Ottawa County Childcare Provider Relief Funds Application

Coronavirus Relief Funds

Official use:
☐ Funded ☐ Not Funded
Amount Received:
Date Initial

Name or Organization: _____

Address: _____

Phone number: _____

Please give a brief description of how the funds will be used.

☐ **Childcare Provider Grant Assistance**
How will you use funds received toward COVID-19 related expenses?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I understand that if I am awarded COVID-19 Relief funds I am agreeing to spend the funds for COVID related expenses.

_____ _____

NAME DATE