NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES
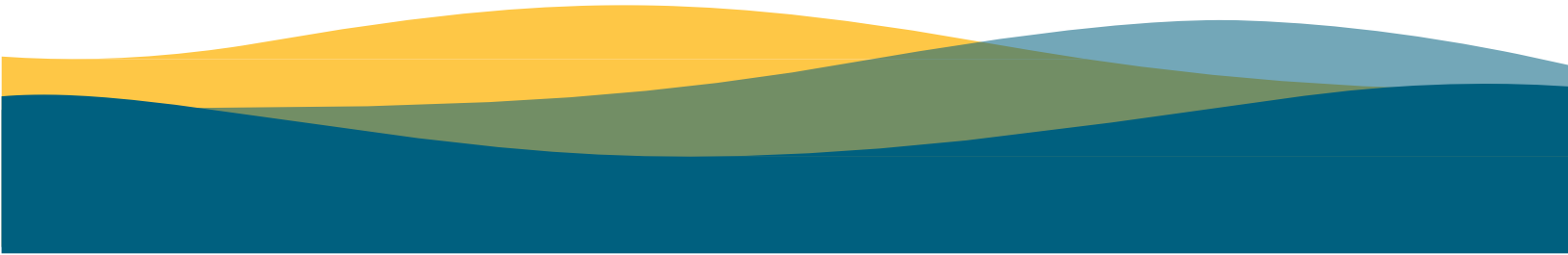
Restoration and Enhancement Program

APPLICATION USER GUIDE

Table of Contents

Overview

This document provides a step-by-step guide on how to complete an application. If you need further guidance completing the application, you can call the help line at 1 (877) 402-0292 or send an email to NEDHHSGrants@pcgus.com.

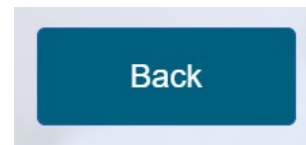Access the Restoration and Enhancement Program application here.

Changing the Language

If you want to view the application in Spanish, simply use the drop-down menu located at the top left corner of the application form.
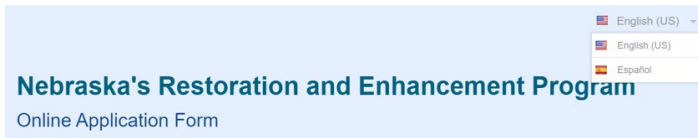
General Navigation

To go back to a previous page, simply click the 'Back' button located at the bottom left corner of the application form.

To save your progress as you complete the application, simply click the 'Save' button located at the bottom right corner of the application form.

To move forward to the next page of the application, simply click the 'Next' button located at the bottom right corner of the application form.
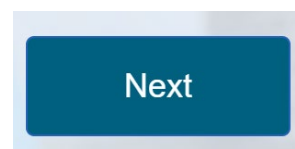
Pre-Screening Questions

This section contains two questions. Click the carrot to use the drop-down menu to select your answer.

Pre-Screening Questions

Due to federal guidance and state requirements regarding funds from ARPA and the Child Care and Development Fund (CCDF) block grant, REP funds must be disbursed and used in compliance with all state and federal laws and regulations. The Nebraska Department of Health and Human Services, Office of Economic Assistance has provided screening questions to help you determine whether your child care program is eligible to receive REP funds.

Please note that grant funding cannot supplant existing state funds expended for CCDF, and the grant funding must be used to supplement existing services. For additional eligibility information please see the Frequently Asked Questions document.

Are you a licensed child care provider in the State of Nebraska? *

Please Select
Please Select
Yes
No

Is your child care facility currently open, operating, and actively caring for children? *

Please Select

Save   Next

Based on your answers, you may not meet the qualifications required to continue the application.

If you are unqualified, a message will appear to notify you.

You are not a qualified applicant.

We're sorry to inform you that you did not meet the eligibility requirements to apply for the Restoration and Enhancement Program (REP). We encourage you to review our Frequently Asked Questions document for more eligibility information.

Thank you for your interest in applying for the REP grant!

HIPAA COMPLIANCE

Applicant Representative Information

In this section, applicants will provide their job title, name, contact information, and driver's license or State ID number and documentation.

