

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY DEVELOPMENT  
SUPERSTORM SANDY – CHILDCARE

Repairs and Renovations Grant Application

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 of the Grant Application –  
please return signed application with required documentation to DFD:**

**Repairs and Renovations**  
**Department of Human Services**  
**Division of Family Development**  
**PO Box 716**  
**Trenton, NJ 08626**

**Attention: Child Care Operations - SSBG**

**If you have questions please email: [childcare@dhs.state.nj.us](mailto:childcare@dhs.state.nj.us)**

**Completion of Form**

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<b>Agency Name (must be licensed center)</b>	<b>Agency ID (License Number)</b>	<b>Address</b>	
		Street _____	City _____
		County _____	ZIP _____
<b>Name of Director</b>		<b>Director Cell</b>	<b>Alternative person-in-charge &amp; contact</b>
<b>Facility Contact Details</b>			
Phone	Email	Fax	
<b>Type of Child Care Program</b>			
<b>Childcare services offered (check all that apply):</b> <input type="checkbox"/> Head Start <input type="checkbox"/> Early Learning DOE Pre-School <input type="checkbox"/> School-Age Afterschool Program <input type="checkbox"/> Multi-Programs (i.e. Head Start, DOE) Does the facility participate in the state nutrition program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Please check all that apply - type of children currently serviced at your program</b>			
<input type="checkbox"/> Head Start	<input type="checkbox"/> DOE Funded	<input type="checkbox"/> DFD State Funded	<input type="checkbox"/> Private Funded
<b># of Children</b>	<b># of Children</b>	<b># of Children</b>	<b># of Children</b>

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<b>Operation/Program</b>	
Was your program directly impacted by Superstorm Sandy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child care program fully operational now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is the program partially operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, anticipated date of full operation: _____	
Duration of time impacted by Superstorm Sandy? From: _____ To: _____	
What type of impact did your program experience, please check all that apply:	
<input type="checkbox"/> Structural damage <input type="checkbox"/> No electricity <input type="checkbox"/> No water <input type="checkbox"/> Flooding <input type="checkbox"/> Staff shortage	
<input type="checkbox"/> Loss of equipment and supplies <input type="checkbox"/> No public accessibility <input type="checkbox"/> Other, please	
describe: _____	
What are the factors that most impacted your ability to immediately re-open?	
<input type="checkbox"/> Return of electricity <input type="checkbox"/> Return of water <input type="checkbox"/> Return of staff	
<input type="checkbox"/> Building destroyed	
<input type="checkbox"/> Not safe	
<input type="checkbox"/> Financial assistance to replace lost or damage materials	
<input type="checkbox"/> Families unable return to area impacting enrolling children	
<input type="checkbox"/> Other _____	
<b>Source of Damage (Check all that apply)</b>	
<input type="checkbox"/> Flood <input type="checkbox"/> Fire <input type="checkbox"/> Wind/Driven Rain <input type="checkbox"/> Power Outage	
Other, please describe: _____	
What is the estimated cost of the damage? _____	
Is the center insured to cover the cost of repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some but not all	
What is your estimated cost of the damage <u>not covered</u> by insurance? _____	
Do you have photos of the damages sustained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes – please submit photos with the application.	
Is street access available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Indicate the type of Insurance coverage (check all that applies)**

- Property    Hurricane    Flood (Structure)    Flood (Contents)    Tornado    None  
 Other: \_\_\_\_\_

**Collaborative Resources and Assistance Related to Hurricane Sandy**

Have you completed/submitted a disaster application with FEMA?    Yes    No  
If yes, amount awarded \$ \_\_\_\_\_

Have you completed/submitted a disaster application with the Small Business Association?    Yes    No  
If yes, loan amount \$ \_\_\_\_\_

Have you received any other government or public funds?    Yes    No  
If yes, amount received \$ \_\_\_\_\_

Have you received any funds from a Charitable Organization?    Yes    No  
If yes, amount received \$ \_\_\_\_\_

If you applied for any of the above and did not receive any funding, please indicate what was the reason why funding was not granted?

- Withdrew    Denied    Ineligible    Other, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Damages and Repairs Needed**

- |                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| Outdoor equipment (i.e. playground) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Roofing/Windows/Siding              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Furnace/Boiler                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flooring/Ceiling/Windows            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Building structural repairs         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electrical repairs                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other: \_\_\_\_\_

Do you need license inspection or technical assistance    Yes    No

Do you need training and/or information on emergency planning, recovery/rebuilding  
 Yes    No

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Amount Requested:\$\_\_\_\_\_

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, as part of the application and approval process, a site visit will be conducted. I (we) understand duplicate payment for the same work or services is not allowable.

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

Title:\_\_\_\_\_

Signature of Co-Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

Title:\_\_\_\_\_

**DFD Official Use**

Date Application Received:\_\_\_\_\_

By Whom:\_\_\_\_\_

Title:\_\_\_\_\_