

# Grant Receipt Form



Please complete the following Grant Receipt Form, sign, date, and attach the receipts.

**Return the completed Grant Receipt Form along with receipts to:**

Child Care Aware of Kansas  
PO Box 2294  
Salina, KS 67402-2294

**Reminders:**

- Receipts will only be accepted that are dated 9/1/2020—11/30/2020. All receipts must be received no later than 5:00 pm on 11/30/2020.
- The receipts need to be legible. Copies are accepted if they are legible. For auditing purposes, receipts will be kept by Child Care Aware® of Kansas.
- Receipt must include:
  - Date of purchase
  - Vendor
  - Items purchased—clear description of item purchased
  - Amount of purchase
  - Proof of payment

**Attestation Statement**

I certify that I have read and understand the grant receipt form, and that the answers given by me to the foregoing questions are complete and true to the best of my knowledge and belief. I further agree that if the receipts provided (dated between 9-1-2020 and 11-30-2020) do not meet the agreed upon expenses in the grant application(s), or if the total grant award amount is not spent in full according to the receipts provided; then my final grant award will be reduced to match the total actual receipts received, and the final payment from CCAKS will be for the balance remaining to me.

Program Name: \_\_\_\_\_

Grant Type: \_\_\_\_\_ Grant Award Total: \_\_\_\_\_

Total Receipts Amount: \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**In the box below, please share with us how these grant funds have impacted your program. This is valuable information that can be shared with others to demonstrate the positive impact these funds had for child care programs.**

*Please complete*

Date of Purchase	Vendor	Description of item purchased	Amount of Item Purchased
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<b>TOTAL (this total should equal the total Grant awarded to your child care program)</b>			\$