

APPENDIX A

Child Care Facility Fund (CCFF) Department of Early Learning (DEL) Response

CCFF Provider/Business Applicant fill out this section

Child Care Provider/
Business Applicant _____

Contact Name _____

Address _____

Street Address

City

Zip

Signature _____

Telephone Number _____

DEL Child Care Center Licensor please fill out this section

The above named Applicant has requested Child Care Facility Fund financial assistance for a child care project. Please check all appropriate boxes in regard to this Provider/Business Applicant, to the best of your knowledge. *Thank you!*

CCFF Applicant has current DEL Child Care Home Provider License

Yes No

CCFF Applicant has current DEL Child Care Center License

Yes No

CCFF Applicant has contacted DEL Center Licensor in regard to this project

Yes No

CCFF Applicant has Center License application in process (submitted)

Yes No

Provided all licensing requirements are met, this project *may* receive a Child Care Center License from DEL. **Note: This document implies no guarantee of DEL Child Care Center Licensing.**

Signature of DEL Licensor

Telephone Number

Title

Date

Additional Licensor Comments (optional): _____

Attention DEL Licensor:

Please FAX then mail completed form to:

FAX 360-586-3098

Phone 360-725-4045

Tom Stilz, CCFF Staff, phone (360) 725-4045

Tom Stilz

CTED/CCFF Program Manager

PO Box 42525

Olympia, WA 98504-2525

Thank you!