

FIXED COST REIMBURSEMENT PROGRAM

Application Form | For Childcare Centers



GENERAL CONTACT INFORMATION			FOR INTERNAL USE ONLY
Business Name:			Date App Received:
Physical Address:			Date Approved:
Mailing Address:			Funding Amount Approved: \$
City:	State:	Zip:	Notification of Funding:
Work Phone:	Cell Phone:		Business Incentive Agreement Completed:
Email:			
Funding Request: \$			

CENTER INFORMATION	
Federal Tax ID Number:	
Date Business Established:	

FIXED COST REIMBURSEMENT PROGRAM CHECKLIST OF REQUIREMENTS	
<input type="checkbox"/> Application	<input type="checkbox"/> Proof of Licensure
<input type="checkbox"/> IRS W-9 Form	<input type="checkbox"/> Current roster of children enrolled

I hereby declare that all the above provided information is correct and accurate to the best of my knowledge. I agree to the above terms and conditions. I understand that receipts must be submitted for eligible expenses in order to receive reimbursement.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Application is to be filled out in its entirety. All request information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section. All receipts must be submitted prior to reimbursement.

Teran Doerr, Executive Director: _____

Date Approved: _____