



CHILD CARE GRANT REIMBURSEMENT REQUEST

NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 60486 (09/15)

P.O. Box 2057
 Bismarck, ND 58502-2057
 Telephone: (701) 328-2687
 rroehrich@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
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Were all of your project costs incurred during the award period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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FOR OFFICE USE ONLY

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