



Office Use Only

CHILD CARE GRANT PROGRAM

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

CHILD CARE GRANT PROGRAM APPLICATION

Please check one: New Update Reinstatement

Applicant Information: The licensed child care facility's Owner (President or Registered Agent, if a corporation) or Administrator may complete and sign the application for participation in the Child Care Grant Program (CCG). If the facility's Administrator completes and signs the *Child Care Grant Application* CC30, and the Administrator changes, a new *Child Care Grant Program Application* CC30 marked Update must be submitted to the Child Care Program Office for continued program participation.

Facility Name: _____ ICCIS #: _____

Owner Name (Printed): _____ Contact Phone: _____

Administrator Name (Printed), if signing the application and different than Owner: _____

The owner(s) biological, step, adopted or foster children may not be included in the Child Care Grant Attendance Report Form CC14. List the owner(s) children's first and last names whom are enrolled at the facility: _____

SIGNATORY AUTHORITY FOR CHILD CARE GRANT PROGRAM REIMBURSEMENT

REQUEST FORMS: The facility Owner (President or Registered Agent, if a corporation) or Administrator may authorize another individual associated with the facility signatory authority for signing the *Child Care Grant Reimbursement Request* CC15, *Reimbursement for Staff Salaries and Benefits or Substitute Care* CC31, or other CCG forms required for program participation. Signatory authority for an individual other than the facility Administrator, does not include signing a *Child Care Grant Program Application* CC30 or granting other individuals signatory authority. An Updated *Child Care Grant Program Application* CC30 must be completed and submitted to change (remove or add) individuals with signatory authority.

My signature is the only authorized signature. (Owner; President or Registered Agent, if a corporation; or Administrator Only)

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 of Alaska and may affect future participation in the Child Care Grant Program.

I have read, understand and agree to comply with the Child Care Grant Program Terms and Conditions Agreement page of this application.

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.

If the facility Owner, President or Registered Agent is completing the application and the facility's Administrator is different than the owner, and will have authority for program participation, both the Owner, President or Registered Agent and the Administrator must sign this application. If the facility Administrator is completing this application the Administrator is the only individual required to sign.

Printed Name of Owner (President or Registered Agent)
or Administrator

Title

Signature of Owner (President or Registered Agent)
or Administrator

Date

CHILD CARE GRANT PROGRAM TERMS AND CONDITIONS AGREEMENT

I understand I must comply with the Child Care Grant Program (CCG) Alaska Statute (AS) and Alaska Administrative Code (AAC) which includes the requirement to:

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). 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 considered to meet this requirement.
3. Use CCG 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.
4. Complete and submit the *Child Care Grant Attendance Report Form* CC14 and *Child Care Grant Reimbursement Request* CC15 to be received by the Child Care Program Office (CCPO) no later than the last day of the month following the report month. Biological, step, adopted or foster children of the owner(s) may not be included. One or more of the following must be attached for reimbursement through the CCG:
 - Legible copies of receipts for the purchase of allowable items during the report month; and/or
 - A completed and signed *Reimbursement Request for Staff Salaries and Benefits or Substitute Care* CC31 form.
5. Reimburse the State of Alaska for all CCG funds that have been received or reimbursed outside the terms and conditions of the CCG Program.
6. Comply with any sanctions imposed as a result of non-compliance.
7. 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.
8. 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.
9. Notify the CCPO of any changes in information provided in the application or in determining your licensing or CCAP eligibility when the facility is 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