

NY Forward CARES 2 Provider Reimbursement Guidelines and Documentation Requirements for Temporary Operating Grants and Re-opening/Restructuring Grants

Note: NY Forward CARES 2 grant funds must be used for reopening or expanding child care capacity.

OCFS 5452A Reimbursement Request Form:

To get reimbursed, you must complete and send your CCR&R the *OCFS-5453 New York Forward COVID Reimbursement Request Form*. You can find it on the OCFS website at:

<https://ocfs.ny.gov/programs/childcare/NYCARES.php> under the title CARES2 Grantee Reimbursement and Budget Modification Forms.

To get reimbursed, you must:

- **Complete the fillable *Reimbursement Request Form*.**
- **Compile all backup documentation.**
- **Scan the form and backup documentation. If you cannot scan the documents, you can go to an office supply store that provides scanning and email services or call your local CCR&R for assistance.**
- **Email the scanned form and backup documentation to your local CCR&R.**




Important Deadline



1. You can give your CCR&R receipts until 03/31/2021.

Claim Guidelines for Providers

1. Include all expenses in your OCFS approved or modified budget.
2. Note the following timeframe: Expenses must be incurred within the appropriate time frame below:
 - a. Restructuring grant expenses must be between 4/13/2020 and 12/31/2020.
 - b. Temporary operating grant expenses for general operating expenses such as rent, mortgage, utilities, and salary must be between 6/15/2020 and 9/30/2020 for July 1 start dates.
 - c. Temporary operating grant expenses for general operating expenses such as rent, mortgage, utilities, and salary must be between 7/15/2020 and 10/31/2020 for August 1 start dates.
 - d. Temporary operating grant expenses for supply costs such as, materials, supplies, PPE, etc. must be between 4/13/2020 and 12/31/2020.
3. You cannot get reimbursed for items if they were already submitted and reimbursed.
4. Complete and submit an *OCFS-5453 Reimbursement Request Form* with required documentation listed on the form to your CCR&R. See the chart below for guidance.
5. Your CCR&R may reach out to you if they need more back-up documentation. If you cannot produce the documentation or if the expense wasn't part of your approved budget, the expense will not be reimbursed, and your claim will be reduced. We encourage you to correct the issues that your CCR&R identified and then resubmit for reimbursement to the CCR&R. To obtain reimbursement for an item not on your approved budget, complete and submit an OCFS 5452A CARES 2 Budget Modification Form on the OCFS website at: <https://ocfs.ny.gov/programs/childcare/NYCARES.php> and submit to: ocfs.sm.CARES2LR@ocfs.ny.gov

NOTE: OCFS reserves the right to audit any claim during the contract term and up to six years after the last transaction occurs per the Standard Terms and Conditions of the grant.

| Expense Type | Acceptable Documentation | Documentation Must Include |
|---|--|--|
| Operating Expenses | | |
|  <p>Gross payroll including payroll taxes and fringe benefits</p> <p>Expenses are eligible up to 2 weeks prior to start date (start date either 7/1/20 or 8/1/20)</p> | <p>Personnel when using a payroll service: Payroll ledger provided by 3rd party service (e.g., ADP, Paychex)</p> <p>Personnel when using an internal ledger - Both items below are required:</p> <ul style="list-style-type: none"> • Payroll ledger • Canceled check (copy of front and back) or bank statement <p>Cash Payroll:</p> <ul style="list-style-type: none"> • Payroll ledger and most recent IRS form 941 or most recent proof of federal tax deposit <p>Consultant (Self Employed) Payments:</p> <ul style="list-style-type: none"> • Submission of IRS Schedule C or IRS transcript for 2019 required in addition to name, pay period end date, date paid, and gross amount paid | <ul style="list-style-type: none"> • Employee name • Pay period end date • Date paid • Gross salary amount • All deductions • Net salary amount |
|  <p>Rent/Mortgage</p> <p>100% may be claimed by Day Care Centers and 50% by home-based providers. Expenses are eligible up to 2 weeks prior to start date (start date either 7/1/20 or 8/1/20)</p> | <p>Proof of space/property rental:</p> <ul style="list-style-type: none"> • Receipts showing payment • Copy of rental or lease agreement if not previously submitted <p>Proof of space/property ownership:</p> <ul style="list-style-type: none"> • Receipt • Copy of mortgage breakdown showing principal, interest, escrow account (for property taxes and homeowners insurance payments) | <ul style="list-style-type: none"> • Name of organization • Location of property • Date of payment • Amount paid • Expense breakdown (principal and escrow) |
|  <p>Utilities including electricity, telephone, internet, and cable</p> <p>100% may be claimed by Day Care Centers and 50% by home-based providers. Expenses are eligible up to 2 weeks prior to start date (either 7/1/20 or 8/1/20)</p> | <p>Proof of services rendered:</p> <ul style="list-style-type: none"> • Invoice/Receipts | <p>Copy of billing statement which includes:</p> <ul style="list-style-type: none"> • Type of utility provided • Name of utility provider • Billing period • Location of service • Date of payment • Amount paid |

