



State of Alaska
Department of Health
Division of Public Assistance, Child Care Program Office
Licensed Child Care Provider Funding Application



Introduction to Funding Opportunity

The Division of Public Assistance is excited to announce a funding opportunity to support licensed child care providers across the state. House Bill 268 appropriated \$7.5 million to support the direct operating costs of licensed home and center-based facilities. This funding is intended to:

1. **Increase Child Care Capacity** – Enable providers to serve more children by expanding available slots and reducing barriers to access.
2. **Support Operating Costs** – Assist providers with expenses such as staffing, facilities, and supplies, ensuring high-quality care remains sustainable.

By investing in child care services, we aim to strengthen families, empower communities, and create a more robust and accessible child care system. Providers are encouraged to participate by completing the opt-in form below and submitting the required information.

By opting into this funding opportunity, you agree to utilize the funds to support direct operating costs, such as staffing to encourage workforce retention, facility utilities and maintenance to address facility sustainability, and training and supplies to improve the safety, learning environment, and overall quality of child care. You also agree to participate in follow-up surveys designed to evaluate the effectiveness of this initiative. The surveys will collect information on how the funding impacted your child care operations, including capacity, accessibility, and sustainability.

Your feedback is critical in helping us assess the success of this program and guide the development of future funding opportunities to better support child care providers and families across our state.

Together, we can build a brighter future for Alaska's children and families.

Child Care Provider Opt-In Form for Funding Allocation

Instructions:

Please complete the form below to **opt-in** for the funding distribution. Ensure all information is accurate and submit **all** required documentation no later than the close of business January 17, 2025.

Submit by mail to: Child Care Program Office
 3601 C St., Suite 140
 Anchorage, AK 99503

Submit by email to: ccpo@alaska.gov

By Fax to: (907) 269-4536
 1-888-224-4536 (toll free)

For assistance, please contact the Child Care Program Office at ccpo@alaska.gov or by calling (907) 269-4500



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Licensed Child Care Facilities
OPT-IN \$7.5M Funding Application

1. Provider Information

- **Child Care Facility Name:** _____
 - **Mailing Address:** _____

 City: _____ State: _____ Zip: _____
 - **Phone Number:** _____
 - **Email Address*:** _____
- *Required for follow up surveys
- **Name of person completing this application:** _____
 - **Contact Person (if different from above):** _____

2. Child Care Attendance:

- **Select the month with your highest attendance during the last quarter of 2024:**
 _____ **October** 2024 _____ November 2024 _____ December 2024
 (Highest attendance = highest number of unique children attending at least one full or part day during the month)

Based on the month indicated above:

- **Total Number of individual children in care:** _____
- **Number of children with Child Care Assistance (CCAP) authorizations:** _____
- **Number of all other children without Child Care Assistance (CCAP) authorizations:** _____
- **Number of children regularly enrolled who typically attend full day care (>5 hours/day):** _____
 (example: Infants, toddlers and preschool age children who typically attend more than 5 hours per day)
- **Number of children regularly enrolled who typically attend part-time care (≤5 hours/day):** _____
 (example: School age children and others who typically attend before and after school care or less than or equal to 5 hours per day)

Select at least one:

- I have attached a completed attendance record on the prescribed form for the month indicated above.
- I am a current Child Care Grant (CCG) provider. Please use the attendance record already on file with my CCG request for reimbursement.

3. Licensing Information

- **License Number:** _____
- **Copy of License is attached:** _____
 Yes No



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4. Vendor Information

- **Are You an Enrolled Vendor?** (Check Yes if you already received payments from the State of Alaska) Yes No
- **Vendor Payment Number (if applicable):** _____
- **Vendor Name (if different from facility name):** _____

If Not Enrolled: Complete a Substitute form W-9 and Electronic Payment Agreement form. These forms should be mailed or faxed to the contact information found on the forms. Providers are encouraged to submit new vendor request information no later than the close of business January 17, 2024.

- The Substitute form W-9 can be found at:
https://doa.alaska.gov/dof/forms/resource/sub_form_w9.pdf
- The Electronic Payment Agreement form can be found at:
https://doa.alaska.gov/dof/forms/resource/EDI_agreement.pdf

5. Certification and Agreement

By signing below, I certify that the information provided is accurate and understand that false information may result in disqualification from the funding program.

By opting into this funding opportunity, I agree to participate in a follow-up surveys designed to evaluate the effectiveness of this initiative. The surveys will collect information on how the funding impacted my child care operations, including capacity, accessibility, and sustainability.

Signature:

Date:

Closing Note on Funding Amounts

To ensure equitable distribution of funds, the amount allocated to each provider will be based on the number of children in attendance during each provider’s chosen month in the last quarter of 2024.

Specific funding amounts cannot be provided until Opt-in requests and attendance records have been reviewed to determine a per child funding amount.

We appreciate your commitment to providing quality child care and look forward to partnering with you to strengthen access and support sustainability in our communities.



CHILD CARE PROGRAM OFFICE

3601 C St, Ste # 140

Anchorage, AK 99503

Phone: (907) 269-4500 Toll Free: (888) 268-4632

Opt-in Licensed Child Care Provider Funding Application
ATTENDANCE REPORT FORM (Manual)

For Office Use Only

Facility Name:¹

Mailing Address:²

City, Zip Code:³

ICCIS #:⁴

PVN #:⁵

Report Month/Year:⁶ /

⁷ Authorization Types: C = CCAP Authorizations S = Self-Pay or Other

⁸ Attendance: F = Full-Time P = Part-Time

Child's Last Name, First Name ⁹	Auth Type ¹⁰	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	¹¹			
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LICENSED CHILD CARE FACILITY Opt-In FUNDING ATTENDANCE REPORT FORM

Instructions: This attendance form must be completed for the attendance month selected in the application and submitted as part of the complete application. If you are a current Child Care Grant Provider using an attendance record already on file for grant reimbursement, you are not required to resubmit an attendance record.

The following instructions are numbered to correspond to the numbers next to the items on this form. Please note that not completing the form in its entirety may cause delays in processing.

1. Facility Name: Name of your facility as it appears on your Child Care License.
2. Mailing Address: The full street address or postal box where the State of Alaska payment is being mailed.
NOTE: for some businesses this may be different from the facility mailing address.
3. City, Zip Code: The city and zip code for the mailing address identified in number 2.
4. ICCIS #: This is the eight digit number beginning with 100 issued to you by the CCPO for your facility.
5. PVN#: This is your Pay Vendor Number issued by the State of Alaska Accounting System needed to release payments. Leave blank if you do not yet have a Pay Vendor Number.
6. Report Month/Year: The month/year for which the attendance is documented.
7. Key to Authorization Types:
 - C = Child Care Assistance Program (CCAP) Authorizations for PASS I, PASS II, PASS III, or PASS IV
 - S = Self-Pay or Other
8. Key to Attendance:
 - F = Enter an "F" for full-time care of more than 5 hours.
 - P = Enter a "P" for part-time care up to and including 5 hours.
9. Child's Last Name, First Name: Use Lines 1 through 20 to enter the names of children who were in care during the Report Month. Ensure the names match the authorization documents for children with CCAP authorizations.
10. Auth Type: Enter the child's Authorization Type from the key in number 7
11. Numbered Days of the Month 1-31: Enter the child's attendance for each day of the month using the Key to Attendance in number 8.
12. Page ____ of ____: Attach additional pages as needed.