Choose your title from the drop-down menu by clicking on the arrow. Please note that the application must be completed and submitted by the owner, director, or manager of the child care program.

Applicant's Title *

Please Select

Please Select
Owner
Director
Assistant Director

To confirm your email address, please use the second field provided under the 'Email' section.

Email *

example@example.com

example@example.com

Please confirm your email address

Enter your Nebraska driver's license number or the number for your state ID. This number should consist of one letter followed by 8 digits (i.e. N12345678).

Click **here** for more information about locating the license and ID numbers.

Nebraska Driver's License or State ID Number *

N99999999

Click on the 'Browse Files' box to upload a copy of your driver's license or state identification. A new window will open with your File Explorer.

Upload a copy of your valid Nebraska driver's license or State ID. *

⤒

Browse Files

Drag and drop files here

Expired documents will not be accepted

Child Care Program Information

In this section, applicants will provide the name and type of their child care program, along with their program license number and Taxpayer Identification Number (TIN) or Social Security Number (SSN).

Child Care Program Information

Child Care Program Name *

Your Child Care Program Name

Child Care Program Type *

Please Select

Child Care Program License Number *

Type or Select

To view the Nebraska Roster of Licensed Child Care and Preschool Programs roster click here.

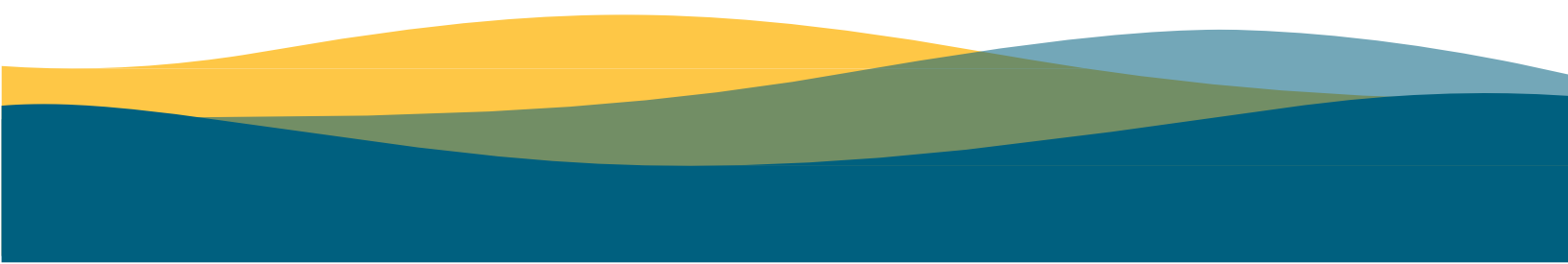*Must select a child care program license number.*

Please provide your Taxpayer Identification Number (TIN) or your Social Security Number (SSN) in the spaces provided below. Please note that the TIN can be a federal number. Find more information on the TIN here.

Federal Taxpayer Identification Number (TIN) or Social Security Number (SSN) *

Type your program name and select its type from the dropdown menu.

Child Care Program Name *

Your Program Name

Child Care Program Type *

Please Select

Please Select
Family Child Care Home I
Family Child Care Home II
Child Care Center
School Age Only Center
Preschool

Use the dropdown menu to select your license number and utilize the search bar for a quick search.

Child Care Program License Number *

Type or Select ▲

1233

FI12338

FI12333

FI12335

FI11233

To view the Nebraska Roster of Licensed Child Care and Preschool Programs roster click here.

Enter your Taxpayer Identification Number (TIN) or Social Security Number (SSN) in the designated space.

Please provide your Taxpayer Identification Number (TIN) or your Social Security Number (SSN) in the spaces provided below. Please note that the TIN can be a federal number. Find more information on the TIN here.

