

## Child Care Council of Suffolk

### Instructions to Submit a Reimbursement/Claim for CARES 2 Grants

You will be able to receive your full award amount as long as you submit acceptable documentation for items included in your budget or budget modification. We will work with you to help you through this process. Please read this carefully for step by step instructions.

#### IMPORTANT DEADLINES:

- **October 15<sup>th</sup>** is the last day to submit a budget modification to OCFS.
- **October 31<sup>st</sup>** is the last day to submit a claim for reimbursement to the Council.

This process requires many steps and approval from OCFS. Payment may take several weeks once your claim is **approved**.

---

**Step 1. You must have the BUDGET that you submitted with your application or any approved budget modifications.** We can ONLY approve items that are included in your approved BUDGET or BUDGET MODIFICATION. If you do not have a copy of your budget, contact the Council at [SuffolkCares2@outlook.com](mailto:SuffolkCares2@outlook.com)

**NOTE: If you were awarded BOTH grants (Reopening and Temporary Operating Assistance) you must have two separate budgets – one for each grant.**

**Step 2. Does your budget include renovations or major construction?** Home construction costs are not allowable with very rare exceptions. You should have received an email from OCFS with more detail about this. Construction includes adding space onto your home/building, adding a deck or sunroom, moving walls, renovating or adding a bathroom, and other major work to your home/building.

**If YES** – submit a [BUDGET MODIFICATION](#) to [ocfs.sm.CARES2LR@ocfs.ny.gov](mailto:ocfs.sm.CARES2LR@ocfs.ny.gov) no later than October 15<sup>th</sup>. You will need to remove all construction related items and replace with other acceptable expenses (such as salaries, rent, utilities, supplies, cleaning products, equipment).

**If you think the renovations are not major and may be eligible, please complete this survey:**

<https://forms.office.com/Pages/ResponsePage.aspx?id=6rhs9AB5EE2M64Dowcge596zAKPrTPZLgw-7FvjH2qRUQjhUUzJVNEIxMIILMlo1NDIIMIRGWEdNTy4u>

**NOTE: If you have renovations in your original budget, you can still get your full grant amount.** You just need to submit a budget modification for allowable items (such as rent, mortgage, payroll, utilities, cleaning supplies, equipment). Proper documentation/receipts are required (see below for more detail.)

**If NO** – go to Step 3.

**Step 3. Do you have appropriate receipts and documentation for the items listed in your budget?** (See below for acceptable documentation).

**If NO**, and you need to add items to your budget go to STEP 4 and submit a [budget modification](#) for items that you have appropriate receipts and documentation.

**If YES**, go to Step 5.

**Step 4.** If you need to get reimbursed for items that are not on your BUDGET, **submit a [budget modification](#)** to [ocfs.sm.CARES2LR@ocfs.ny.gov](mailto:ocfs.sm.CARES2LR@ocfs.ny.gov) ALL BUDGET MODIFICATIONS ARE DUE BY OCTOBER 15<sup>th</sup>.

**Step 5.** Once you have your approved budget or budget modification, and acceptable documentation, **prepare a Reimbursement/[CLAIM Form](#)**.

**You must submit the appropriate form for each grant. Please submit each grant separately so we can review them more quickly.**

- The items listed on the reopening grant page must match the items in your budget or approved budget modification for the reopening grant AND your receipts.

**Reopening/Restructuring Grant**

	Date of Payment	Description of Items	Quantity	Amount Charged to Grant
1	/ /			\$
2	/ /			\$
3	/ /			\$
4	/ /			\$

- The items listed in the Temporary Operating grant page must match the items in your budget or approved budget modification for month 1 only and your receipts.

**Temporary Operating Assistance Grant**  
Please group all expenses for a classroom together.

	Date of Payment	Description of Items	Quantity	Classroom Number	Amount Charged to Grant
1	/ /				\$
2	/ /				\$
3	/ /				\$
4	/ /				\$
5	/ /				\$
6	/ /				\$

**Step 6. Submit the Reimbursement/[CLAIM form](#)** and all documentation to [SuffolkCares2@outlook.com](mailto:SuffolkCares2@outlook.com) no later than **October 31<sup>st</sup>**.

