

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

CHILD CARE ASSISTANCE FUND

PROVIDER AGREEMENT

This is an agreement between the Little Traverse Bay Bands of Odawa Indians (hereinafter referred to LTBB) Child Care Assistance Program, and _____ (hereinafter called Provider).
License # _____

To provide childcare services for _____ (hereinafter called Parent/Guardian).

The provider attests that the child care setting for which I am providing services for is:

___ Day Care Center ___ Relative Care ___ Unlicensed Non-Relative ___ Group Home

If claiming Relative Care, list your relationship to the children here: _____

The Provider hereby agrees to abide by the child care standards set for by the State of Michigan while providing services for the parent/guardian of the following children: 1. _____

2. _____ 3. _____ 4. _____

The Provider agrees to provide to the parent/guardian the following: Unlimited access to children while in your care, immediate notification of all problems or concerns regarding children in your care and assurances of a smoke-free environment while children are in your care. The Provider agrees to abide by the Child Care Assistance Program reporting requirements and agrees to provide the LTBB Department of Human Services with the following documents: copy of current daycare license (if applicable), W-9 Form (signed, dated, business identification number or social security number provided), and accurate weekly timesheets (signed by parent and provider and dated no earlier than the last day services are rendered). The Provider agrees to abide by the Child Care Assistance Program's mandated annual inspections (twice annually) by providing access to the child care facility or home to a LTBB Department of Human Services representative. *It is the parent's responsibility to submit timesheets for child care services rendered.* The Provider understands that upon receipt of weekly timesheets by the LTBB Department of Human Services, the timesheets will be verified for accuracy and completeness and a determination will be made if the parent and/or provider are in compliance with program requirements. The Provider understands that payment for services rendered will be made payable directly to the provider and that a 1099 form will be issued for tax reporting requirements at the end of each year. The Provider understands and agrees that in the event that a parent fails to meet program requirements and is determined to no longer be eligible to participate in The Child Care Assistance Program, the parent bears the sole responsibility for total payments due for all services rendered by the provider. The Provider understands that payment for services rendered are not covered by LTBB until the parent/guardian has been approved for program participation. The Little Traverse Bay Bands of Odawa Indians Child Care Assistance Program operates on limited annual funding and is intended to assist in payment of child care services for qualified families. LTBB does not promise or guarantee that funding will be available for the duration of the entire fiscal year. In the event that program funds become depleted, LTBB will not be liable for any child care expenses incurred by program participants. The Provider agrees to abide by the terms listed in this agreement and will not attempt to defraud or misrepresent any service or time reported to the LTBB Child Care Assistance Program. The Provider further understands that LTBB reserves the right to prosecute for misrepresentation and/or fraud.

I understand that if I receive more benefits than I am entitled to receive, through my own or LTBB's error, I must repay any benefits received to which I am not entitled.

Provider Signature _____ Date _____