

Appendix 1

**New York State Office of Children and Family Services
Dormitory Authority of the State of New York**

**Child Care Capital Program (CCCP)
Grant Application**

Section I: Applicant Information

Legally Incorporated Name: _____

*(Should match filings with IRS/NYS DOS/Charter/Statute/Gateway/Charities
Registration as applicable.)*

d/b/a if applicable: _____

Where d/b/a filed: _____

Organization Mailing Address: _____

Street: _____

City: _____ **Zip Code:** _____

IRS Tax ID #: _____

SFS Vendor ID#: _____

NYS Charities Registration # (if applicable): _____

NYS Grant Gateway Document Vault #: _____

Year Organization Incorporated: _____

*(Note: For all For-Profit organizations, their Incorporation Documentation must be
submitted with application. Not-For-Profit organizations should ensure theirs is visible in
their Grants Gateway Document Vault prior to submitting their application.)*

Contact Person

Name: _____

Title: _____

Telephone: _____ Ext. _____ Alt. Phone: _____

Email: _____ Alt. Email: _____

Is the project renovating an existing structure for use as a Child Care Program?

Y N

(Note: If renovating an existing structure, Applicant must answer question 4 in Section IV. Project Narrative.)

Does this Application propose an entirely new Child Care Program?

Y N

What will be the total number of children to be served upon proposed project's completion?

Infant/Toddler: _____ Non-Infant/Toddler: _____

Project Schedule:

- a. Anticipated construction start date: _____
- b. Anticipated construction completion date: _____
- c. Anticipated date new child care capacity will be available: _____
- d. Were any costs for the project incurred prior to April 1, 2023?

Y N

(Note, if such costs were incurred, they must be included in the description required in Section III, question 2a.)

Additional Applicant Information

Applicant's Attorney (if available)

Name: _____

Firm Name: _____

Address: _____

Phone: _____ **Email:** _____

Project General Contractor (if selected)

Name: _____

Firm Name: _____

Address: _____

Phone: _____ **Email:** _____

[Section II Pass/Fail Eligibility Questions](#)

1. Pre-Qualification/Registration Expiration Date: _____

To find out if your Document Vault has expired, or when it will expire, please see the Gateway's FAQ #19 found here: [Prequalification FAQ | Grants Management \(ny.gov\)](#) If you are not currently Prequalified, or if your Prequalification expires prior to 4/15/2024, you will need to update the required documents and forms in your Document Vault and submit them for review to ensure your status is Prequalified by the CCCP Application submission deadline.

2. Is your 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?

Y N

If Yes, please provide your facility ID#: _____

Current Licensed/Registered Child Care Capacity:

Infant/Toddler: _____ Non-Infant/Toddler: _____

3. Is your 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

4. If your organization has an existing OCFS or NYSDOHMH license/registration/permit, **have you uploaded regulator sign off for this project?**

Y N

5. Project Site Address

Street: _____

City: _____ Zip Code: _____

County: _____ OCFS Region #: _____

6. Site Control

a. Does the Applicant own the Project Location?

Y N

i. **If Yes, include a copy of the deed with the Application.**

b. Does the Applicant Lease the Project Location?

Y N

i. **If Yes, include a copy of the lease agreement with the Application.**

ii. **If Yes, include a letter from the landlord/leasing agent indicating approval of the proposed project.**

c. For all leases, does the lease term extend at least 8 years?

Y N

i. **If No, include a letter from the landlord/leasing agent indicating lease extension currently in process with anticipated completion date.**

(Note: A Grant Disbursement Agreement (GDA) cannot be entered into unless the lease term has been formally extended. Failure to obtain an executed GDA within twelve months from the date of the Award will forfeit the CCCP Funding Opportunity.)

d. If there are any other entities that share your proposed project location, please describe how they may benefit from the proposed project (e.g., other organizations within the same building, landlord, sublessor, etc.).

7. Did you purchase equipment or start construction on your project prior to 4/1/2023?

Y N

8. Do you intend to finance the portion of your project budget to be reimbursed with grant proceeds with long-term debt (over 1 year old)?

Y N

9. Do you intend to finance any portion of your project budget with existing or proposed tax credits?

Y N

10. Did you submit documentation that indicates that your organization has the funds necessary to complete the project? ***(Please remember to include these attachments with your application.)***

Y N

11. Do you 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

Section III Project Viability

Attach as many additional pages as needed to answer the following questions if the space provided is insufficient. Number each attachment clearly to correspond to the appropriate Section & Question.

1. Project Description & Support for Project Costs:

- a. What is the title of your project? (1 sentence)

- b. Provide a short project description (8-10 sentences)

- c. What is the total estimated cost of your project?

- d. What is the amount of CCCP funds you are requesting for your project?
(Minimum \$500k, Maximum \$1,500,000)

Please complete the **Total Construction Project Budget** on the following page, indicating all sources and uses of funds, including the proposed CCCP Grant.

