2019-20 Child Care Provider Funding Application Process and Eligibility Requirements

1. Submit the 2019-20 FAFSA to determine your need for assistance.

2. Enroll at least 9 to 11 (three quarter-time) credits in an approved program of study. These credits must be required in your program of study (major). Having all online classes is not acceptable for this program.

3. Students must be NC residents and must be maintaining satisfactory academic progress as determined by the Financial Aid Office.

4. Length of eligibility is limited to the published length of your academic program (two years for a degree program; one year for a diploma program). Students enrolled in certificate programs are not eligible.

5. Submit a Child Care Provider Funding Application and a copy of the first page of the 2017 filed Federal Income Tax Return to indicate the number in your household.

6. Submit a Child Care Provider Statement. Your child must attend a licensed day care facility for you to be eligible for the reimbursement program.

7. Reimbursement is limited to your actual expenses, up to a maximum of $125 weekly.

8. Monthly reimbursement checks will be mailed directly to the child care provider.

9. Paid child care receipts MUST appear on child care provider letterhead or they will not be processed.

10. Funds are paid only for fall and spring semesters (no summer assistance available).

11. Availability of funds is dependent on the annual allocation received from the NC Community College System Office.

12. Funds are awarded on a first-come, first-serve basis.

13. Failure to submit receipts for three consecutive weeks without preapproval from Childcare Coordinator will result in termination of your funding. Funds will then be reallocated to assist other applicants.
Cape Fear Community College

2019-20 CHILD CARE PROVIDER FUNDING APPLICATION
(To be completed by Student)

Name ___________________________ SSN ___________________________
Address ___________________________ State _______ Zip _______
City ___________________________ Phone ___________________________
Phone ___________________________ Email ___________________________

Marital Status (circle one): Married Separated Divorced Single Widowed

Total Number of Persons in Household _________ Total Number of Children in Day care _______

Child's Name ___________________________ Age Date of Birth __________
Child's Name ___________________________ Age Date of Birth __________
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Child's Name ___________________________ Age Date of Birth __________

Attach most recently completed Federal Income Tax Return to indicate financial support of child(ren)

Do you/will you receive child care assistance from another agency? Yes No

If yes, indicate source of funding and amount received per week:

Department of Social Services $ _______
Employer $ _______
TANF $ _______
County $ _______
Other $ _______

Name and address of agency providing funding: _______________________________________

**Please provide verification of funding received from the agency**

I attest to the accuracy of the above information.

Signature __________________________________________ Date

For Office Use Only

Are you currently enrolled? Yes No Number of semester hours _________

Have you submitted a Financial Aid Application (FAFSA)? Yes No

Do you currently receive financial aid? Yes No
Cape Fear Community College

2019-20 CHILD CARE PROVIDER STATEMENT
(To be completed by childcare provider)

Name of Agency ____________________________ Director ____________________________

Address __________________________________ Registration/License Number ____________

City ____________________________ State ____________ Zip ____________

Phone ____________________________ Fax Number ____________________________
Parents Name ____________________________ Student ID Number ____________________________

Indicate the agency's classification: Individual/Proprietor __ Corporation __ Non-Profit __

How many daily hours constitute part time care __ full time care __ Weekly charges prorated __

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<th>Age</th>
<th>Full time</th>
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Application is valid for period beginning August 16, 2019 and ending May 13, 2020.

I agree that this facility has proposed to provide care for the above named child(ren) with the understanding that CFCC will make payments directly to the child care provider on a monthly basis AFTER services are rendered. Furthermore, I understand that this document is for informational purposes and is not an official contract. An official contract will be based on the information provided on this document and may be forthcoming.

Child Care provider or Director Signature ____________________________ Date ____________

Student/Parent Signature ____________________________ Date ____________

**This form must be accompanied by a W-9 form completed by the childcare provider or reimbursement cannot be processed.**
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following boxes. [Options provided]

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt or suite no). See instructions. [Optional: Requester's name and address]

6. City, state, and ZIP code

Part I

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Social security number

or

Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.