Federal Taxpayer Identification Number (TIN) or Social Security Number (SSN) *

999999999
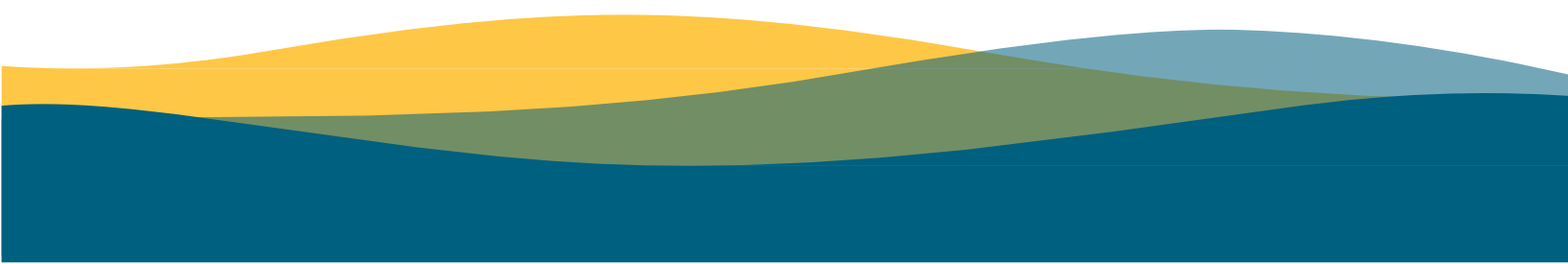
Child Care Program Address

Applicants will enter the address of their child care program. Applicants can only apply for one child care program address at a time.

Type in the address for all fields except for the 'County' field where you will use the drop down to find your county.

Child Care Program Address

Please enter the physical address for the child care program. This should be the location where child care is provided. If you have multiple child care program locations, you must submit a separate application for each location.

Address *

123 Child Care Way

Street Address of the Child Care Program

Address 2

Unit 3

Suite, Unit, etc.

City *

Lincoln

State *

NE

Zip Code *

68508

Enter a 5 digit zip code

County *

Lancaster

Back   Save   Next

Application Questions

Use the drop-down menus to provide answers to the initial four questions.

Application Questions

Use the drop-down boxes under each question to select your answer.

Does your child care program own or lease/rent the child care program building? *

Own

Please Select
Own
Rent/Lease

Does your child care program provide child care during non-traditional work hours? *

Yes

This includes providing child care services outside the hours of 7am to 7pm, weekends and/or holidays

The last two questions in this section are open-ended writing prompts. Follow the guidance for each prompt and adhere to the character limit specified for each prompt.

Please describe your program. *

Please describe your program. Briefly, tell us about the goals of your Child Care business, how it serves the families in your community and any achievements you have had.

0/1000

Briefly describe how Restoration and Enhancement Program funds will allow your child care program to better serve children and families in your community. *

Briefly describe the need for your project explaining how the grant funds will assist in the restoration and/or enhancement of your Child Care program for the betterment of the children you serve. Tell us why you want the grant, what you will do with the grant funds and how much it will cost.

0/2000

Equipment Funding Request

The Equipment Funding Request section consists of 6 (six) funding categories.

Each category is accompanied by a white button that, when clicked, provides the necessary information to request funding for that category.

Equipment Funding Request

Equipment Request

You may select items from the following categories:

- Safety
- Developmentally/Age-Appropriate Equipment
- Quality and Educational Toys
- Outdoor Play Toys/Equipment
- Program Supplies
- Educational and Business Management

Click on the yellow bar to select items from that category.

Please identify the items you seek to purchase with the use of the Restoration and Enhancement Program funds. Refer to the Allowables and Non- Allowables Lists when completing your funding request. Respective links are provided below.

- Allowable Expenditures
- Non Allowable Expenditures

Safety

Developmentally/Age-Appropriate Equipment

Please select the appropriate funding categories required for your project from the drop-down menu provided.

Safety

Does your proposed project need Safety Equipment?

Yes

Please Select
Yes
No

Select the items you want to include in your application (you may select multiple items). If you choose Other, please provide details in the space provided.

Please select all safety items requested for your proposed project. You can select more than one item from the below list. If the requested item is not one of the choices select "Other" and provide a description. *

☑ First aid kits   ☑ Car seats and booster seats   ☐ Indoor Safety gates
☐ Locks/Locked storage   ☐ Choking Device/Choke tubes   ☐ Thermometers
☐ Fire extinguishers   ☐ Medication lock boxes   ☐ Biohazard cleanup kits
☐ Medical devices/equipment to assist in care for children with disabilities   ☐ Humidifier, air purifier   ☑ Other

If Other is selected for Safety, provide a list of the requested items. *

Max of 300 characters - 0/300

Please input the total number of items in the designated space.

