | Amount | Total               |
|                            |                       |        |                                 |        |   |        |                     |
|                            |                       |        |                                 |        |   |        |                     |
|                            |                       |        |                                 |        |   |        |                     |
|                            |                       |        |                                 |        |   |        |                     |
|                            |                       |        |                                 |        |   |        |                     |
|                            |                       |        |                                 |        |   |        |                     |
|                            |                       |        |                                 |        |   |        |                     |
|                            |                       |        |                                 |        |   |        |                     |
| Total:                     |                       |        |                                 |        |   |        |                     |

I hereby certify that the information in this Application is true and correct in all material respects, and I understand that the Dormitory Authority of the State of New York and other entities that may be involved in the grant process are relying on this information in the course of the reviews that are required under Federal and State law.

**Please sign and return these documents to DASNY at [Childcare@dasny.org](mailto:Childcare@dasny.org), by no later than 11:59 pm on the Application Deadline. In order for your Application to be reviewed and scored, all supporting documentation requested in the RFA must also be e-mailed to DASNY together with this Application. Please send them from the Grantee's organizational email address and retain the original copies for production to DASNY if requested. By providing electronic signature(s), the Grantee's designee will be providing validly binding legal documents, just the same as a pen-and-paper signature.**

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Print Form**