**Child Care Complex Needs Fund Spending Report**

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 | **Tablets** | **Supportive/Adaptive Materials** | $700 |
| John Doe | **Payroll** | **Staffing** | $5,000 |
| John Doe | **Payroll Taxes** | **Staffing** | $800 |
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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

For help completing your Child Care Complex Needs Fund Spending Report, please contact dcyf.childcaregrants@dcyf.wa.gov.