



Child Care Business Improvement Project Opportunity to Succeed Grant Final Report

Instructions: Please carefully follow the steps below and submit the completed report by June 30, 2025. It is important to answer all the questions in the requested fields. If a question does not apply to you, simply write N/A.

Here's how you can submit your completed report:

- **Via Email:** Send the completed report to DHHS.BCDHSCreports@dhhs.nh.gov In the subject line of your email, write OPPORTUNITY TO SUCCEED FINAL REPORT SUBMITTAL.
- **By Mail/Drop-off:** Mail or drop off the completed report to OPPORTUNITY TO SUCCEED FINAL REPORT SUBMITTAL, c/o BCDHSC, Brown Building, 129 Pleasant St., Concord, NH 03301.

Remember, your contribution to completing the report is crucial for ensuring accurate reporting and demonstrating the project's effectiveness. Your active involvement in this step is key to our success. By participating and supporting accurate reporting, we enhance our chances of securing more grant opportunities for your benefit. Thank you for your cooperation!

NH Child Care License No.	Name of Program & Program Type
Program Phone Number	Program Location Address (Street, City/Town, Zip Code and County)
Grant Report Contact Phone Number	Grant Report Contact, Title (Program Director, Owner/Program Director, Exec Director, etc.)
Program Director, if not grant contact	Grant Report Contact Email Address

NH State Vendor Number	Business Name Associated with NH State Vendor Number (if you do NOT HAVE a vendor number, please see instructions below to obtain one)
NH Scholarship Resource Number(s)	Mailing Address Associated with NH State Vendor Number

PROGRAM INFORMATION AT TIME OF FINAL REPORT

Program Information	Number	Has this increased, decreased, or remained the same since the interim report?
Total Capacity		
Currently enrolled children		
Number of children on your wait list		
Number of children currently receiving NH Child Care Scholarship		
Number of increased enrollments?		
Number of newly opened classrooms?		
Number of staffing?		
Are all of your positions filled?		

How did you use the grant money to in accordance you're your Business Health Assessment to support your business? Please describe in detail.

Expense Area	Expense examples	Describe Activities	Cost
<u>Materials</u>	The purchase of center materials for play & learning, safe sleeping, diapering or toileting		\$
<u>Equipment</u>	Office equipment that will be used longer than a year in the operation of the child care center		\$
<u>Supplies</u>	Office supplies intended to be used within a year of purchase		\$
Operational Enhancements	Operational enhancement expenses related to business technology, software, business automation, training & support services or facility updates such as touch free faucets or light switches		\$
Approved Professional Services	Professional services expenses, experts & licensed professionals such as human resources, marketing, legal & compliance, tax coaching, strategic planning & other operational areas		\$
Acquire, Consolidate & Merge Grants	Incurred expenses related to business expansions, relocations, mergers, acquisitions or consolidations. Cannot be applied to the purchase cost of a new business		\$

Certain Facility Improvements	Expenses relating certain facility improvements including maintenance/repairs or minor improvements, construction and construction management, code zoning, inspections, permitting, and special education considerations for indoor facilities (classroom design, restroom configurations, storage areas, technology workstations) and outdoor facilities (entrance and exit locations, playground areas, pick up & drop off areas		\$
Drinking Water Testing & Remediation	Expenses relating to drinking water testing, remediation planning, & completion of remediation services		\$
Approved Professional Development	Professional development expenses such as training, training materials, CPR, memberships in certain industry specific professional organizations		\$

Total \$ Amount Re-invested: (cannot have exceeded the grant award amount)	\$
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I, the Child Care Business Improvement Project Awardee, hereby certify that I received grant funds from this program and I used them only for eligible expenses and not for other expenses for which I received previous funding.

Furthermore, I certify that the information, representations and documentation submitted herein, and the information I have presented to receive an Opportunity to Succeed grant, is to the best of my knowledge, true, accurate and complete.

Grantee Business Name: _____

Authorized Grant Awardee Signature _____ Title: _____

Authorized Grant Awardee Printed Name _____ Date: _____