Safety: Total Quantity

Enter the total number of safety items for which your child care program is requesting funding.

Example: If you are requesting funding for 3 first aid kits, 2 indoor safety gates, and 10 thermometers, the "Total Safety Quantity" is 15.

Total Safety Quantity *

e.g., 23

Please input the total cost of items for each funding category in the designated space.

Safety: Total Cost

Enter the total amount of funding requested for safety items.

For example, if you are requesting 3 first aid kits ($10 each) for a total of $30, 2 indoor safety gates ($25 each) for a total of $50, and 10 thermometers ($10 each) for a total $100, the "Total Safety Cost" is $180.00.
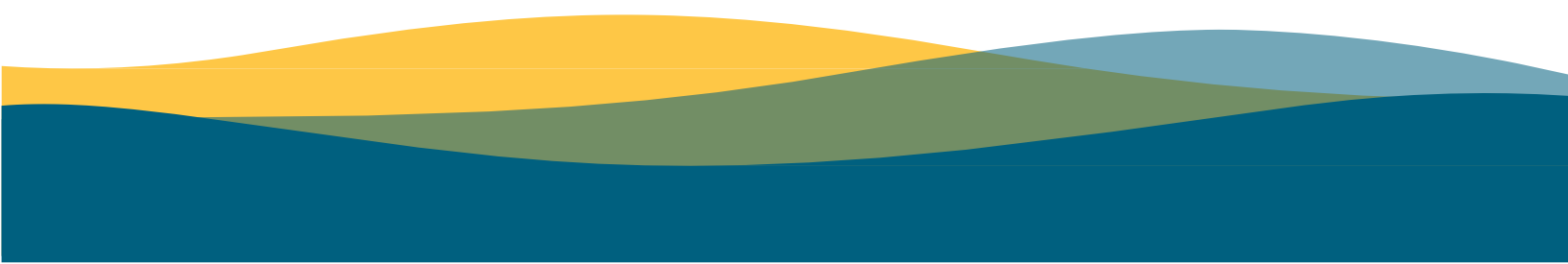
Total Safety Cost *

e.g., 250.00

As you enter the cost for each funding category, the 'Total Amount Requested for Equipment' field will automatically update with a calculated value.

Total Equipment Cost

Total Amount Requested for Equipment

$350

Minor Building Modifications Request

The Minor Building Modification section contains 7 (seven) funding categories.

Each category is accompanied by a white button that, when clicked, provides the necessary information to request funding for that category.

Minor Building Modifications Request

Please identify the items you seek to purchase with the use of the Restoration and Enhancement Program funds. Refer to the Allowables and Non- Allowables Lists when completing your funding request.

One estimate is required for all equipment, minor renovations, playgrounds, and labor costs. Estimates may include screenshots of the items.

Expenditures in this category must be absolutely necessary for state requirements and/or local zoning ordinance requirements. Be very specific when requesting building modifications; individual costs for every modification must be provided.

You may have the choice to select funding from the following categories:

- Fire Safety
- External Modifications
- Bathroom Modifications
- Adaptation for Children with Disabilities
- Miscellaneous
- Appliances (Allowed for Homeowner of Family Child Care Home II and Child Care Centers only)
- Household Equipment (Allowed for all provider types)

This does not include major renovations which are defined in 45 CFR 98.2 as: (1) structural changes to the foundation, roof, floor, exterior or load-bearing walls of a facility, or the extension of a facility to increase its floor area; or (2) extensive alteration of a facility such as to significantly change its function and purpose, even if such renovation does not include any structural change. Major remodeling is not an allowable use for these funds.

