

**U.S. Department of Education
OFFICE OF POSTSECONDARY EDUCATION
Washington, DC 20202**

<http://www2.ed.gov/programs/campisp/index.html>

**FY 2026 PROGRAM SPECIFIC APPLICATION FORMS
FOR GRANTS UNDER THE
CHILD CARE ACCESS MEANS PARENTS IN SCHOOL PROGRAM
ALN: 84.335A**

FORM APPROVED

OMB No. 1840-0737, Expiration Date: **05/31/2026**



Contact Information

For CCAMPIS Program-related questions and assistance, please contact:

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For Grants.gov-related questions and assistance, please contact:

Support Desk: Grants.gov Support Desk
Telephone: (800) 518-4726
Hours: 24 hours, 7 days a week, except Federal holidays
Email: support@grants.gov

**CHILD CARE ACCESS MEANS PARENTS IN SCHOOL
PROGRAM PROFILE FORM**

Instructions: All applicants must complete this form and attach it to the Other Attachments Form in the application package in Grants.gov (as a PDF or Word document).

DO NOT MODIFY OR AMEND THE CONTENTS OF THIS FORM.

In the FY 2026 competition, the program has two absolute priorities and one invitational priority.

The Department will only consider an application that addresses the absolute priorities.

Did you address?

Yes ___ or No ___ Absolute Priority 1: Projects that are designed to leverage significant local or institutional resources, including in-kind contributions, to support the activities assisted under section 419N of the Higher Education Act of 1965, as amended (HEA).

Yes ___ or No ___ Absolute Priority 2: Projects that are designed to utilize a sliding fee scale for child care services provided under section 419N of the HEA in order to support a high number of low-income parents pursuing postsecondary education at the institution.

(No more than 3 pages)

Yes ___ or No ___ Invitational Priority 1: Projects that are designed to expand access to education choice for parents with children in early learning settings, including by empowering parents in choosing the early learning setting that best meets their family's needs, as well as by providing flexible child care arrangements such as evening, weekend, and drop-in child care.

(No more than 3 pages)

_____ Are you an existing applicant? (The applicant **currently has** a child care center or provides child care services for the student-parents that attend your institution).

_____ Are you a new applicant? (The applicant **does not have** a child care center that provides child care services for the student-parents that attend your institution).

1. Name of Applicant Institution/Campus and Institution/Campus OPE ID #: (Use your institution's complete name. If your institution is a branch campus, use the parent institution's name but follow with the name of the branch campus. For

example, you would cite the State University of U.S.A., Happy Campus)

Name: _____

OPE ID #: _____

PR Award # (if currently funded): _____

2. Applicant Address: (Indicate the address where the program will be located)

Street: _____

City: _____

State: _____ Zip Code: _____

3. The total amount of Federal Pell Grant funds awarded to students by the applicant institution for the preceding fiscal year, FY 2025 (**Pell amount must be specific to the applicant institution and not an aggregate College/University District or System amount**): \$_____.

4. Total amount listed from the **ED Form 524 (Year One Only)**: \$_____.

5. Is the Applicant Institution child care center(s) or outsourced child care center(s) nationally accredited (list all):

No____ Yes____ (If so, by what national accrediting agency and date of expiration)

6. Does the applicant institution offer an early childhood education curriculum:

Yes____ No____

7. The intended types of child care services to be provided (Please mark all appropriate):

Infant____ Toddler____ Before and After School____ Summer____ Other____

8. Will child care services be conducted by center(s):

owned by the institution_____

contracted to outsourced accredited centers_____

contracted to outsourced accredited homes_____

9. Total number of student-parents your program plans to serve: _____

10. Total number of children your program intends to serve: _____

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0737. Public reporting burden for this collection of information is estimated to average 28 hours per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Higher Education Opportunity Act of 2008 (P.L. 110- 315, Section 410). If you have comments or concerns regarding the status of your individual submission of this application, please contact Student Service, Office of Postsecondary Education, U.S. Department of Education, 400 Maryland Avenue SW, Washington, DC 20202 or by e-mail at TRIO@ed.gov directly. [Note: Please do not return the completed application to this address.]