

**Third-Party Payment Authorization
And Duplication of Benefit Affidavit**



Date: _____

Provider: _____

Address: _____

Phone: _____

Email: _____

_____/_____
Child Parent/Guardian

Please Provide:

A. Detail of activities that will be funded by this grant and the needed resources:

See Attached childcare agreement.

Be sure to complete the Attached W-9

B. Total of unmet need: Please verify the amount of tuition is the responsibility of the family to pay monthly? i.e. How much assistance is being requested though the CDBG-CV program?
(Example: \$50/month - \$800/tuition per month less \$750/per month ERDC)

The Child/Family listed above has been approved for a childcare assistance voucher funding up to \$_____/month but not exceeding the unmet need identified in item B above for up to 6 months starting on _____ and ending on _____.

By executing this Authorization/Affidavit, the Provider acknowledges and understands that:

South Coast Business will be sending monthly [payment requests](#) to be completed by the Provider and certified by the Family to initiate tuition payments on behalf of the child listed above. The voucher amount will be paid directly to the childcare provider, within three weeks for the first payment and two weeks thereafter once the completed Payment Request is received by the South Coast Business Billing Specialist.

Any amount due to the provider in excess of the voucher, will be the responsibility of the family. If a family enrolls mid-month the rate will be prorated the first month and the balance will be extended into the seventh month. If the child was already enrolled with the family applies, we will back date the authorization to the first month in which they applied. The provider will be asked to either reimburse or credit tuition already paid by the family. If the family is already participating in the Employment Related Day Care program (ERDC), the voucher program can not supplant existing resources but can cover the family co-payment in lieu of the voucher amount.

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This grant is subject to Robert T. Stafford Act (42 U.S.C.5155) of which a repayment of the assistance would be required if the assistance is determined to be duplicative.

Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

I further attest that there is no other assistance including federal, state, or local assistance are being received/provided for the same costs.

Dated this the _____ day of _____, _____.

Provider Signature

Provider Name

Business Name

Tax ID #

License/Listing #