| Fire Safety | ◀ |

| External Modifications | ◀ |

Use the drop down to indicate whether your proposed project requires items in each funding category.
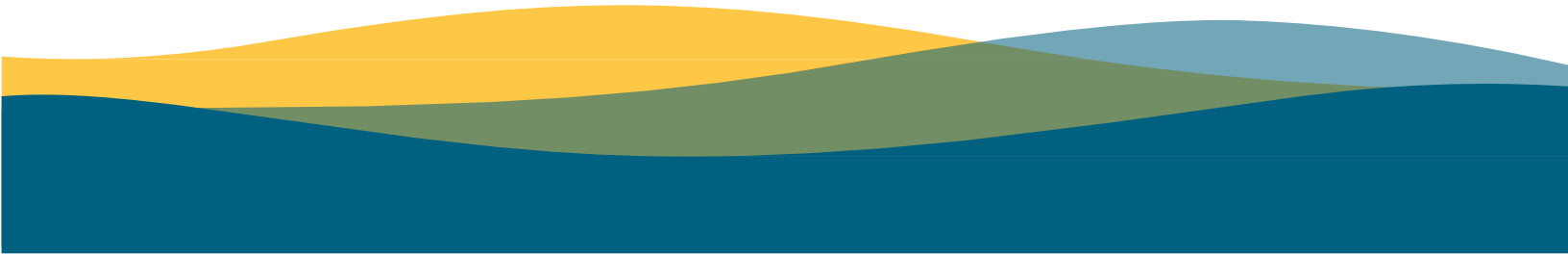
Does your proposed project need Fire Safety?

Yes ⌄

Please Select
Yes
No

Select all items you wish to include in your application (you may select multiple options). If you select Other, you must provide detail in the space provided.

Please select all the fire safety items requested for your proposed project. You can select more than one item from the below list. If the requested item is not one of the choices select "Other" and provide a description. *

- ☑ Fire Alarm System
- ☑ Self Closing Door
- ☑ Smoke Detectors Systems
- ☑ Other
- ☐ Sprinkler System
- ☐ Barriers Surrounding Furnace or Water Heater
- ☐ Electric Smoke Alarms and Wiring
- ☐ Emergency Lighting and Exit Signs
- ☐ Carbon Monoxide Detectors
- ☐ Fire sprinklers

If Other is selected for Fire Safety, provide a list of the requested items. *

Max of 300 characters - 0/300

Please select an option from the drop-down menu to indicate whether labor is being donated for the project.

Please input the full cost for each funding category in the provided space.

Will labor be donated to this Fire Safety project? *

Yes

Total Fire Safety Cost *

1200.00

Please provide an estimate for all minor renovations, playgrounds, and labor costs.

You can upload all the estimates in the 'Fire Safety Uploads' field.

To do so, simply click on the 'Browse Files' box. This will open a new window with your File Explorer where you can find your documentation files and attach them here.
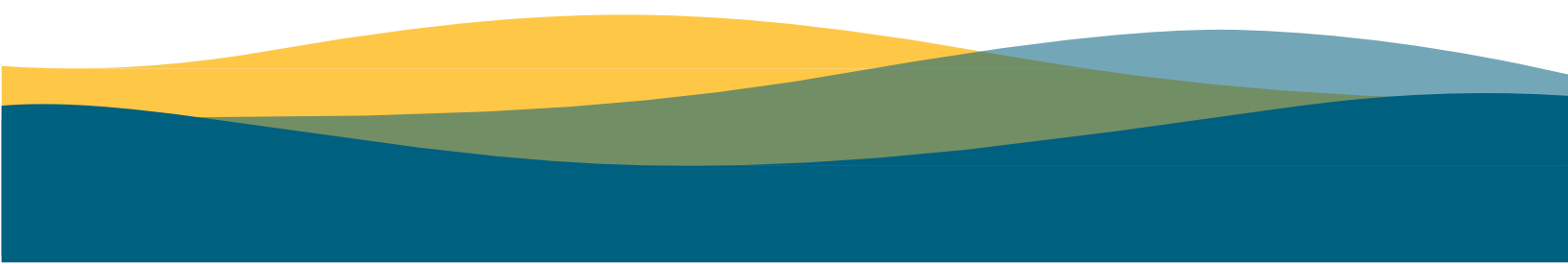
Please upload all project estimates pertaining to Fire Safety. You have the option to upload either a single document or multiple documents.

