

**Individual Travel Grant
Application/Agreement**

Individual Travel Grants are available to help rural child care providers offset travel expenses associated with early childhood training that is held outside of their communities.

Individual Travel Grants will reimburse providers up to 75% of their travel expenses.

In order to be eligible for an Individual Travel Grant child care providers must satisfy all of the following requirements:

1. Live in rural Alaska (Cordova, Dillingham, Glennallen, Homer, Kasilof, Kenai, Kodiak, Nikiski, Seward, Soldotna, St. Paul, Sterling, Unalaska, Valdez and/or surrounding rural communities)
2. Work in a licensed child care center or family child care home
3. Participate in the Child Care Grant Program or have a current contract on file with their Local Administrator stating that they are willing to take Child Care Assistance children on an attendance basis.
4. Alaska SEED Registry Application on file at your local Resource and Referral Agency.

I am interested in a Travel Grant to attend: _____

Program Information:

Licensed Program Name: _____

Mailing Address: _____

City: _____, AK Zip: _____

Phone (907) _____ Fax (907) _____

Email: _____

Child Care Grant Number: _____ **Alaska SEED Registry Number:** _____ **Child Care License Number:** _____

Applicant Information:

Applicant Name: _____

Job Title: _____ How long have you worked in your current position? _____

Mailing Address: _____

City: _____, AK Zip: _____

Home Phone (907) _____ Work Phone (907) _____ Fax (907) _____

Email: _____

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****Required Documentation to process check****

- 1. Original Receipts for Airfare and Lodging**
- 2. Mileage Form (Original Signature)**
- 3. Copy of Training Documentation**

Note: Child Care Connection, Inc. can not guarantee that we will be able to satisfy all requests for Individual Travel Grants due to funding availability.

Tell us your travel plans: Applicants are responsible for making their own travel arrangements. The most economical mode of transportation will be authorized for reimbursement. Allowable expenses are lodging, airfare or mileage.

_____ **Airfare** (Round trip from participant's community to the community where the training is held)

Total cost for airfare is _____
(An airline receipt must have cost, passenger name, proof of payment and travel destination.)

_____ **Lodging** (Hotel room for the number of days of the training)

I will need lodging for the nights of _____

The name, address, phone number of hotel is: _____

The total cost for lodging is (number of nights x nightly cost): _____

_____ **Mileage** (must complete mileage form, round trip from participant's community to the community where the training is held. The mileage rate is \$.485 mile x miles = mileage cost)

Mileage Cost Estimate: _____

Please note that this application must be received with original signatures.

Affidavit: I hereby certify that I own, or am employed by, a licensed child care facility. I will provide receipts and other documentation within thirty (30) days after training completion. The information in this request is true and accurate to the best of my knowledge. Falsification of any information can result in repayment of funds and I may not receive reimbursement from the fund in the future.

Signature _____

Date _____

Please mail your application to:

Child Care Connection, Inc.
P.O. Box 141689
Anchorage, AK 99514-1689

TELEPHONE: (800) 278-3723
(907) 563-1966
FAX: (907) 563-1959