

FIXED COST REIMBURSEMENT PROGRAM

Application Form | For Childcare Centers



GENERAL CONTACT INFORMATION

Business Name:			FOR INTERNAL USE ONLY	
Physical Address:			Date App Received:	
Mailing Address:			Date Approved:	
City:	State:	Zip:	Funding Amount Approved: \$	
Work Phone:	Cell Phone:		Notification of Funding:	
Email:			Business Incentive Agreement Completed:	
Funding Request: \$				
Have you applied for these funds before? <input type="checkbox"/> Yes <input type="checkbox"/> No				

CENTER INFORMATION

Federal Tax ID Number:
Date Business Established:

EXPLANATION OF FUNDS

Please provide a brief explanation of how the program funds will help support operations of the licensed childcare center and what the increased operating will be used for.

FIXED COST REIMBURSEMENT PROGRAM CHECKLIST OF REQUIREMENTS

<input type="checkbox"/> Application	<input type="checkbox"/> Current roster of children enrolled
<input type="checkbox"/> IRS W-9 Form	<input type="checkbox"/> Current childcare rate structure
<input type="checkbox"/> Proof of Licensure	

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: _____
Title: _____

Printed Name: _____
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: _____