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|  | **Child Care Complex Needs Fund Verification Form** |

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| Facility/site name: |  |
| Licensed Provider ID number: |  |
| Name of point of contact: |  |
| Point of contact email address: |  |
| Phone number: |  |

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| Vendor Name *What is the name of the business or person you paid?* | Items Included  *What item(s) did you buy?* | Spend Category\*  *What spending category corresponds to the item?* | Cost  *Total amount of grant spending on this receipt* |
| *Examples:*  Best Buy  \*\*\*\*\*\*\*\*  Automatic Data Processing (ADP) | Tablets  \*\*\*\*\*\*\*\*  Payroll | Supportive/Adaptive Materials  \*\*\*\*\*\*\*\*  Staffing | $700  \*\*\*\*\*\*\*\*  $5,000 |
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Total Spent: $

**Please attach additional pages for more room.**

\*Categories:

- Staffing (Adding staff members or increasing staff hours)

- Therapeutic Services

- Facility Improvements (to comply with ADA accessibility standards or behavioral needs)

- Supportive/Adaptive Materials or Equipment