



CHILD CARE PROGRAM OFFICE

P.O. Box 241809
Anchorage, Alaska 99524-1809

For Office Use Only/Date Received

EXAMPLE CHILD CARE GRANT PAYMENT REQUEST FORM

Grant Number: This is your PVN
Facility Name:
Provider Name:
Physical Location of Facility:
City, Zip Code:
Mailing Address:
City, Zip Code:

Report Month: Month of Care 20
Phone Number:
Email:
Licensed for (number of children)
24-Hour Care? Yes No
Has your mailing address changed? Yes No

- 1. Write the number of full-time equivalent children in care for the report month 193.5
2. Divide Line 1 by 21.7 (Average Daily Attendance) 8.92
3. Enter the geographically adjusted rate for your community from the Geographic Rate Schedule \$ 30.00
4. Multiply Line 2 by Line 3. This is your total payment request. \$ 267.60
5. ATTENDANCE MINIMUM: Multiply Line 2 by .05 or enter "1", whichever is greater. (Required number of children in care with state Child Care Assistance Program (CCAP) authorizations.) 1

- 6. Number of children with CCAP authorizations 3
7. Number of children with OCS authorizations 0
8. Number of all other children 6
9. Total children in care (total of Lines 6 through 8) 9
10. Specify how Child Care Grant funds were spent during the report month: Staff Wages and children's books

Under penalty of perjury or unsworn falsification, I certify that the information provided on this form is true and accurate. I understand that if I provide false information on or with this form, any money obtained as a result must be paid back to the State of Alaska and I may not be able to participate in the Child Care Grant Program in the future. I understand that this payment request must be received by the last day of the month following the report month or payment will be denied.

Printed Name Signature of Authorized Agent Title Date

## Directions to Complete the CCG Payment Request Form

### Payment Request Calculations (Lines 1 – 5)

- Fill in all of the blanks in ink
- Round the numbers in lines 2, 4, 5
  - Calculate the number to the third decimal place (for example, 1.234)
  - Round up when the last digit is 5 or greater (for example, 1.235 is rounded up to 1.24)
  - Round down when the last number is 4 or less (for example, 1.234 is rounded down to 1.23)
- CHECK YOUR CALCULATIONS
- Sign and date the form in ink
- To make a correction
  - Cross out incorrect information
  - Write the correct information nearby
  - Initial the correction

### Statistics (Lines 6 – 10)

- 6: Write the number of children in care with a state Child Care Assistance Program (CCAP) enrollment authorization.
- 7: Write the number of children in care being authorized and paid through the Office of Children's Services.
- 8: Write the number of children in care whose costs are paid by their parents or sources other than the CCAP.
- 9: Add numbers on lines 6 through 8. This is the total number of children in care during the report month and is the same number of children listed on your Attendance Report Form(s). Include children who attended full-time and part-time.
- 10: List what you are requesting reimbursement for during the report month. Please be specific. For example, instead of writing "supplies," write what supplies were purchased, "crayons, markers, construction paper, arts and crafts, blocks, games, matching and sorting activities, books, tricycles, sand toys, etc."