Orange County CARES Act II
Child Care Family Grant
Cover Sheet

PLEASE PRINT

Please be sure all program information listed below matches the submitted W9.

Provider/Site Name:		Phone:
Address (Must match W9):		
City:	State:	Zip:

Request Package Includes the Following Requests:

Family Name	Total Family Request
Example: Smith Family	$150.00
Sub-Total Grant Submission Request (this page)	
Total Grant Submission Request (additional pages)	
Total Grant Submission Request	

***Use an additional copy of this form if there are not enough rows for family submissions.**

My signature below certifies the information provided by the parent and myself is correct to the best of my ability.

Provider Signature: _____ Date: _____

Office Use Only:

Reviewed by: _____ Date: _____

All information is:

☐ Correct and approved for payment ☐ Incorrect and NOT approved for payment

Comments: