

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
P.O. Box 716, Trenton, NJ 08625**

**Social Services Block Grant (SSBG)
Superstorm Sandy Child Care Program**

Completion of this grant application and submission of the required information will enable the Department of Human Services, Division of Family Development (DFD) to assess and determine the appropriate assistance.

Upon completion, please return the signed application with all required materials to the Division of Family Development:

**Superstorm Sandy Grant Applications
Department of Human Services
Division of Family Development
P.O. Box 716
Trenton, NJ 08625**

Attention: Child Care Operations – SSBG

Please direct any questions to childcare@dhs.state.nj.us or contact the Sandy Assistance Unit at (609) 588-7406 or (609) 588-7407.

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**Social Services Block Grant (SSBG)
Application and Assessment Form**

APPLICANT INFORMATION

1a. REQUESTING FUNDS FOR (See 2c., 2d.)

<input type="checkbox"/> MATERIALS, SUPPLIES AND EQUIPMENT	<input type="checkbox"/> REPAIRS AND RENOVATIONS
Amount Requested: _____	Amount Requested: _____

1b. PROVIDER INFORMATION

<input type="checkbox"/> LICENSED CHILD CARE CENTER	<input type="checkbox"/> FAMILY CHILD CARE PROVIDER
Provider Name: _____	
Child Care License #: _____	Federal ID #: _____
County: _____	Municipality: _____
Address: _____	
City/State: _____	Zip Code: _____
Phone Number: _____	Fax Number: _____
Email Address: _____	
Name Of Director: _____	
Director Cell: _____	Director Email: _____
Alternative Contact: _____	
Alt. Cell Number: _____	Alt. Email: _____

1c. TYPE OF PROGRAM AND CHILDREN SERVICED (Check All That Apply)

<input type="checkbox"/> HEAD START PROGRAM	# of Children _____	<input type="checkbox"/> NJDOE PRESCHOOL	# of Children _____
<input type="checkbox"/> SCHOOL AGE BEFORE/AFTER CARE	# of Children _____	<input type="checkbox"/> DFD STATE FUNDED	# of Children _____
<input type="checkbox"/> PRIVATE FUNDED	# of Children _____		
Does your facility participate in the state nutrition program?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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IMPACT ASSESSMENT		
2a. PROGRAM OPERATION	YES	NO
Did Superstorm Sandy directly impact your program?	<input type="checkbox"/>	<input type="checkbox"/>
How long was your program impacted? FROM: _____ TO: _____		
Is your program fully operational now?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is your program partially operating?	<input type="checkbox"/>	<input type="checkbox"/>
If no, what is your anticipated date of full operation? _____		

2b. TYPE OF IMPACT EXPERIENCED (Check All That Apply)
<input type="checkbox"/> STRUCTURAL DAMAGE/FLOODING <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> OUTDOOR DAMAGE <input type="checkbox"/> DAMAGE TO SUPPLIES <input type="checkbox"/> OTHER _____

2c. REPAIRS AND RENOVATIONS NEEDED (Check All That Apply)
<input type="checkbox"/> ROOF/WINDOWS/SIDING <input type="checkbox"/> FURNACE/BOILER <input type="checkbox"/> FLOORING/CEILING <input type="checkbox"/> ELECTRICAL REPAIRS <input type="checkbox"/> DRYWALL/SHEETROCK <input type="checkbox"/> OUTDOOR EQUIPMENT (SURFACING, FENCE) <input type="checkbox"/> ENVIRONMENTAL HEALTH/SAFETY <input type="checkbox"/> OTHER _____

2d. MATERIALS, SUPPLIES AND EQUIPMENT NEEDED (Check All That Apply)
<input type="checkbox"/> OUTDOOR EQUIPMENT (PLAYGROUND, TABLES) <input type="checkbox"/> SMALL FURNITURE (DESKS, CHAIRS, MATS) <input type="checkbox"/> INDOOR EQUIPMENT <input type="checkbox"/> SMALL APPLIANCES <input type="checkbox"/> TOYS/BOOKS/ARTS & CRAFTS <input type="checkbox"/> MATERIALS USED FOR CENTER REPAIRS <input type="checkbox"/> OTHER _____

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FINANCIAL ASSISTANCE			
3a. TYPE OF INSURANCE AND AMOUNT RECEIVED <i>(Check All That Apply)</i>			
<input type="checkbox"/> PROPERTY	\$ _____	<input type="checkbox"/> FLOOD (STRUCTURAL)	\$ _____
<input type="checkbox"/> HURRICANE	\$ _____	<input type="checkbox"/> FLOOD (CONTENTS)	\$ _____
<input type="checkbox"/> OTHER	_____		

3b. RESOURCES AND ASSISTANCE RECEIVED <i>Check All That Apply)</i>			
<input type="checkbox"/> CHARITABLE ORGANIZATIONS	\$ _____	<input type="checkbox"/> GOVERNMENT OR PUBLIC FUNDING	\$ _____
<input type="checkbox"/> FEMA	\$ _____	<input type="checkbox"/> SMALL BUSINESS ASSOC.	\$ _____
<input type="checkbox"/> OTHER	_____		

3c. AMOUNT REQUESTED FOR REPAIRS AND RENOVATIONS	
What is the estimated cost of repairs and renovations?	\$ _____
What is the estimated cost of repairs and renovations not covered by insurance?	\$ _____
What is the amount requested to cover the cost of repairs and renovations?	\$ _____

3d. AMOUNT REQUESTED FOR MATERIALS, SUPPLIES AND EQUIPMENT	
What is the amount requested to cover the cost of materials, supplies and equipment?	\$ _____

3e. UTILIZATION OF FUNDS FOR MATERIALS AND SUPPLIES	
<input type="checkbox"/> FUNDS WILL BE USED TO PURCHASE MATERIALS AND SUPPLIES. <i>(If funds will be used to purchase materials, applicants must include invoices showing estimated costs.)</i>	
<input type="checkbox"/> REQUESTING REIMBURSEMENT FOR MATERIALS AND SUPPLIES PREVIOUSLY PURCHASED. <i>(If requesting reimbursement, proof of payment must be submitted for application approval.)</i>	

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**Social Services Block Grant (SSBG)
Application and Assessment Form**

I (we) hereby certify that all the information that I (we) have provided is true to the best of my (our) knowledge. I (we) have read the above and understand that knowingly submitting false information about my (our) situation, or failing to give the necessary information will subject me (us) to disqualification and repayment of funds issued.

I (we) understand that as part of the application and approval process, a pre and post visit will be conducted for any structural repairs and renovations. I (we) understand duplicate payment for the same work and/or services is not allowable.

I (we) understand that as part of the application and approval process, a site visit may be conducted for the purchase or reimbursement of materials and supplies. I (we) understand duplicate payment for the same purchases and/or services is not allowable.

Applicant Name/Title: _____

Applicant Signature: _____ **Date:** _____

Co-Applicant Name/Title: _____

Co-Applicant Signature: _____ **Date:** _____

Materials, Supplies and Equipment

**Social Services Block Grant (SSBG)
Application/Reimbursement Form**

This form is used as an addendum to regular contract packages or as a separate report format for one-time funded programs. This report is used to identify both the budget and expenditures against the budget. See reverse side for instructions for filling out form:

PROVIDER INFO (Print or Type)	<input type="checkbox"/> Application (Proposed Spending)	<input type="checkbox"/> Reimbursement Form
Provider Name:		Grant #:
Site Address:		
City, State, Zip:	NJ	
Contact Name, Title:	Telephone #:	
Federal ID #:	Child Care License #:	

Brief description of repairs or renovations to be completed, needed to be in compliance with the Office of Licensing, or to become fully operational.

