

North Dakota Child Care Providers, Inc.



Website [www.ndccpi.org](http://www.ndccpi.org)  
Email [ndccpi@ndsupernet.com](mailto:ndccpi@ndsupernet.com)

## NDCCPI “Pennies for Providers” Application Form

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the circumstances and date of occurrence, within the past 9 months, which prompted this request as well as a description of child care items which have been damaged or destroyed.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I verify that the above statements are true to the best of my knowledge, that I am currently providing licensed child care in ND and that I do agree with and will adhere to the requirements outlined in the “Pennies for Providers” criteria sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include a copy of your current ND Child Care License.  
Mail to: Carla Forde, NDCCPI Treas. 409 5<sup>th</sup> Ave NW Mandan, ND 58554

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For NDCCPI official use only:  
Date of Board Approval \_\_\_\_\_ Amount Approved \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_