Fire Safety Uploads *

Browse Files
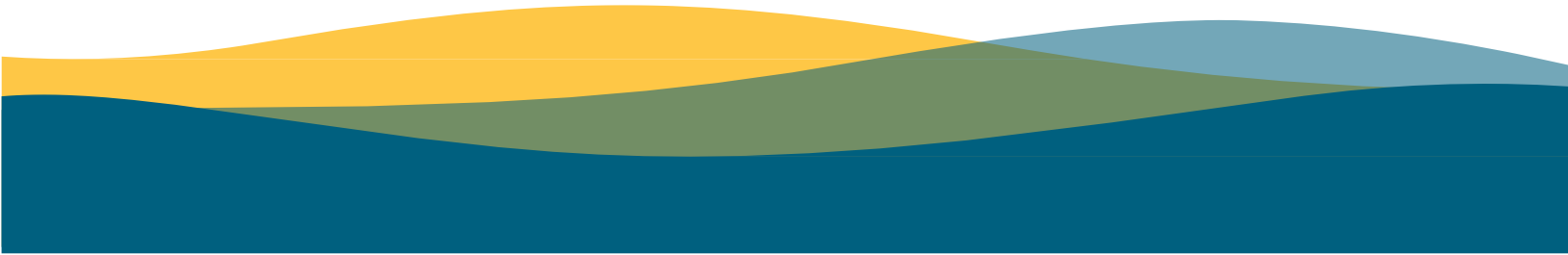Drag and drop files here

As you enter the cost for each funding category, the 'Total Amount Requested for Minor Building Modifications' field will automatically update with a calculated value.

Total Minor Building Modifications Cost

Total Amount Requested for Minor Building Modifications

$3,700.00

Budget Summary

This section has three totals to review. The fields for 'Total Amount Requested for Equipment' and 'Total Amount Requested for Minor Building Modifications' are automatically filled in from the previous sections.

The 'Total Amount Requested' field is calculated automatically.

Budget Summary

The fields for "Total Amount Requested for Equipment" and "Total Amount Requested for Minor Building Renovations" are automatically populated from the previous pages. Please confirm these values match your calculations. The "Total Amount Requested" field is calculated automatically. Please check that the total amount requested meets the funding allowed.

Total Amount Requested for Equipment

$350

Total Amount Requested for Minor Building Modifications

$3,700.00

Total Amount Requested

$4,050.00
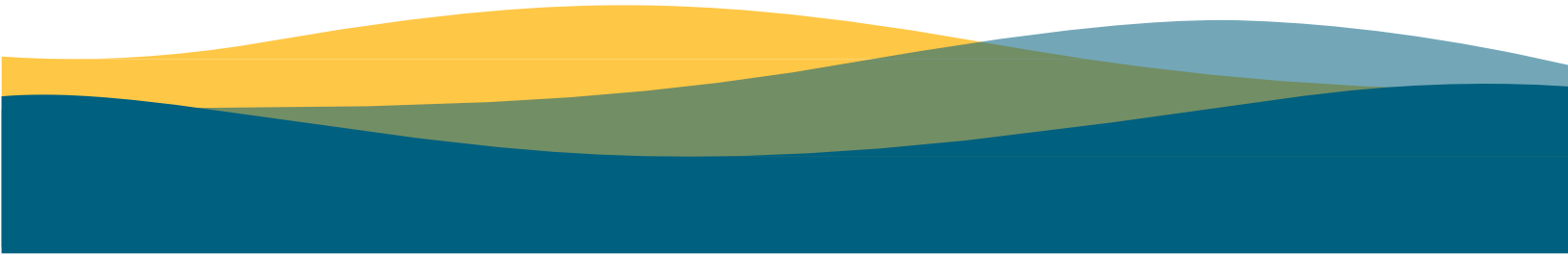
Terms & Conditions and Signature

Applicants must agree to the Terms and Conditions by reading and checking a box.

Terms of Agreement and Signature

☑ By clicking the submit button, I agree to terms & conditions. *

"I agree to comply with all applicable federal laws, regulations, executive orders, policies, procedures, and directives regarding the award process from application to audit and beyond."

