

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CARES 3 NY FORWARD
COVID REIMBURSEMENT REQUEST FORM

List all expenses for the grant below and attach the required claim documentation before submitting for reimbursement to [Welfare Research, Inc. \(WRI\)](#). Once the request is received with all required documentation approved, WRI will reimburse you. If there are issues or questions, you will be contacted.

Tips for Claim Submission:

- Only submit for expenses approved within the grant application or budget modification.
- Expenses eligible for reimbursement must be purchased on or after August 1, 2020 and no later than three months from the date on the OCFS award letter.
- Programs must submit the required documentation for purchases no later than three months from the date of the OCFS award letter.
- Submit a completed reimbursement request form with all associated receipts (must include date purchased, item description, quantity ordered and total paid).
- The reimbursement request form and all receipts must be legible.
- Submit the completed request form **and** supporting receipts to [WRI](#) and keep a copy for your records. Do not send the request form or supporting receipts to OCFS as this will delay processing the reimbursement request.

Instructions and Examples for Completing a Claim (see examples below):

1. Two claim forms are provided: 1) Reopening-Restructuring for Remote Learning; 2) Temporary Operating Grant.
2. Expenses should be itemized and claimed within the reimbursement request form for each grant type to match with the approved application. When multiple items are purchased at one time, they may be claimed by grouping the expenses together by type, such as: cleaning supplies, books, art supplies, or food. For example, cleaning supplies may include bleach, gloves, paper towels, spray bottles, sponges, etc. and would be listed on the reimbursement form as – “Cleaning supplies; see attached receipt.”

Have numerous expenses? If numerous items are being claimed and you would like to submit using a spreadsheet, use this form as a cover page and be sure your spreadsheet contains the same information below (grant type, date of payment, description of items, quantity, classroom number for temporary operating grants, and amount charged to grant).

Temporary Operating Grant

Please group all expenses for a classroom together

	Purchase Date	Description of Items	Quantity	Classroom Number	Amount Charged to Grant
1.	12/01/20	1 month of advertising on local radio station	1 month	1 & 2	\$250.00
2.	12/15/20	Electricity pro-rated for space for December	1 month	1 & 2	\$360.00
3.	12/15/20	Lead Teacher-one-month salary and fringe	1 month	1 & 2	\$4,000.00

Reopening-Restructuring for Remote Learning

	Purchase Date	Description of Items	Quantity	Amount Charged to Grant
1.	12/15/20	iPad tablets for four students	4	\$1,400.00
2.	12/18/20	Charging Cords	4	\$56.99
3.	12/18/20	Individual Art Kits	25	\$375.00

Program Name:	
Facility ID/NYC Permit #:	
Date: / /	Amount Charged to Grant: \$
Name of Individual Submitting Request:	
Telephone Number: () -	E-mail Address:

Reopening-Restructuring for Remote Learning

	Purchase Date	Description of Items	Quantity	Amount Charged to Grant
1	/ /			\$
2	/ /			\$
3	/ /			\$
4	/ /			\$
5	/ /			\$
6	/ /			\$
7	/ /			\$
8	/ /			\$
9	/ /			\$
10	/ /			\$
11	/ /			\$
12	/ /			\$
13	/ /			\$
14	/ /			\$
15	/ /			\$
16	/ /			\$
17	/ /			\$
18	/ /			\$
19	/ /			\$
			Total	\$

Program Name:	
Facility ID/NYC Permit #:	
Date: / /	Amount Charged to Grant: \$
Name of Individual Submitting Request:	
Telephone Number: () -	E-mail Address:

Temporary Operating Grant

Please group all expenses for a classroom together.

Purchase Date	Description of Items	Quantity	Classroom Number	Amount Charged to Grant
1	/ /			\$
2	/ /			\$
3	/ /			\$
4	/ /			\$
5	/ /			\$
6	/ /			\$
7	/ /			\$
8	/ /			\$
9	/ /			\$
10	/ /			\$
11	/ /			\$
12	/ /			\$
13	/ /			\$
14	/ /			\$
15	/ /			\$
16	/ /			\$
17	/ /			\$
18	/ /			\$
19	/ /			\$
24	/ /			\$
25	/ /			\$
			Total	\$