

 **Fingerprinting Support Grant Application**

**APPLICATION VALID 07/01/2021-6/30/2022**

This grant is award to licensed child care center and licensed family child care programs as a reimbursement for costs incurred for Live Scan or having fingerprint cards completed as required by Child Care Licensing after initial license has been issued. This grant does not include other background screening costs incurred, such as fees charged by Child Care Licensing. Documentation for reimbursement must include receipt(s) with date and name(s) of individual fingerprinted. The grant must be applied for and completed and submitted within 30 days of incurred expenses. If you have any questions, please call (435) 628-4843.

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| **SECTION 1 – PROVIDER INFORMATION** |
| **BUSINESS/PROVIDER FULL LEGAL NAME:** |
| **ADDRESS:** |
| **CITY:** | **STATE:**  | **ZIP CODE:** |
| **PHONE NUMBER:** |
| **EMAIL ADDRESS:** |
| **SS# or EIN#:** |
| **SECTION 2 – REIMBURSEMENT AMOUNT** |
| **ALLOWABLE EXPENSE:** | **TOTAL AMOUNT OF REIMBERSEMENT YOU ARE****REQUESTING FROM RECEIPT(S)** | **RECEIPT(S) COPY ENCLOSED****(Receipt copies must be enclosed, or you cannot be reimbursed)** |
| **FINGERPRINT LOCATION FEE:****(Not Including Background Screening or CCL Fingerprint Fee)** | **$** | * **YES ☐ NO**
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| **SECTION 3 - NAME(S) OF INDIVIDUAL(S) THAT HAD FINGERPRINTS DONE FOR THIS REQUEST:** |
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| **SECTION 4 – CERTIFICATION (I VERIFY THAT I’M THE DIRECTOR, OWNER, OR LICENSE HOLDER, AND I HAVE NOT PRESVIOUSLY RECEIVED REIMBURSEMENT FOR THE FOLLOWING INDIVIDUAL(S) FINGEPRINTING FEES.)** |
| **SIGNATURE:** | **DATE:** |



Funding provided by Department of Workforce Service, Office of Child Care through the Child Care and Development Block Grant

FAX TO (435) 673-3540 or

MAIL COMPLETED, SIGNED APPLICATION AND COPIES OR RECIEPT(S) TO: Care About Childcare-Five County

 585 North Main, Suite 1

Cedar City, UT 84701