



Child Care Program Office  
Division of Public Assistance  
PO Box 241809  
Anchorage, Alaska 99524-1809

Office Use Only

**CHILD CARE GRANT  
REQUEST TO SAVE FUNDS FOR A FUTURE PURCHASE**

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

Administrator Name (Printed): \_\_\_\_\_

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

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

I am requesting to save funds received through the Child Care Grant program to make a future large purchase. The item(s) I am requesting to save for are: \_\_\_\_\_

Based on my past CCG reimbursements and monthly attendance I am anticipating saving \$ \_\_\_\_\_ for the months of \_\_\_\_\_ allowing for the purchase to be made in \_\_\_\_\_ (Month/Year).

I understand the purchase must be made in the same state fiscal year (July 1 through June 30) in which the approval was granted. 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 signing below: \_\_\_\_\_

Signature of individual with CCG signing authority: \_\_\_\_\_

Date: \_\_\_\_\_

**CHILD CARE GRANT  
REQUEST TO APPLY FUNDS TO A PAST PURCHASE**

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

Administrator Name (Printed): \_\_\_\_\_

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

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

Child Care Grant funds which I may be eligible to receive in the month(s) of \_\_\_\_\_ are requested to be applied to a 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 signing below: \_\_\_\_\_

Signature of individual with CCG signing authority: \_\_\_\_\_

Date: \_\_\_\_\_