



## CHILD CARE GRANT PROGRAM

Division of Public Assistance  
Child Care Program Office  
3601 C Street, Suite 140  
Anchorage, AK 99503

Office Use Only

### REQUEST TO APPLY FUNDS TO A PAST PURCHASE

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ ICCIS Number: \_\_\_\_\_

To be considered a large purchase and eligible for the CCG funds to be saved, the purchase amount for a single item must be two (2) times the amount of the facility's anticipated reimbursable amount, based on the average of the most recent three (3) month's reimbursements

Child Care Grant Program funds which I may be eligible to receive in the month(s) of \_\_\_\_ are requested to be applied to a large past purchase. The purchase during the current state fiscal year was made on

\_\_\_\_\_ (Month Day, Year) and is in use at my child care facility. A copy of my receipt for this purchase is attached. Item(s) Purchased: \_\_\_\_\_

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