



# Application to Become a Qualifying Child Care Provider for the GSA Subsidy Administration Program

Type of Child Care Program:       Family Child Care (FCC)       Child Care Center       Federally Sponsored Child Development Center (CDC)

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

### Section I - Provider Information

Name of Qualifying Provider	Tax Identification Number
Doing Business As (DBA) if applicable	Center email address #1
	Center email address #2
Physical Address	Center email address #3
	Phone Number #1
Corporate Address if applicable	Phone Number #2
	Fax Number
Center Primary Contact	Title
Center Secondary Contact	Title

### Section II - Hours / Business Operation

Hours of Operation							Total Hours of Operation per Week
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

**Regularly Scheduled Dates of Closure - Please list all Applicable Dates**

January	_____
February	_____
March	_____
April	_____
May	_____
June	_____
July	_____
August	_____
September	_____
October	_____
November	_____
December	_____

### Section III - License / Accreditation / Certification Information

Center/Program is Licensed: <input type="checkbox"/> Y <input type="checkbox"/> N	Expiration Date
Licensing Body	
Center/Program is Accredited: <input type="checkbox"/> Y <input type="checkbox"/> N	Expiration Date
Accrediting Body	
Center/Program is Registered: <input type="checkbox"/> Y <input type="checkbox"/> N	Expiration Date
Registering Body	
Inspection Report - Date Center/Program was Inspected	Background Ground Checks Complete: <input type="checkbox"/> Y <input type="checkbox"/> N
Number of Children Authorized to be in your care:	



# Application to Become a Qualifying Child Care Provider for the GSA Subsidy Administration Program - Page 2

## Section IV - Program Rates & Fees

The rates listed below should be your standard rates for each independent child. The actual rate that you charge a family who is enrolling in Army Fee Assistance will be provided to the GSA on the enrollment form your program will receive once you are certified as a qualifying child care provider by the GSA Subsidy Administration Section

Age Group / Type of Care	0 - 12 Months	13 - 24 Months	2 Years	3 - 5 Years	School Age	Full Day - School Age	Summer Camp
Enrollment Fee							
Registration Fee							
Hourly Cost							
Daily Cost							
Weekly Full Time							
Weekly Part Time							
Monthly (Weekly Cost X 4.33)							
Monthly 4/5 Week							

If Billing is based upon 4/5 Week Month, please indicate day of week billing is based upon:  Monday  Tuesday  Wednesday  Thursday  Friday

Multiple Child Discount:  Yes  No

Does your program offer any other type of discount? If yes, please explain, otherwise "N/A": \_\_\_\_\_

If your program charges an enrollment, registration fee, etc. are the fees a One Time Charge or Annual? \_\_\_\_\_

Does your program charge any other fees that are not listed above? If so please list the fee, frequency and amount below

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## Section V- Payment Information

### Army Fee Assistance Payment Options and Authorization Information

Option 1) Direct Deposit or Electronic Funds Transfer (EFT) is the most efficient and cost effective method for providers to receive payment.

Name of Financial Institution \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type  Checking  Savings

Option 2) Payment via U.S. Treasury Check may be authorized under special circumstance and requires a written request providing a valid reason which will be reviewed to determine if this option is possible. In order to be considered for this option, you must provide in the space below a valid reason why you feel that payment via direct deposit is not an option for you.

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## Section VI - Certification of Child Care Provider

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I understand that I may be required to reimburse the Army for any Army Fee Assistance payments that were issued based upon false information.

Misrepresentation or falsifying this information may subject the individual to prosecution under applicable State and Federal Laws.

I certify that the above information is true and correct to the best of my knowledge and by completing this application I authorize the GSA to post my child care program on their website as a qualifying child care provider and will accept families who apply to use my program based upon my occupancy and the number of children that the center is authorized for which care can be provided.

\_\_\_\_\_  
*Signature of Child Care Provider*

\_\_\_\_\_  
*Date of Certification (MM/DD/YYYY)*

### Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.