STATEMENTS AND ASSURANCES:

Initial each item to indicate that you understand and agree with each statement.

- I affirm that **all** information on this application and **all** attached documentation are true and correct. (_____)
- I understand that giving a false statement will result in the denial of this application and recoupment of any funds disbursed as a result of this application. (_____)
- I understand that if I have had a child care license or registration suspended or revoked I may not be eligible to receive an award through the fund. (_____)
- I understand that if I am awarded funding through this program, I am required to:
  - Provide family child care, when registered, for at least one child from one of the priority groups for at least one year based on the requirements pursuant to **COMAR 13A.14.09.** (_____) and,
  - Have not previously received funds from the Family Child Care Provider Grant Fund. (_____)
  - To provide child care services at this location for a minimum of one year after receiving the grant funds. (_____)
- I have attached **all** required information. (_____)

Signature:_____ Date:_____

Family Child Care Provider Grant – Receipts/items to be considered for award					
This section to be filled out by Provider (please print)				**OCC Use only**	
RECEIPT #	STORE/VENDOR	ITEM	PRICE	ALLOWED	DISALLOWED
Example #1	Kmart	Outlet plugs	4.96		
		First aid kit	10.95		
		tax	0.80		

OCC/CCCPD Fund –rev. January 2011

Keep a copy of the completed application and all documentation for your files.

January 12, 2011; All previous versions are obsolete.