



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE RELIEF FUNDS

REPAYMENT AGREEMENT

INSTRUCTIONS

The Department of Elementary and Secondary Education, Office of Childhood (OOC) is responsible for the oversight of federal child care relief funds. This form is used when OOC or the child care provider identifies the need for the child care provider to return federal relief funds to the state. The child care provider must use this agreement to acknowledge the amount of federal relief funds owed to the state and to establish a monthly repayment plan which equals the total amount owed.

Return completed form to ChildhoodInvoices@dese.mo.gov
or mail to DESE Office of Childhood - Childhood Finance, PO Box 480, Jefferson City, MO 65102-0480

QUESTIONS: Contact Child Care Relief Funds at 573-751-1654 or 573-751-8120 or email Childhood@dese.mo.gov

PROGRAM INFORMATION

Legal Name of Facility:	
Departmental Vendor Number (DVN):	
Facility Address:	
Owner/Director Name:	
Owner/Director Phone:	
Type of Funding:	
Total Amount Owed:	

If you provide any "personal information" as defined in Section 105.1500, RSMo, concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, you understand and agree that you are voluntarily choosing to seek a state contract and providing such information for that purpose. The Department of Elementary and Secondary Education will treat such personal information in accord with Section 105.1500, RSMo, unless such information is subject to disclosure pursuant to federal or state law.

MONTHLY PAYMENTS

You have notified OOC that you need to make monthly payments. Your monthly payments shall not exceed a 6-month period to allow for an initial payment and up to 5 additional monthly payments to equal the total amount owed. You must notify OOC the amounts you will pay during that 6-month period. Complete the dollar amount for each month and ensure the monthly payments equal the total amount owed.

1 st Initial Payment Amount:	
2 nd Monthly Payment Amount:	
3 rd Monthly Payment Amount:	
4 th Monthly Payment Amount:	
5 th Monthly Payment Amount:	
6 th Monthly Payment Amount:	
TOTAL AMOUNT:	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

TERMS OF THE AGREEMENT

In making this repayment agreement, you must agree to the following terms:

1. I agree to send all monthly payments listed above before the first day of each month. I understand that if OOC receives any payment postmarked after the 10th day of the month then I shall be in breach of this agreement and the OOC may take immediate action to collect the outstanding balance due from the provider.
2. I agree to make all payments as follows:
 - Make the cashier's check or money order to the **Missouri State Treasurer's Office**.
 - Ensure the envelope is postmarked by the first day of each month.
 - Mail the payments to:
Missouri Department of Elementary and Secondary Education,
Office of Childhood – Childhood Finance
PO Box 480
Jefferson City, MO 65102-0480
3. I understand that by breaching this agreement, the OOC may take immediate action to collect the remaining amounts outstanding.
4. In the event of breach of this agreement, I agree to pay interest at the rate of 9% on any remaining balance due. Upon breach of the agreement, I agree to pay reasonable attorney fees and expenses for the collection of the remaining amounts outstanding.
5. I agree that the venue for any legal proceeding relating to or arising out of the contract shall be in the Circuit Court of Cole County, Missouri.
6. I understand that this agreement may only be modified or amended in writing and signed by myself and the OOC.

ACKNOWLEDGEMENT OF TERMS

1. I acknowledge and agree that I accepted the child care relief funds Terms and Conditions and that I was awarded \$_____ in federal relief funds.
2. I acknowledge and agree that the amount of federal child care relief funds I must return to the State of Missouri is \$_____.
3. I acknowledge and agree to the monthly payments and the payment terms listed above.

By signing and dating on the line below, I acknowledge and accept the payment conditions set out in this agreement.

Printed Name (Full Name):	
Authorized Signature:	
Date:	

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.