Attach letters of commitment (or contingent commitment) from each other source of funds. For any other funding that has not yet been committed to the Applicant, please indicate the anticipated date the funding will be secured for the project.

(Note: A Grant Disbursement Agreement (GDA) cannot be entered into unless all other funding commitments are secured, in writing. Failure to obtain an executed GDA within twelve months of the Award will forfeit the CCCP Funding Opportunity.)

Please **attach formal costs estimates for your complete project** as described in this Application. These may be one comprehensive estimate covering the entire project, or multiple estimates for the various tasks within the project. (i.e., design, plumbing, electrical, etc.)

(Note that all estimates should be on company letterhead and be dated no earlier than October 1, 2023. Additionally, all vendors and contractors must be registered to do business in New York State.)

Total Construction Project Budget

Uses (attach additional pages if necessary)	Total	Sources of Funds			
		Requested CCCP Grant Funding	Applicant Funding	Other Funding Sources	Source of Other Funding
Facility					
Design	\$	\$	\$	\$	
Construction	\$	\$	\$	\$	
Other (List below)					
	\$	\$	\$	\$	
	\$		\$	\$	
	\$	\$	\$	\$	
Soft Costs*	\$	na	\$	\$	
Machinery & Equipment					
Purchase	\$	\$	\$	\$	
Installation	\$	\$	\$	\$	
Subtotal					
	\$	\$	\$	\$	
Working Capital*	\$	na	\$	\$	
Total					
	\$	\$	\$	\$	

* **Not eligible for CCCP grant funding.**

** Specify other sources of committed funds and attach relevant documentation.

- e. How did you derive the cost estimate for the DESIGN budget category and **please upload any supporting documentation (e.g., invoices or quotes).**

- f. Please provide a description of the project costs/project tasks you are expecting to be reimbursed for under the DESIGN category of the budget.

- g. How did you derive the cost estimate for the CONSTRUCTION budget category and **please upload any supporting documentation (e.g., invoices or quotes).**

- h. Please provide a description of the project costs/project tasks you are expecting to be reimbursed for under the CONSTRUCTION category of the budget.

- i. How did you derive the cost estimate for the OTHER budget category and **please upload any supporting documentation (e.g., invoices or quotes).**

- j. Please provide a description of the project costs/project tasks you are expecting to be reimbursed for under the OTHER category of the budget.

2. Anticipated Project Time Frame

- a. What costs have been incurred as of the date of this application?

- b. If costs have been incurred as the date of this application – please provide a brief description of the work that has been completed. If no work has been completed - please note instead the anticipated project start date.

- c. If the project has been completed – please note the project end date. If the project has not been completed – please provide a brief description of the work that has yet to be completed AND the anticipated end date for the project.

3. Other Project Funding Sources:

- a. What is the amount of your estimated total project cost that will not be funded by grant amount requested?

- 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 your organization’s legal name. If no additional funding needed – please answer 100% (***Please be certain to include the documents with your application.***)

- c. Please describe any other funding source you anticipate securing, and anticipated date by which this funding will be available to your organization in the form of equity to be applied to your project.

4. Project Location Readiness:

Please describe any regulatory approvals (such as ULURP, SEQR, SHPO, etc.) that are, or may be, required for the project. If they have been completed, attach the documentation to your application or give the anticipated date of receipt of said regulatory approvals. If unknown - please respond unknown; if not applicable - please respond N/A

Section IV PROJECT NARRATIVE

Attach as many additional pages as needed to answer the following questions if the space provided is insufficient. Number each attachment clearly to correspond to the appropriate Section & Question.

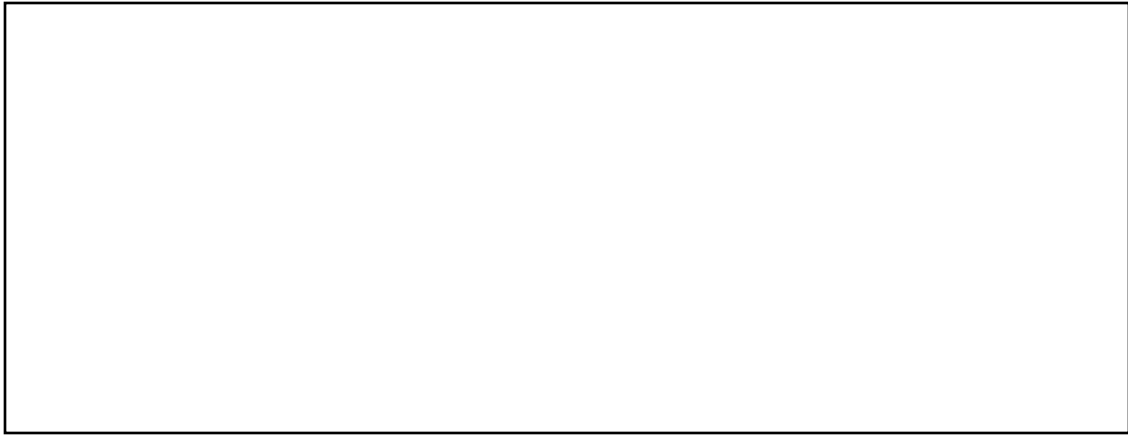
1. Describe the proposed project. Indicate whether the project involves new construction, improvements/renovation or expansion and/or purchase and permanent installation of equipment.

