



**Cornell University – 2009 Child Care Grant Subsidy Program
Faculty, Academic Staff, & Administrative Staff
Application (January – December 2009 Funding)**



**DEADLINE: Friday, September 26, 2008
ATTACH COPIES OF 2 PAY STUBS PER APPLICANT/CO-APPLICANT**

SUBMIT: Via U.S. Mail, postmarked by Friday, September 26, 2008 to:
Child Care Grant Subsidy Program, Cornell University, Box 43 Day Hall, Ithaca, NY 14853

No hand-delivered, faxed, e-mailed, campus mailed, or late applications (postmarked after September 26, 2008) will be considered. Please keep a copy of your application for your records and tax purposes.

APPLICANT INFORMATION

1. Applicant Name: _____ 2. Cornell ID #

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(Last, First, Middle Initial) (Upper left corner of your pay stub)
3. Mailing Address: _____
4. City: _____ 5. County: _____ 6. State: _____ 7. Zip: _____
- 8a. Full-Time Part-Time If Part-time, number of hours worked per week: _____
8b. Academic Staff Administrative Staff Faculty Post-doctorate Associate
9. Work Phone: _____ 10. Home Phone: _____
11. Cornell E-mail Address: _____ 12. If you do not have/ use your e-mail address, please check:
13. Marital Status: Single (including legally separated, divorced and widowed) Married Domestic Partner

CO-APPLICANT INFORMATION

14. Co-Applicant Name: _____
15. Co-Applicant Employment Status: Employed Unemployed-full time student Unemployed-legally disabled
 Unemployed-actively seeking employment (must include “estimated gross salary/wages”)

Note: If your spouse/partner is not employed, you are not eligible for the Cornell University Child Care Grant Subsidy, *unless* your spouse/partner is a full-time student, actively seeking employment, or is legally disabled (must provide documentation).

- 16) If spouse/partner is employed, name of employer: _____

FINANCIAL INFORMATION

The Grant Program requires that you report, as of January 1, 2009, *all sources of income* for the individual(s) financially responsible for the child(ren) for which the grant subsidy is sought.

	Applicant	Co-Applicant	
17. Gross wages per pay period: Tip: See “Total Gross” on pay stub	\$	\$	
18. Number of pay periods per year: Tip: Cornell exempt employees have 24 pay periods and non-exempt have 26 pay periods per year.	X	X	Totals
19. Estimated gross salary/wages for 2009: Tip: Multiply Line 17 by Line 18 for each the applicant and co-applicant.	\$	\$	\$
20. Other anticipated income for 2009: Note: Include interest/dividends, public assistance, veteran’s benefits, alimony, social security, disability and all other income.)	\$	\$	\$
Total Anticipated Household Income for 2009:			\$

CHILD INFORMATION

COPY THIS PAGE AND FILL OUT SEPARATELY FOR EACH CHILD

Note: Only legal care, as defined in the Eligibility Guidelines, can be used for the Child Care Grant Subsidy

A. Name of Child in Care: _____ B. Birth Date: _____

D. Do you intend to claim this child as a dependent on your 2009 tax return? Yes No

ESTIMATED COST OF CARE

Provide the actual amount that you pay:

COST						
Type of Care	Jan.-June	Circle one	July-Aug.	Circle one	Sept.-Dec.	Circle one
Infant/Toddler (approx. 6 wks-3 yrs)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
Pre School/Pre K (approx. 3-5 yrs)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
School-Age Before School Care (approx. 5 yrs-12 yrs.)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
School-Age After School Care (approx. 5 yrs-12 yrs.)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
School-Age Summer Care (approx. 5 yrs-12 yrs.)	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month
Total:	\$	Day Week Month	\$	Day Week Month	\$	Day Week Month

PROVIDER INFORMATION

You must complete the Child Care Provider Information for each provider expected to be used during 2009.

Name & Phone Number of Care Provider	Street Address	City and State	Zip Code	If known: Registration/License # (Formal Care) OR Tax ID/Social Security # (Informal Care)

- If requested, your provider must be able to verify the cost(s) you have provided above.

CHECKLIST FOR APPLICANT

- Attach two most recent pay stubs from both the applicant and co-applicant (Schedule C or 1099 for self employment)
- Make copy of application and pay stubs for your records and tax purposes
- Submit via U.S. Mail, postmarked by **September 26, 2008**, to:

**Child Care Grant Subsidy Program
Cornell University
Box 43 Day Hall
Ithaca, NY 14853**

Hand delivered, faxed, e-mailed, campus mailed, and late (postmarked after the September 26, 2008 deadline) applications will not be accepted.

STATEMENT OF UNDERSTANDING

By signing this application, I certify that I am requesting the Cornell University Child Care Grant Subsidy for a child in legal care who I will be claiming as a dependent on my 2009 taxes.

- I have attached current pay stubs or other necessary information to document gross income.
- I certify that the statements relating to this application are complete and correct to the best of my knowledge.
- I understand that the grant monies I receive will be reported by the University on my annual W2 form.
- If I am an expectant parent, I understand it is my responsibility to report the birth of my child to the Office of Workforce Diversity, Equity, and Life Quality, within 60 days of my return to work date.

I understand that any intentional misrepresentation in this application may result in cancellation and repayment of my Cornell University Child Care Grant Subsidy and/or may result in adverse employment consequences for myself.

Signature of Applicant

Date

Signature of Co-Applicant

Date