

Grandview Early Learning Center  
SUBSIDIZED CHILD CARE APPLICATION

**LICENSED PROVIDER PACKET**

COMPLETED BY THE LICENSED PROVIDER



PUYALLUP TRIBE OF INDIANS  
3580 E Grandview Ave  
Tacoma, WA 98404  
253-382-6371 office 253-680-5517 fax  
GELC.Subsidy@PuyallupTribe-nsn.gov



GRANDVIEW EARLY LEARNING CENTER  
Subsidized Childcare Application  
Licensed Provider Packet

PROVIDER CHECK OFF LIST

The following must be attached to this application:

Licensed providers:

- ☐ Childcare rates
- ☐ Copy of childcare license
- ☐ ACH Direct deposit form (optional)
  - ☐ Voided check/letter from bank are REQUIRED
- ☐ W-9

**Payments to Providers will begin once application is approved. Back payments will not be allowed.**



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## WELCOME TO THE PROGRAM!

### GUIDELINES:

The Puyallup Tribe Subsidized Child Care Program assists with childcare costs to approved providers for qualified Native American and Alaskan Native Families. This program is federally funded and prioritizes services for low to moderate income families.

All payments for child care services are paid directly to the childcare provider, less a co-payment due to the provider from the approved family. Co- payments are based on a sliding fee scale. All income paid from this program is taxable, and **providers will receive a 1099 tax form at the end of each year on the program.**

### DISQUALIFYING CRIMES:

Child care staff members (Providers) cannot be employed by a child care provider (Grandview Early Learning Center-GELC) receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential providers cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography. In addition to the above, further disqualifying crimes are: A violation of the Uniform Controlled Substances Act of the Puyallup Tribal Code within the last five years, unlawfully manufacturing, delivering or possessing a controlled substance with intent to deliver, or unlawfully using a building for drug purposes, a series of misdemeanor convictions within the past five years taking in to account the seriousness of the offenses, animal cruelty and weapons violations unrelated to hunting.



## GRANDVIEW EARLY LEARNING CENTER

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#### **PAYMENT PROCESS:**

This program pays providers monthly after services are provided through direct deposit. Timesheets are due on the first of each month following the month of services. For example, May's timesheet should be turned in on June 1 for services completed for May. Timesheets must be signed each month by both the parent and the provider. Turn your timesheets in by scanning or taking a photo of them and emailing to GELC.Subsidy@PuyallupTribe-nsn.gov.

Once the timesheet is received, it is calculated and entered into our payment system. It is then sent to the manager of the program, Administration and finally Accounting. All of these departments must sign off on the check request before it goes to Accounting for final processing. With all of those departments involved in the approval process, the Accounting office is asking for a two-week turnaround to receive direct deposit. **Co-payments will be deducted from the monthly amount paid to the provider. The parent must pay the co-payment directly to the provider.**

#### **CHILDCARE PAYMENTS ARE TAXABLE INCOME**

Please be advised that any money paid to you by the Puyallup Tribe of Indians for childcare services is taxable income. **You will receive a tax form called a 1099 at the end of the year.**

Upon signing below, I understand that all income received by me from the Puyallup Tribe of Indians for childcare services over the amount of \$600 is taxable income and may need to be reported by me to the Internal Revenue Service when I do my personal yearly taxes.

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Provider Signature

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Date



# GRANDVIEW EARLY LEARNING CENTER

## Subsidized Childcare Application

### Licensed Provider Packet

#### LICENSED PROVIDER INFORMATION:

Center name:	_____
Address:	_____
City, state, zip:	_____
Contact name:	_____
Contact number:	_____
Contact email:	_____
Best time to call:	_____
Start date:	_____

#### CHILDCARE RATES:

Please submit a monthly invoice when turning in your payment calendars at the beginning of each month for services. Please list your daily/weekly/monthly rates below:

Child's Name	Daily	Weekly	Monthly

#### CHILDCARE SETTING:

Licensed daycare setting	<input type="checkbox"/>
Group home setting (Two or more adults in the home caring for children)	<input type="checkbox"/>
Family home setting (One adult caring for children)	<input type="checkbox"/>

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

\_\_\_\_\_  
Date



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*





# PUYALLUP TRIBE OF INDIANS



## ACH AUTHORIZATION FORM COMPANY

Use this form to start, stop or change an ACH authorization for payments from Puyallup Tribe Accounting.

### 2 Required Documents!

- 1** This completed ACH Authorization form
- 2** A voided check or a bank letter with your business name, account and routing number.

### How to Submit 2 required documents:

- 1. Deliver in person to CDO at PTOI Admin Building**
- 2. Mail, fax or email to the below.**

**Mail:** Accounting Department  
Puyallup Tribe of Indians  
3009 E Portland Ave  
Tacoma, WA 98404

**Fax:** 253.573.7944

**Email:** Accounting.CustomerService@PuyallupTribe-nsn.gov

### Part I: Payee Information

<b>Type of Action</b> <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<b>Name</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____ <b>Phone</b> _____ <b>Email</b> _____
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### Part II: Bank Information

<b>Name of Bank or Credit Union</b> _____	
<b>Bank Routing Number*</b> _____ (9-digits)	<b>Account Number*</b> _____
<b>Account Type</b> <input type="radio"/> Business Checking <input type="radio"/> Business Savings	
If you select <b>Business Checking</b> you must submit this form <b>along with a copy of a voided check, or a bank letter from banking institution with your account and routing numbers.</b> If you select <b>Business Savings</b> you must submit this form <b>along with a copy of a savings deposit slip, or a bank letter from banking institution with your account and routing numbers.</b>	

### Part III: Authorization

I authorize the Puyallup Tribe of Indians to deposit funds into the above-named account and to recover any funds deposited into this account in error. I understand it is my responsibility to verify that funds are in my account before I make a withdrawal.		
I certify I have read and understand the information contained in this form and that I am authorized to enter into this agreement as the account holder.		
<b>Authorized Signature</b> _____	<b>Print Name:</b> _____	<b>Date:</b> _____