CHILDCARE FIXED COST REIMBURSEMENT PROGRAM

Annual Verification



Number of Children Enrolled: Date Received: Date Approved:	Business Name:	FOR INTERNAL USE ONLY
CHECKLIST OF REQUIREMENTS		
Please provide a detailed report of how the program funds helped support operations of the licensed childcare center and what the increased operating was used for: CHECKLIST OF REQUIREMENTS	Number of Chitaren Enrottea:	
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	nite: Date:	
Teran Doerr, Executive Director: Date:	All program requirements have been met and the applicant has been released from further obligation.	
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