



Child Care Provider Professional Development Reimbursement Request

Licensed and License Exempt child care providers who provide care for children in the Hall County zip codes of 68801, 68803, 68810, 68824, and 68832 are eligible to submit a request.

First Name: _____ Last Name: _____

Program Name: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

What is/are the best way(s) for H3C to communicate with you?

Mail Email Phone Call (home) Phone Call (cell) Text

Training Title: _____

Training Date: _____ Training Time: _____

What is one thing you are going to do because of attending this training? _____

How do you plan to do this? _____

When will you do this? _____

I am requesting (choose 1): Reimbursement of training cost Stipend (\$15/hr class time)

I am requesting payment in the form of (choose 1): Materials Payment via ACH deposit

I understand that I must submit my certificate. Yes No

I understand to receive a reimbursement, I must submit proof of payment. Yes No

I understand to receive payment, I must submit a W-9 and ACH form. Yes No

I understand that awards are subject to grant terms and limits AND \$100/person. Yes No

Signature: _____ Date: _____

Please mail (address below) or email request, certificates, and documentation to ecc@h3cne.org.

Office Use:

Certificate Rcv'd _____ Receipt Rcv'd _____ Approved: Yes/ No If Yes: Stipend/Materials