



Office Use Only

CHILD CARE GRANT PROGRAM

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

CHILD CARE GRANT REQUEST TO SAVE FUNDS FOR A FUTURE PURCHASE

Facility Name: _____ Phone: _____

Mailing Address: _____

City: _____ Zip: _____ ICCIS Number: _____

I am requesting to save funds received through the Child Care Grant (CCG) Program to make a future large purchase. I understand the purchase must be made in the same state fiscal year (July 1 through June 30) in which the approval to save was granted. The item(s) I am requesting to save for are: _____
The estimated amount of this purchase is \$ _____.

Based on my past CCG reimbursements and monthly attendance, I anticipate saving \$ _____ for the months of _____ allowing for the purchase to be made in _____ (Month/Year).

I understand the receipt for this purchase must be submitted by the last day of the month following the above agreed upon purchase month. Under penalty of perjury, I certify that all information contained in this form is true and correct to the best of my knowledge.

Printed Name of individual with CCG signing authority

Signature of individual with CCG signing authority

Date