**Note: Please submit each grant reimbursement/claim separately – in a separate email – with the appropriate documentation. This will help us know which items are for which grant.**

## Acceptable Items and Documentation

All receipts must show the specific items you list on your reimbursement/claim form.

4/25/20	All Mighty	1	\$ 16.98
4/25/20	<del>7000</del> MM Papertowels	1	\$ 16.98
4/25/20	Huggies Wipes	1	\$ 21.78
4/25/20	Bleach	1	\$ 13.98

MEDFORD, NY  
04/25/20 12:51 2230 6428 83

0000763817 YOS GOURMET 20.64  
3 AT 1 FOR 6.88

0000534517 WHOLE MILK 6.52  
2 AT 1 FOR 3.26

0000852095 SUSHI COMBO 13.98

0980022772 MM PAPER TO 16.98 ✓

0980261352 HUGGIES\*NC 21.78 ✓

0000530187 FERRELL CAR 9.96

0980246459 BLEACH CONC 13.98 ✓

0000678705 ALL MIGHTY 16.98 ✓

SUBTOTAL 120.82  
TAX 12 0 % 0.00  
TOTAL 120.82  
AMEX CREDIT TEND 120.82  
AMEX \*\*\*\*\* 0.00  
CHANGE DUE 0.00

# ITEMS SOLD 11

The more detailed and clear your claim is, the faster it will be processed.

If your reimbursement/claim sheet does not clearly match the receipts, we will have to return back to you for clarification.

This is much harder to match the claim form with the receipts. It will take longer to process and will most likely require us to send it back for clarification.

9/3/20	Cleaning Supplies	14	\$ 205.65
9/3/20	PPE, Masks	3(cases)	\$ 44.97
9/5/20	Individual crayons, paper, artkits	21	\$ 35.30

CASH CREDIT DEBIT ONLY

1019906600	CPY PPR 5000	31.99 T
2062410	CCPN-CPY PPR	2.00-T
83867001996	TRASH BAG	13.99 T
4960022472	CLERK PR-BLCH	13.99 T
4960032492	CLERK WIPES	14.99 T
1980000355	WINDEX	9.99 T
412949405	PINK SAE	9.99 T
4960014894	CLERK/BLEACH	8.99 T
752090450	PS - 40PK	17.97 T
3 @ 5.99		
1011965	DEPOSIT	6.00 N
3 @ 2.00		
2066007	ECPN-PS - 40	2.50-N
2 @ 1.25		
5400039907	SCOTTIBATH	48.98 T
2 @ 24.49		
2064302	ECPN-SCOTTIB	3.00-N
6343502260	12PK JUST PI	19.98 T
2 @ 9.99		
84110100403	4PT TABLE	119.97 T
3 @ 39.99		
**** SUBTOTAL		309.33
NY 8.625% Tax		26.64
**** TOTAL		335.97

**Specific documentation is required to claim certain items.**

**Salaries of staff:**

- 3<sup>rd</sup> party payroll company report, OR
- Canceled checks AND a payroll register

**Salary for yourself (provider):**

- Payroll register, canceled checks and/or paystubs

**Mortgage**

- Copy of Mortgage statement showing payments made
- For home-based providers (FDC and GFDC) you can only claim 50% of monthly mortgage cost

**Rent**

- Copy of Lease Agreement AND
- Receipt from Landlord showing payment
- For home-based providers (FDC and GFDC) you can only claim 50% of monthly rent cost

**Utilities**

- Statement showing payment
- For home-based providers (FDC and GFDC) you can only claim 50% of monthly cost

**Items ordered on-line – Proof of Delivery**

- We must see proof of purchase AND proof of delivery. If you do not have a delivery notice or receipt, send an email that confirms that you have received delivery of the specific item.
- Sample language: “I (*insert name*) attest that I purchased (*list items*) from (*list store*) and that these items have been delivered to me.”  
*Example: “I, Jennifer Rojas attest that I purchased Lysol spray and bleach from Amazon and that these items have been delivered to me.”*

**Items ordered on-line – Shipping and Tax**

- If every item in your order is covered by your grant, then all shipping and tax will be covered (unless you are a tax-exempt entity).
- If you purchased other items (such as personal items or non-grant approved items) with your grant approved items, the grant will cover a portion of the tax & shipping that corresponds to the approved items.