<u>Item Description</u>	<u># of Items</u>	<u>Unit Price</u>	<u>Cost of Items</u>	<u>Sales Tax</u>	<u>Total Cost</u>
Example: 6 Cube Organizer	2	\$34.99	\$69.98	\$4.90	\$74.88
Total Cost of Shipping:					
Total Amount Requested:					
<input type="checkbox"/> Invoices Attached		<input type="checkbox"/> Receipts Attached			
Number of Invoices Attached		Number of Receipts Attached			

I certify that the above figures are correct and in compliance with the terms and conditions intended for the use of the Disaster Relief Appropriations Act 2013, P.L. 113-2.

Applicant Authorized Signature _____ Date _____

Repairs and Renovations

Social Services Block Grant (SSBG) Application/Expenditure Report Form

This form is used as an addendum to regular contract packages or as a separate report format for one-time funded programs. This report is used to identify both the budget and expenditures against the budget. See reverse side for instructions for filling out form:

PROVIDER INFO (Print or Type)	<input type="checkbox"/> Application (Proposed Spending)		<input type="checkbox"/> Expenditure Report	
	Provider Name:		Grant #:	
Site Address:				
City, State, Zip:			NJ	
Contact Name, Title:		Telephone #:		
Federal ID #:		Child Care License #:		

Brief description of repairs or renovations to be completed, needed to be in compliance with the Office of Licensing, or to become fully operational.

Budget Categories/Items	Repair Location	Type of Repair/Renovation	Proposals Amounts (3)
Example: Flooring	Main Play Room	Rubber Matting to be Installed	\$9,750
Total Amount Requested:			
<input type="checkbox"/> Additional Funds Required/Secured		Amount Needed:	\$
<input type="checkbox"/> (3) Estimates for Each Renovation Attached		Date of Pre-Site Visit by DFD Staff:	
Estimated Date of Renovation Completion		Date of Post-Site Visit by DFD Staff:	

I certify that the above figures are correct and in compliance with the terms and conditions intended for the use of the Disaster Relief Appropriations Act 2013, P.L. 113-2.

Applicant Authorized Signature _____ Date _____

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
SUPERSTORM SANDY – CHILD CARE
CERTIFICATION
Child Care Grant**

Grant No. _____

In accordance with the Sandy Recovery Grant Agreement dated _____, 2014, _____
(name of child care center or provider)

Agrees and Promises to utilize the grant funding for the purpose(s) noted in the grant application in order to complete the _____ detailed in the grant for
(type of grant applied for)
the Child Care Centers or Providers.

In accepting these funds, the agency hereby certifies that it has not received reimbursement for the expenses for which it has applied for the grant from any other source including, but not limited to: commercial or private insurance, or any other Federal, State, charitable or private Sandy relief funding, Federal Emergency Management Assistance (FEMA) grants or funding, or Small Business Association (SBA) grant or funding.

In accepting these funds, the agency hereby certifies that all receipts and documents submitted, and purchases made are exclusively for the center, site and/or location identified on the application and directly impacted by Superstorm Sandy.

This agreement is in effect from the date the grant award is approved. If the child care center or provider receives funding before final payment/reimbursement from any other source for the same services, reimbursement, and/or purchases covered by this grant it agrees to reimburse the State of New Jersey, Department of Human Services, Division of Family Development within 30 days of receiving the funds.

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
SUPERSTORM SANDY - CHILD CARE
CERTIFICATION
Child Care Grant**

"I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment."

BY:

Agency Authorized Signature:

Authorized Agency

Name _____
Please print

Title _____

Agency _____

Address _____

City _____

Zip _____

FEIN# _____

Before me, the undersigned notary public, this day, personally, appeared _____ to me known, who being duly sworn according to law, and provided the sworn statement above.

_____ (Signature of Affiant)

Subscribed and sworn to before me this _____ day of _____, 20__.

_____ Notary Public

My Commission Expires: _____