



2025 Skagway Child Care Subsidy Pilot Program

The Skagway Child Care Council (SCCC) Skagway Child Care Subsidy Pilot Program is supplemental funding support for licensed childcare programs located in the Borough of Skagway available for the 2025 years, as long as funding is available. Funding is based on the number of children actively served at each qualifying childcare program. Monthly grants will be paid to programs by the SCCC based on reported information. If you have any questions regarding your submission, please email or call Blue Shibler at bshibler@aeeyc-sea.org

SCCC will determine eligibility on a month-to-month basis. To qualify for these subsidy funds, childcare businesses must:

- Be licensed by the state of Alaska to provide child care;
- Be eligible for state of Alaska, military, or tribal child care assistance payments;
- Provide care for children in the age range of 6 weeks to twelve years of age;
- Provide families support in application for the State of Alaska's CCAP program;
- Actively work to achieve Level 1 in the State of Alaska Learn and Grow program;
- Receive no more than 30% of its operating revenue from other federal, state, or city funding, excluding child care assistance payments and this grant program;
- Submit child enrollment, employee information, and other operational data as requested to the SCCC using agency-prescribed forms when requested.

Monthly Subsidy Amounts: up to \$275/ actively* enrolled Full-Time Equivalent child

FT= Attending, on average, 5 or more hours on days of attendance

PT= Attending, on average, less than 5 hours on days of attendance

*To be considered actively enrolled, child must have attended at least 10 days in the month

All information provided by the childcare program will remain confidential and may be used as aggregate in data collection and determining trends among child care programs in the Borough of Skagway.

Program Name*: _____ Month of Care Provided: _____

Program Phone Number: _____ Program Administrator: _____

*First time applicants must provide complete W-9 with application

Statement of Truth: By signing below, I certify that the information provided on this form for the period indicated is true and accurate. Falsification of any information on this form can result in a repayment of funds, and the inability to receive future grants, reimbursements, or incentives.

I also acknowledge that submission of this application does not guarantee funding as the program is only available as funding is available, and any decision regarding funding is at the sole discretion of the Skagway Child Care Council.

Additionally, I consent to the use of the information provided in this application for the purposes of review, evaluation, and record-keeping, in accordance with applicable data protection laws and regulations.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Please fill out completely and return to Blue Shibler at bshibler@aeeyc-sea.org



Skagway Child Care Subsidy Pilot Program: Child Enrollment Log

Program Name: _____ Month of Care Provided: _____

Total Licensed Capacity: _____

	Enrolled Child Name <i>(Last, First)</i>	# of days received care	Age of Enrolled Child	Enrollment Type <i>(FT/PT)</i>	Assistance Type <i>(State, OCS, Tribal, N/A)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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