



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

DIVISION OF PUBLIC ASSISTANCE
Child Care Program Office

3601 C Street, Suite 140
PO Box 241809
Anchorage, Alaska 99524-1809
Main: 907.269.4500
Licensing Fax: 907.269.1064
Program Fax: 907.269.4536
Toll Free: 888.268.4632
Toll Free Fax: 888.224.4536

(Month Day, Year)

Facility Name
Administrator Name
Address
City State Zip

Dear (Administrator Name),

Thank you for your interest in applying for the Child Care Grant (CCG) Program. Enclosed is the *Child Care Grant Application* which includes the *Child Care Grant Terms and Conditions Agreement* and a CCG brochure. Please keep a copy of your completed *Child Care Grant Application* for your records.

The purpose of the CCG Program is to promote quality child care by assisting licensed child care providers who care for children of families participating in the State of Alaska Child Care Assistance Program, with operational costs associated with their facilities. The CCG Program promotes quality child care by supporting and encouraging professional development, retention of early care and education professionals, and safe and healthy environments for children in care.

The CCG Program is not an entitlement program. Reimbursements are issued monthly to eligible child care providers, as long as funding is available.

Once your application is received it will be evaluated for completeness. The Child Care Program Office will notify you of the eligibility determination.

If you have any questions, please feel free to contact me at directly at 907-269-4669, toll free at 1-888-268-4632 or by email at XXXX@alaska.gov.

Sincerely,

XXX
Eligibility Technician II

Enclosures: Child Care Grant Application
CCG Brochure