



CHILD CARE GRANT REIMBURSEMENT REQUEST
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 60486 (09/13)

P.O. Box 2057
 Bismarck, ND 58502-2057
 Telephone: (701) 328-2687
 ahpfennig@nd.gov
www.energy.nd.gov

Please complete and submit this **form along with all with other reporting requirements/supporting documents** that were listed in the Scope of Work of the Agreement: invoices, business incentive agreement, copy of child care license and any contractor license if applicable.

| | | | |
|-------------------|-------------|-----------------|----------|
| Organization | | Primary Contact | |
| Title | | Address | |
| City | | State | ZIP Code |
| Primary Telephone | Primary Fax | Primary E-mail | |
| Project Location | | | |

Financial Data

| | |
|--|----|
| Total Award Amount | \$ |
| Previous Requests | \$ |
| Amount Currently being Requested for Reimbursement | \$ |
| Amount of Funding Remaining | \$ |

| | |
|---|--|
| Is this your final reimbursement request? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| Were all of your project costs incurred during the award period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Number of Children Enrolled

| Current Number | |
|----------------|--------------|
| | 0-17 months |
| | 18-35 months |
| | 3 years |
| | 4 years |
| | 5 years |
| | 6-12 years |
| | Total |

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

FOR OFFICE USE ONLY

| | | | |
|--------------|--|-----------|------|
| Grant Number | Approved for Payment <input type="checkbox"/> Yes <input type="checkbox"/> No | Signature | Date |
|--------------|--|-----------|------|