"I understand that grant recipients are required to remain open and caring for children for 12 (twelve) months after their awarded date (date they signed the grant agreement). Closing the business before 12 (twelve) months have passed may require the grant recipient to reimburse DHHS for a prorated or the total cost of their grant award amount."

"I agree to the public reporting of award information as part of the State of Nebraska's public transparency and accounting."

"I confirm this application contains complete and accurate information."

Click on the 'Signature' field and select how you want to add your signature - type or draw.

After typing or drawing, click 'Use' to save.

YOUR SIGNATURE   ✕

Type   **Draw**

Clear

Select color ● ● ●

Cancel   **Use**

Click the 'Submit' button after completing all fields to submit your application.

First Name *
Jane

Last Name *
Doe

Signature: *Jane Doe* *

Signature Date *
12-17-2023
Date

Back   Save   Submit
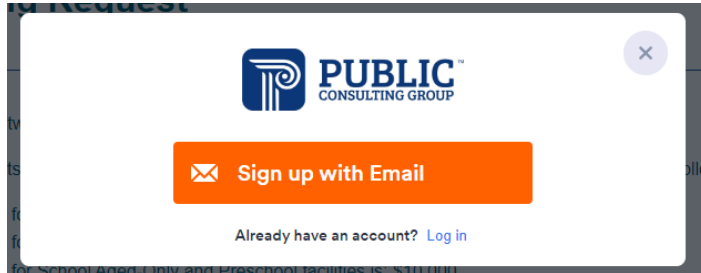
Saving Your Application

To save and continue your application at a later time, click on the "Save" button at the bottom of the application page.

A message will appear to sign up for a JotForm.com account.

Enter your name, email, and password, and click "Save Submission".

Two emails will be sent to the email address entered in the "Sign up with Email" page.

The first email you receive will be a verification email. Two emails will be sent to the email address entered into the "Sign up with Email" form. The first will be a verification email. The second email will be a link to continue your application. You will be **required to reset your password** when you first login due to a HIPPA security feature.

To continue entering information into the application by clicking on the "Continue Form" button in the verification email sent the address provided or by navigating directly to the "Draft Link".
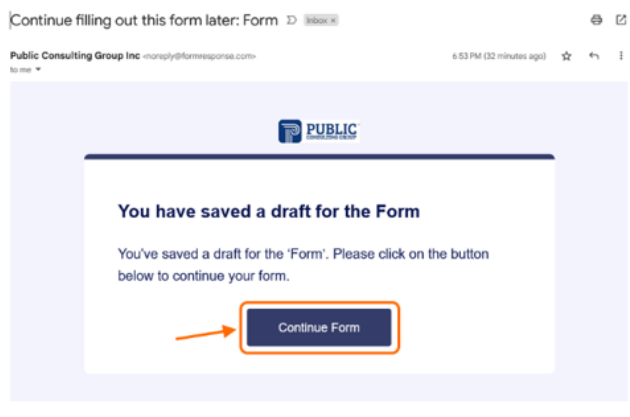
OR
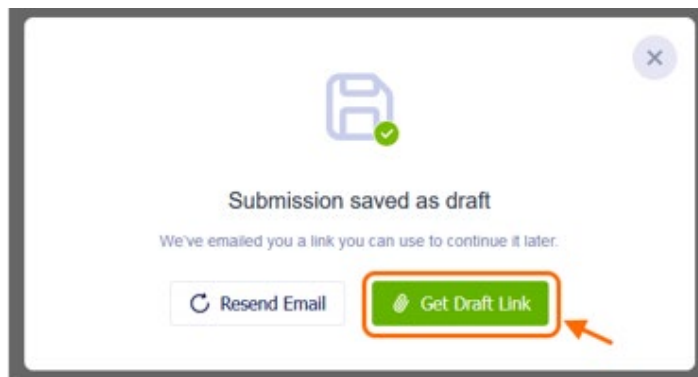
The REP Application form is HIPPA compliant, requiring the guest JotForm.com account to be HIPPA enabled. To enable HIPPA compliance, create a new password after receiving the HIPPA form message. If "No, Thanks" is selected, the applicant will be sent back to the login page as the account is not yet HIPPA enabled.