| Expense Type | Acceptable Documentation | Documentation Must Include |
|---|---|---|
|  Food | Proof of food purchased: <ul style="list-style-type: none"> Copy of receipt(s) with claimed expense amounts highlighted or circled and added to show amount being requested for reimbursement under the grant | <ul style="list-style-type: none"> Itemized and dated store receipt showing all items purchased and prices |
|  Training | Proof of services rendered: <ul style="list-style-type: none"> Receipt showing cost and amount paid Copy of training agreement Note: Payroll costs for staff attending or providing training should be claimed under payroll. | <ul style="list-style-type: none"> Name of organization Title, agenda, and length of time for the training Amount charged per person Total amount paid Date of payment List of those who attended |
| Supplies and Equipment | | |
| Classroom Supplies (Includes consumable items such as paper, arts and crafts, crayons, markers, etc.) | Proof of items purchased: <ul style="list-style-type: none"> Receipt showing cost and amount paid | <ul style="list-style-type: none"> Name of organization Date of payment Amount paid Items purchased |
| Classroom/Program Equipment (Includes toys, games, and other non-consumable items) | Proof of items purchased: <ul style="list-style-type: none"> Copy of ALL receipts and invoices with expenses claimed highlighted/circled to show the amount requested for reimbursement. Note: Some expenses within this category may require an attestation and have a maximum amount that can be requested for reimbursement. See allowable/non-allowable expense chart for reference. | <ul style="list-style-type: none"> Name of organization Date of payment Amount paid Items purchased |
| Computer Equipment | | |
| Personal Protective Equipment (PPE) | | |
| Swing sets and slides | | |
| Washing machine and dryer and dishwasher | | |
| Refrigerator | | |
| Microwaves and equipment | | |
| Portable sink | | |

| Description | Acceptable Documentation | Documentation Must Include |
|---|---|---|
| Construction and Renovation Expenses | | |
| Carpet removal | <p>Proof of items purchased:</p> <ul style="list-style-type: none"> • Copy of ALL receipts and invoices with expenses claimed highlighted/circled to show the amount requested for reimbursement. <p>Note: Some expenses within this category may require an attestation and have a maximum amount that can be requested for reimbursement. See allowable/non-allowable expense chart for reference.</p> | <ul style="list-style-type: none"> • Name of organization • Dates of service/ description of service • Location of service • Date of payment • Amount paid |
| Laminate or Other Solid Surface Flooring | | |
| Flooring Installed Over Concrete Floor | | |
| New Fence | | |
| Repair Fencing | | |
| Fence Gates | | |
| Outdoor Ground Covering Under Play Equipment | | |
| Temporary Outdoor Surface Covering | | |
| New Window Installation | | |
| Repair or Replace Window | | |
| Weatherization of Window | | |

Non-Allowable Expenses

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| <ul style="list-style-type: none"> • Accounting fees • Administrative costs (except those specifically identified) • Business losses • Gaming systems/TV • COBRA health insurance for business owners • Owner's health insurance (in home-based providers) • Liability insurance • Personal Car insurance • Repairing the boiler for hot water • Repairing the heating and air conditioning unit • Repairs to bathroom | <ul style="list-style-type: none"> • Stove/Oven • Upgrading of an electrical panel • Repair of waterline to your house • Contractor costs • Expansion of the footprint of the child care facility • Bathroom renovations • Construction of an entirely new structure • Major renovations of foundation, floor, roof, exterior or load bearing walls • Significantly changing the spaces function and purpose |
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