



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD — CHILD CARE SUBSIDY

**CHILD CARE SUBSIDY – APPLICATION TO CONTRACT FOR SERVICES**

**INSTRUCTIONS**

The Missouri Department of Elementary and Secondary Education (DESE) contracts with child care providers to provide child care services to subsidy-eligible children. Upon approval of a complete application, DESE will contact the provider to conduct an onsite inspection of the location where services are provided. An onsite inspection is required before DESE can contract with the provider.

Providers who have not had a subsidy contract before must attach the direct deposit form MO 500-3324 to this application, which can be downloaded at <https://dese.mo.gov/media/pdf/mo500-3324-vendor-direct-deposit>. This link provides instructions for the voided check or bank letter that is also required to establish the direct deposit.

Providers must also attach proof of registration with E-Verify by completing box A, B, or C, which can be downloaded at <https://earlyconnections.mo.gov/media/pdf/e-verify>.

**EMAIL** the completed packet to: [CCSubsidyAgreements@dese.mo.gov](mailto:CCSubsidyAgreements@dese.mo.gov)

**MAIL** the completed packet to: DESE, Office of Childhood, P.O. Box 480, Jefferson City, MO 65102

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.

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](http://www.dese.mo.gov/veterans-services).

**FACILITY INFORMATION**

NEW OR RENEWAL APPLICATION (CHECK ONE) <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Address		LICENSED OR UNLICENSED (CHECK ONE) <input type="checkbox"/> Licensed <input type="checkbox"/> Unlicensed	IF CARING FOR SIX OR FEWER CHILDREN, WHERE IS CARE PROVIDED? (CHECK ONE) <input type="checkbox"/> Provider Home <input type="checkbox"/> Child Home
LEGAL NAME OF FACILITY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER IF INDIVIDUAL/SOLE PROPRIETER)	
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		FACILITY/PROVIDER EMAIL	
FACILITY ADDRESS (STREET, CITY, STATE, ZIP CODE)		FACILITY/PROVIDER PHONE NUMBER	
IRS FORM 1099 MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		DEPARTMENT VENDOR NUMBER (DVN)	
CHILD CARE SERVICES ARE PROVIDED DURING THE FOLLOWING HOURS (CHECK ALL THAT APPLY) <input type="checkbox"/> Daytime care <input type="checkbox"/> Evening care <input type="checkbox"/> Weekend care			

**ADMINISTRATION**

List all name(s) of the owner(s), organization, or corporation operating the child care facility. Attach additional page if needed.

Check if additional page is included. ☐

NAME	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
IS OWNERSHIP REGISTERED WITH OFFICE OF THE SECRETARY OF STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE CHECK: <input type="checkbox"/> FICTITIOUS NAME <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER: _____	
NAME OF BOARD PRESIDENT/CHAIRPERSON/LLC MEMBER(S)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

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](mailto:civilrights@dese.mo.gov).

## REQUIREMENTS BEFORE CONTRACT IS AWARDED

A certificate of Vendor No Tax Due is required to complete the application process. Request a Vendor No Tax Due Clearance by completing Form 943, found here: <https://dor.mo.gov/forms/943.pdf>. Once the certificate of Vendor No Tax Due has been issued, the Missouri Department of Revenue will notify DESE.

**EMAIL** the completed Form 943 to: [taxclearance@dor.mo.gov](mailto:taxclearance@dor.mo.gov)

**MAIL** the completed Form 943 to: Department of Revenue, Taxation Division, P.O. Box 3666, Jefferson City, MO 65105

Background checks must be completed as required. For background screening instructions, go to:

<https://dese.mo.gov/childhood/child-care/background-check-process>.

Training requirements must be completed. Required trainings can be found here: <https://dese.mo.gov/media/pdf/subsidy-provider-training-requirements>.

## STAFF AND HOUSEHOLD MEMBER LISTING

### INSTRUCTIONS

Applicants caring for six or fewer children must list the full name of each individual residing in a family child care home who are 18 years of age or older or have been certified as an adult for the commission of an offense. A Missouri Professional Development identification (MOPD ID) number, training, and tuberculosis (TB) Assessment is not required for household members.

Applicants caring for more than six children must list one upper-level child care staff member (e.g., owner/director) who is responsible for compliance and all other staff, including volunteers.

Complete the following information for each staff/volunteer. Check the box for training complete and TB form to indicate this is complete and on file at the facility. Additional pages may be attached to the application to list staff/volunteers, if needed.

FULL NAME	MOPD ID	TRAINING COMPLETE	TB FORM
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

### SIGNATURE OF APPLICANT

I/we are submitting this application in effort to contract with DESE to receive child care subsidy payments. By inserting my/our initials, I/we confirm that I/we understand and acknowledge the following statements:

- \_\_\_\_\_ 1. I/we have read, understand, and agree to comply with the [terms and conditions](#) of this application.
- \_\_\_\_\_ 2. I/we have read, understand, and agree to comply with all applicable rules and regulations which can be found at <https://dese.mo.gov/childhood/child-care-subsidy/child-care-subsidy-news-updates-information>.
- \_\_\_\_\_ 3. I/we understand if the application process is not complete within six months, I/we must reapply.

NAME OF OWNER(S)/BOARD CHAIRPERSON/LLC MEMBER/DESIGNEE (CIRCLE ALL APPROPRIATE TITLE(S) FOR EACH INDIVIDUAL)

SIGNATURE OF OWNER(S)/BOARD CHAIRPERSON/LLC MEMBER/DESIGNEE (CIRCLE APPROPRIATE TITLE(S) FOR EACH INDIVIDUAL)

DATE OF SIGNATURE(S)