



Office Use Only

CHILD CARE GRANT PROGRAM

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

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