

CHILD CARE GRANT PROGRAM

Division of Public Assistance
Child Care Program Office
3601 C Street, Suite 140
PO Box 241809, Anchorage, Alaska 99524-1809

Office Use Only

CHILD CARE GRANT APPLICATION

Please check one: ☐ New ☐ Update ☐ Reinstatement

Facility Name: _____ ICCIS #: _____

Owner Name (Printed): _____ Contact Phone: _____

The owner(s) biological, step, adopted or foster children may not be included in the Child Care Grant Attendance Report form. List the owner(s) children's first and last names whom are enrolled at the facility: _____

The owner may authorize another individual associated with the facility signatory authority for program participation in the Child Care Grant Program. This signatory authority does not include completing a Child Care Grant Application or granting other individuals signatory authority.

☐ My signature is the only authorized signature.

☐ I authorize signatory authority to the following individual(s):

First and Last Name of individual: _____ Title: _____

First and Last Name of individual: _____ Title: _____

☐ Signatory authority is no longer authorized to the following individual(s):

First and Last Name of individual: _____ Title: _____

First and Last Name of individual: _____ Title: _____

Statement of Truth: Under penalty of perjury, I certify that all information provided on this form is true and correct to the best of my knowledge. I understand that if I provide false information on or with this application, any money obtained as a result must be paid back to the State and may affect future participation in the Child Care Grant program. I have read, understand and agree to comply with the Child Care Grant Terms and Conditions Agreement on page 2. I assume responsibility for information provided by an individual whom I have granted signatory authority. I understand I am responsible for repayment of any money obtained as a result of false information provided for program participation and I may be subject to sanctions under 7 AAC 39.060.

Owner Printed Name _____

Title _____

Owner Signature _____

Date _____

CHILD CARE GRANT TERMS AND CONDITIONS AGREEMENT

I understand I must:

1. Be currently licensed as a child care facility by the State of Alaska, Department of Health and Social Services or by the Municipality of Anchorage, Department of Health and Human Services.
2. Be approved for participation in the Child Care Assistance Program (CCAP).
3. Comply with Child Care Grant (CCG) Alaska Statute (AS) and Alaska Administrative Code (AAC).
4. Maintain at least the minimum participation requirement for children in care, of five percent (5%) or one child whichever is greater, who have been issued an authorization through the State of Alaska CCAP, within any six month period. Authorizations issued by the Office of Children's Services (OCS) for children in protective services or foster care are also included.
5. Use CCG Program funds solely for costs associated with maintaining the operation of the facility:
 - Staff salaries and benefits;
 - Cost of providing for substitute care;
 - Health and safety costs;
 - Costs of supplies, equipment and activities for children in care; and
 - Child development education and training.
6. Follow the directions to complete the Child Care Grant Attendance Report form(s) for the report month. Biological, step, adopted or foster children of the owner(s) may not be included.
7. Complete and sign the Child Care Grant Reimbursement Request form for the report month following the directions.
8. Attach legible copies of receipts for items purchased with CCG funds for which reimbursement is requested. Submit Child Care Grant Reimbursement Request and Child Care Grant Attendance Report forms to the Child Care Program Office (CCPO) to be received by the last day of the month following the report month.
9. Reimburse the State of Alaska for all CCG funds that have been received or reimbursed outside the terms and conditions of the CCG Program.
10. Comply with any sanctions imposed as a result of non-compliance.
11. Maintain a copy of all CCG related records for at least three years from the fiscal year each record was created, including this application and terms of agreement.
12. Allow a representative from the CCPO access to the child care facility and/or provide records as necessary to ensure compliance with the CCG Program.
13. Notify the CCPO of any changes in information provided in the application or in determining your licensing or CCAP eligibility when the facility is closing for more than five days in a month, going out of business, changes location or ownership, or becomes ineligible to receive CCG funds.

Authority: AS 47.25.001-095; 7 AAC 39; 7 AAC 41; and 7 AAC 57