



CHILD CARE PROGRAM OFFICE

619 E. Ship Creek Avenue, Suite 230
Anchorage, Alaska 99501-1677

For Office Use Only/Date Received

CHILD CARE GRANT PAYMENT REQUEST FORM

Grant Number: _____

Report Month: _____ 20 _____

Facility Name: _____

Phone Number: _____

Provider Name: _____

Email: _____

Physical Location of Facility: _____

Licensed for _____ (number of children)

City, Zip Code: _____

24-Hour Care? [] Yes [] No

Mailing Address: _____

Has your mailing address changed? [] Yes [] No

City, Zip Code: _____

- 1. Write the number of full-time equivalent children in care for the report month
2. Divide Line 1 by 21.7 (Average Daily Attendance)
3. Enter the geographically adjusted rate for your community from the Geographic Rate Schedule
4. Multiply Line 2 by Line 3. This is your total payment request.
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.)

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

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.”