2. Provide an estimated timeline of all tasks, including design and construction.

3. Briefly describe the basis for selection of professionals, consultants, etc. (For example, Request for Proposal (RFP) or other method).

4. Description and site plan: Include physical description of existing and/or proposed new space, and other site or building work to be undertaken; block and lot numbers; size of plot or square footage of involved space; occupancy classification; and zoning. ***(Note: Applicant must demonstrate the ability to obtain all necessary zoning variances, special permits and licenses. Include copies of appropriate documents already obtained and indicate which are still pending, if applicable.)***

5. If this proposed project includes the renovation of an existing structure for use as a child care facility, fully describe the existing structure including: the age of the structure; all previous uses; type of construction; and any special designations or restrictions on the use or modification of the building. Also note whether the structure is nonconforming under local zoning laws and discuss the feasibility of retrofitting the structure for handicapped accessibility. Discuss the community support that exists for the any zoning amendments. Provide a description of the neighborhood and surrounding properties. Include the nature and use of surrounding properties, such as the existence of gas stations, dry cleaning establishments and other potential environmental or safety hazards. State the current zoning of the surrounding area.



6. Attach schematic design and development drawings and specifications indicating scope of construction or renovations. (*Formal Architect designs are not required to be submitted with the Application.*)
7. Submit copy of the Certificate of Occupancy, if available.

Section V - Project Impact

Attach as many additional pages as needed to answer the following questions if the space provided is insufficient. Number each attachment clearly to correspond to the appropriate Section & Question.

1. Please describe any other special characteristics (see RFA Section 2.1) of your current or intended client population in terms of protected classifications that will be served by your project, and please attach any applicable supporting documentation to your Application.

2. What percentage of your intended target population shares the special characteristics you describe in question 1 that will be served by the project?
3. If program is not open, what percentage of your proposed intended population sharing the special characteristics mentioned in question 2 will be targeted in marketing the new program?

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.

5. How many child care slots do you anticipate will be directly impacted/served by your project?

of slots: _____

6. Describe how you calculated the number of child care slots in question 5, 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.

7. Please describe any barriers your client population faces, (or your proposed target population if not yet open), 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 engages or will engage in aggressive outreach to target population.

8. Please describe the critical need of child care slots that your project will address.

9. How did you assess the critical need(s) described in question 8 above that will be addressed by your 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.

Section VI – Project Need

Attach as many additional pages as needed to answer the following questions if the space provided is insufficient. Number each attachment clearly to correspond to the appropriate Section & Question.

1. Please describe the critical need of child care slots that your project will address.

2. How did you assess the critical need(s) described in question 1 above that will be addressed by your 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 project will address the critical need(s) you described in question 1 above.

4. Insert your project location's address into the Desert Map tool: <https://bit.ly/childcarecapitalprogram> Is your proposed program's location in a REDC with high rate of Desert Census Tracts (CTs)?

Y N

5. What level of Desert Census Tract is the proposed program located in? _____

6. What is the number of classrooms, by type (infant/toddler, non-infant/toddler), of the projected new slots to be created by your project?

of classrooms Infant/Toddler _____

of classrooms Non-Infant/Toddler _____

Section IV: - Agreement

It is understood and agreed by the Applicant that:

- (1) 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, to pay the costs incurred in the preparation of a response to this Request for Grant Applications, or to disburse any funds.
- (2) OCFS and DASNY reserve the right to amend, modify or withdraw this Request for Grant Applications, to request additional information from the Applicant, and to reject any Application submitted, and may exercise such rights at any time and without notice or liability to any applicant or other parties for their expenses incurred in the preparation of an application or otherwise. Applications will be prepared at the sole cost and expense of the Applicant.
- (3) OCFS and DASNY reserve the right to accept or reject any or all Applications that do not completely conform to the instructions given in this Request for Grant Applications.
- (4) Submission of an Application will be deemed to be the consent of the Applicant to any inquiry made by OCFS or DASNY of third parties with regard to the Applicant's experience or other matters relevant to the Application.
- (5) The Applicant is willing to accept families receiving child care subsidy, though providers will not be required to maintain families receiving subsidy throughout the duration of the grant if the families choose another provider.
- (6) If a CCCP Award is made, the Child Care Program commits to being licensed to operate within six months of the project's completion, as determined by the receipt of the Certificate of Occupancy.
- (7) If a CCCP Award is made, the Child Care Program will continue to operate for minimum of 8 years from the execution of the Grant Disbursement Agreement.

The Authorized Officer of the Applicant certifies that, to the best of their knowledge and belief, the information in this Application is true and correct, and that they will comply with the above Agreement should a CCCP Award be made to the Applicant.

Signature of
Authorized Officer : _____ **Date:** _____