



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of Health and Social Services

DIVISION OF PUBLIC ASSISTANCE
Child Care Program Office

3601 C Street, Suite 140
PO Box 241809
Anchorage, Alaska 99524-1809
Main: 907.269.4500
Licensing Fax: 907.269.1064
Program Fax: 907.269.4536
Toll Free: 888.268.4632
Toll Free Fax: 888.224.4536

Dear Child Care Grant Applicant:

Enclosed is the Child Care Grant Application along with the Terms and Conditions Agreement for the program. Please note that you will need to include a copy of your Alaska Child Care License with the application.

Once your completed application and required documentation have been received and reviewed, you will be notified regarding the status of your application. Approved applications become effective the date they are received in this office.

The goal of the Child Care Grant is to support licensed providers who care for children whose families receive Child Care Assistance. Please read the enclosed Terms and Conditions Agreement for further information.

Thank you for your interest in applying for this grant with the goal of enhancing your current program. If you have any questions, please feel free to contact this office.

Sincerely,

Child Care Program Office

Enclosures: Child Care Grant Application
Terms and Conditions Agreement