2025 Childcare Operating Stipends

The City of Valdez (COV) Childcare Operating Stipend is supplemental funding support for licensed childcare programs located in the COV. Funding is based on the number of children served at each qualifying childcare program. Monthly stipends will be paid to programs by the COV based on reported information.

The COV will determine eligibility on a month-to-month basis. To qualify for these operating stipends, childcare businesses must:

- Be fully open and operational during the months funds are being requested;

- 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 5 years;

- 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 stipend program;

- Submit child enrollment, employee information, and other operational data as requested to the COV using agency-prescribed forms when requested.

Monthly Subsidy Amounts		
Full-time Infant/Toddler *(0-35months)*	Full-time Preschool *(35months to K)*	Full-time Employee
$400	$400	$300

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 COV.

Program Name: _____   Month of Care Provided: _____

Program Phone Number: _____   Program Administrator: _____

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.*

Printed Name of Applicant: _____

Signature of Applicant: _____   Date: _____

212 Chenega Ave Valdez AK 99686 | Main: (907) 835-4313| Toll Free: (888) 785-1235 | Email address here?

1

COV Child Care Stipend: Child Enrollment Log

Program Name: _____ Month of Care Provided: _____

Total Licensed Capacity: _____ Infant/Toddler Capacity: _____ Preschool Capacity: _____

	Enrolled Child Name *(Last, First)*	**Child Age at Time of Completion** **CHECK ONE BOX**		**Enrollment Type** *(FT/PT)*	**Assistance Type** *(State, OCS, Tribal, N/A)*
		Infant/Toddler (0-35 months)	*Preschool (36 months to K)*		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

City of
VALDEZ

COV Child Care Stipend: Employee Log

Program Name: _____   Month of Care Provided: _____

	Staff Name *(Last, First)*	Work Schedule CHECK ONE BOX **FT is 30+hrs/wk*		Employment Start Date	Employment End Date *If Applicable*
		FT	PT		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

City of
VALDEZ

Program Name: _____ Month of Care Provided: _____

		Stipend Amount Per Unit	Total Award Per Unit
Total # FTE Infant and Toddler		$400	
Total # FTE Preschool		$400	
Total # FTE Employee		$300	
	Total Monthly Award:		

Reviewer Signature and Date:

_____

City of
VALDEZ