



# CDA Application/Renewal

AWARD APPLICATION  
July 1, 2019–June 30, 2020

## What is a CDA Application/Renewal Award?

A CDA Application/Renewal Award provides early childhood (EC) professionals in Alaska with funding of up to \$425 for one CDA Application or Renewal fee per person, per State fiscal year (July 1—June 30), pre-paid directly to the Council for Professional Recognition or as a reimbursement to the applicant.

Applicants can receive an award or reimbursement for 100% of the CDA Application or Renewal fee based on the current fee schedule:

- CDA Application: \$425 (online fee) or \$500 (paper application via U.S. mail)
- CDA Renewal: \$125 (online fee) or \$150 (paper application via U.S. mail)

## Eligibility Criteria

1. You must be operating, or be a paid employee of, a licensed (State of Alaska or Municipality of Anchorage) child care facility, Head Start, or pre-elementary school district program, or a State of Alaska Child Care Assistance Program approved child care facility.
2. You must have an active/current/updated SEED Registry membership. You can submit or renew an application online at [www.seedalaska.org](http://www.seedalaska.org). For more information, contact us at: [info@seedalaska.org](mailto:info@seedalaska.org) or 907.265.3194 or 855.265.7333.
3. If you choose to pay the CDA Application or Renewal fee directly to the Council for Professional Recognition, **your payment must have been made to the Council within the past 60 business days of this application.** You must submit proof of payment (copy of cancelled check, credit card or bank statement, etc.) which includes candidate's name and date of payment.
4. If you have received funding from other financial aid/scholarship programs, your CDA Award reimbursement amount will be reduced by the amount of other scholarship and/or financial aid.

**Example 1:** Susan received a full scholarship from the Anchorage Association for the Education of Young Children (AAEYC) for the CDA Application fee. Susan **is not eligible** for a CDA Application Award.

**Example 2:** John received a partial scholarship in the amount of \$225 from the Anchorage Association for the Education of Young Children (AAEYC) towards his \$425 CDA Application fee. SEED will provide a reimbursement or payment to the Council for Professional Recognition in the amount of \$200.

5. **Stop Payment Policy:** For reimbursement checks, if the address is incomplete, incorrect or the check is lost and a reimbursement check is issued, the \$25 Stop Payment bank fee will be deducted from the replacement check.

Form updated 7/1/2019

housed & managed by  
**thread** connecting  
early care & education  
to alaska

SEED

3350 Commercial Drive, Suite 203  
Anchorage, AK 99501

Telephone: 907.265.3194 / Toll Free: 1.855.265.7333  
Fax: 907.265.3195 / Toll Free Fax: 1.855.265.3195  
Email: [info@seedalaska.org](mailto:info@seedalaska.org)





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**AWARD APPLICATION**  
**July 1, 2019 – June 30, 2020**

CDA Application/Renewal Awards will be awarded on a **FIRST COME, FIRST SERVE** basis. Payment will be made directly to the Council for Professional Recognition or as a reimbursement with proof of payment. **Payment will be made within 45 business days after a complete application is received.** Contact SEED for payments not received within 60 days.

I certify that I operate, or am a paid employee of a licensed (State of Alaska or Municipality of Anchorage) child care facility, Head Start, or pre-elementary school district program, or State of Alaska Child Care Assistance Program approved child care facility, and meet all Eligibility Criteria. The information I am providing in this request is true and accurate to the best of my knowledge. Falsification of any information may result in repayment of funds and the inability to receive future funds.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete the CDA Application/Renewal Award Application below and submit to the SEED office** (contact info below)

**The following documents must be submitted with this application as follows:**

- When requesting SEED pay the application or renewal fee directly to the Council for Professional Recognition: Submit CDA Application with your Customer ID Number.
- When requesting a reimbursement: Submit documentation of payment made to the Council for Professional Recognition (canceled check, credit card or bank statement, etc.).

Please print in **black** or **blue** ink or complete electronically, and then print and sign your application. Incomplete, illegible or incorrect applications will not be processed. **ALL FIELDS ARE REQUIRED.**

<b>Applicant Name:</b>		
<b>Email Address:</b>	<b>Phone Number:</b> ( ) --	
<b>SEED Registry Username:</b> _____ <b>SEED Expiration Date:</b> _____ (Your SEED Registry Username & Expiration Date can be found on your SEED Registry Certificate)		
<b>Facility Name:</b>	<b>Facility is licensed or approved:</b> <input type="checkbox"/> Center <input type="checkbox"/> Group Home <input type="checkbox"/> Home	
<b>Administrator Name:</b>	<b>I am applying for:</b> <input type="checkbox"/> Infant-Toddler CDA <input type="checkbox"/> Preschool CDA <input type="checkbox"/> Home Visitor CDA <input type="checkbox"/> Family Child Care CDA	
<b>I received CDA training through thread?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CDA Payment Type:</b> <input type="checkbox"/> Application Fee <input type="checkbox"/> Renewal Fee	<b>Amount Requested \$</b>	
<input type="checkbox"/> <b>For Direct Payment to Council:</b> Customer ID Number: _____ (Issued by the Council)		
<input type="checkbox"/> <b>For Reimbursement Requests:</b> Costs were paid by: <input type="checkbox"/> Employer <input type="checkbox"/> Self		
<b>Reimburse/Make check payable to:</b> _____ (Programs/Businesses paying with a business credit card with an employee's name on the card will be paid to the program or business <u>not</u> the individual)		
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip:</b>

Please initial the following before submitting your application:

\_\_\_\_\_ I have filled in **all** fields on this application.

\_\_\_\_\_ **For direct payment:** I have included my customer ID and Voucher number on this application.

\_\_\_\_\_ **For reimbursements:** 1) the CDA Application or Renewal fee **must have been paid within the past 60 business days;**

2) I have included receipt(s) with candidate's name and date of payment (electronic and photocopied or scanned receipts accepted).

**Please mail, fax or email your SIGNED, completed application via fax, mail or email (scanned copies) to:**

**SEED**

3350 Commercial Drive, Suite 203  
 Anchorage, AK 99501

Telephone: 907.265.3194 / Toll Free: 1.855.265.7333

Fax: 907.265.3195 / Toll Free Fax: 1.855.265.3195

Email: [info@seedalaska.org](mailto:info@seedalaska.org)

Updated 6/14/2019

