

**2020-2021
PAYMENT REQUEST FORM
STAR LICENSE ENHANCEMENT PROGRAM**



Contractor Name (Facility): _____ Request for the Month of: _____
Month & Year

Federal Tax Identification Number/SS Number: _____ Star Rated License Level _____

Is there an increase or decrease in your star license level?* YES _____ NO _____ Date of Change: _____

*Please notify Smart Start Rowan within two weeks of the change

Please include below the number of children you are requesting reimbursement for:

		Completed by SSR Staff Only (actual # paid x amount) (ex: 5 x \$80 = \$400)
Number of Full time TANF/CCDF eligible children		
Number of ½ time TANF/CCDF eligible children		
Number of Wrap-Around TANF/CCDF eligible children		
Total number of TANF/CCDF children (This should match your NC FASt Turn Around Report)		Total Due: \$

Certification for Purchase of Service Contract

As Director/Owner of the contracting organization, I hereby certify that the units billed to the Lead Agency (Smart Start Rowan) on this payment request form have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payments under this contract. I affirm that our organization does not appear on the State SOFL or Federal EPLS listings.

X

(Sign above)
Director/Owner

(Date)

Instructions: Header – Enter the Contractor Name, federal tax identification number/social security number, star rating and indicate if any changes, month/year service was rendered.

Number of Children: Enter the number of TANF/CCDF eligible children that you are requesting reimbursement for. Enter the number of children in the appropriate category (Full time care, ½ time care and Wrap Around Care). Add each of the categories to get a total number of children. This should match the number of children on your NC FAST Turn Around report.

Signatures: Obtain signature of the legal representative who is authorized to sign contracts for your child care program.

Submission: Submit to Smart Start Rowan with a copy of any vouchers/action notices/parent information forms as needed to make payment.

TO BE COMPLETED BY SMART START ROWAN ONLY:

Signature _____	Date _____	Date received: _____