**New Hampshire Department of Health and Human Services**

**CCDF 2023 Discretionary Quality Incentive Funds (CDQI23)**

***Final Report***

* **All programs** must complete a Final Report **on or before October 18, 2024*.***
* This report covers the program information and funds expended any time between October 1, 2023, and August 31, 2024.
* The CDQI 2023 Final Report has two elements – The Narrative, and the Allowable Uses Financial Spreadsheet. Both reports must be submitted simultaneously.
* Save your Final Report Narrative using the following naming convention: ***Program Name CDQI 2023 Final Report***
* Save your excel spreadsheet as ***Program Name CDQI 2023 Final Report.***
* All narrative responses should be typed in Calibri or similar 12-point font, with 1.5 line spacing. While length limitations do not apply, be clear and to the point. Bulleted responses are permitted, and brevity is encouraged.
* When you have completed your CDQI Final Report along with the excel spreadsheets – Finance information, please email it to BCDHSCreports@dhhs.nh.gov with all report components attached and a read, not just sent, receipt for confirmation.
* Multi-site programs may complete one narrative that covers all of their programs with the expectation the narrative will be longer than a single program write-up. They must complete a financial spreadsheet summary for each program but can create a multi-site excel spreadsheet that groups all the programs on to one sheet or duplicate the reports if the information is redundant from program to program.
* Be sure to label your email, in the subject line as ***Program Name CDQI 2023 Final Report.***
* If you have trouble emailing the documents together because they are too large, be sure to label your multiple emails, in the subject line as ***Program Name CDQI 2023 Final Report 1 of 2, then 2 of 2.***
* If you are mailing in your CDQI Final Report, not our preferred method, use the address listed at the end of this document.
* For your application/agreement please submit a request to DHHS: BCDHSCreports@dhhs.nh.gov
* **ALL DATA WILL BE PUBLICLY SHARED AS AGGREGATE DATA** **ONLY**, not identifiable to any specific program, and in the event that we wish to share any stories or insight that would be identifying we will reach out to you first.

**New Hampshire Department of Health and Human Services**

**CCDF Discretionary Quality Incentive Funds (CDQI23)**

***Final Report***

1. **Program Name(s) and Location(s)**

 **2. Lead Organization**

**(if applicable)**

**3. Primary Mailing**

**Address**

**(street, city, zip code)**

**4. Report Contact**

**Person**

**(Program)**

**5.Telephone 6. Email**

**Number Address**

**7. State Vendor 8. Resource**

**Number Id Number**

**9. Program Status as of September 30, 2023** Choose an item.

**10. Dates when funding was used**

**Start** Click or tap to enter a date. **End** Click or tap to enter a date.

**11. Full CDQI Grant Amount $**

**12. Infant/Toddler 10% set aside (if applicable) $**

**13. As of September 30, 2023 was your program accepting children on NH Child Care Scholarship?**

Choose an item.

**14. BRIEFLY Discuss how your program decided to allocate CDQI funds,** *initially what you had hoped to do and then ultimately what you did with the funds, and what issues you faced making those spending choices and what challenges addressed with the funds. Be specific and think of this an opportunity to share lessons learned.*

**15. BRIEFLY describe how you used your 10% infant/toddler allocation to improve quality for those children in your program***.* *Be specific about the activities you undertook being sure to clarify how the spending infants and toddler quality programming.* Do not just reiterate what you put in your financial report. Give us a snapshot of how you decided to use the funds and how it helped with infants and toddlers.

**16. How did the CDQI Funds positively impact your program?**

*Describe how the allocation and use of the funds in your program help improve the quality of your program.*

**17. Identify three quality goals you have for 2025.**

*By my handwritten or typed signature, I am attesting the information in this document and the information in the two companion excel spreadsheets are true and accurate to the best of my knowledge. Said information is supported by onsite documents that are available at my program location or through my representative.*

**Date**Click or tap to enter a date. **Signed by (name)**