



## Early Learning/Child Care Provider Child Success and CLASS® Observer Grant Application

Program Year 2022 - 2023

Indicate grant applying for:

Please print and fill out completely.

Child Success Grant (mark all that apply) –

- Professional Development Bonus - Segment 1
- Professional Development Bonus - Segment 2
- Performance Bonus
- CLASS® Observer Director Training Grant

### ***PART A – to be completed before trainings***

Early Learning/Child Care Provider

#### 1. Provider Information

Legal Name of Provider and d/b/a

Name: \_\_\_\_\_

P.O. Box/Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_, FL \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Provider ID: \_\_\_\_\_ CLASS Composite Score<sup>1</sup>: (Pre-Training) \_\_\_\_\_

<sup>1</sup> If no score or previously exempt, write "None"

#### 2. Eligibility Criteria for each Early Learning/Child Care Provider

Does your program meet the following eligibility criteria requirements?

Yes  No Are you contracted with a local early learning coalition for SR and/or VPK services?

**If no, provider is not eligible for any grants**

Yes  No Are you under investigation or been convicted of child care fraud?

Yes  No Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

Yes  No Have you had a contract with an early learning coalition terminated **and** eligibility revoked within the past five years?

Yes  No Have you submitted W-9 and direct deposit forms for payment?

Date Previously Submitted \_\_\_\_\_

3. Estimated Number of Employees Participating –

Please enter the estimated number of employees participating in each grant selected.

**Child Success Grant:**

**Professional Development – Segment 1 (PD-1)**

# Directors \_\_\_\_\_

# All Other Employees \_\_\_\_\_

**Professional Development – Segment 2 (PD-2)**

# Directors \_\_\_\_\_

# All Other Employees \_\_\_\_\_

**Performance**

# Directors \_\_\_\_\_

# All Other Employees \_\_\_\_\_

**CLASS® Observer Grant:**

# Directors Infant/Toddler \_\_\_\_\_

# Directors PreK \_\_\_\_\_

**ELC/RCMA Use Only:**

PD-1 Estimate

x \$600 \$ \_\_\_\_\_

x \$500 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

PD-2 Estimate

x \$800 \$ \_\_\_\_\_

x \$700 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Performance

x \$600 \$ \_\_\_\_\_

x \$500 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

CLASS® Observer

x \$1200 \$ \_\_\_\_\_

x \$1200 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

4. Provider Attestation – **Part A Please read carefully before submission**

I am submitting this application to qualify for above-listed ARP Child Success and CLASS® Observer Grant(s). I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it may be returned to me. ***I understand all bonus monies received by me or my provider location will be given to each employee*** for completing the selected bonus(es). I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.*

Sections below – for ELC/RCMA use only

5. Application Information Provided to/Processed by – **completed by ELC/RCMA staff**

- Yes  No Is this application form complete?
- Yes  No Have you verified the provider has a current SR and/or VPK contract?
- Yes  No Have you verified the providers current CLASS® score?
- Yes  No Have you verified the provider is not under investigation or been convicted of child care fraud?
- Yes  No Have you verified that the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?
- Yes  No Have you verified your entity is the “home” coalition for this provider?

**If all above responses are “yes,” this application form can be accepted.**

Estimated Child Success Grant Amount:

- Professional Development – Segment 1 (PD-1) \_\_\_\_\_
- Professional Development – Segment 2 (PD-2) \_\_\_\_\_
- Performance \_\_\_\_\_
- Total \_\_\_\_\_

Estimated CLASS Observer Grant Amount: Total \_\_\_\_\_

Signature of ELC/RCMA Representative

Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Entity:  Early Learning Coalition  RCMA  Other \_\_\_\_\_



**Child Success Grant Calculator**

**Professional Development – Segment 1 (PD-1)**

- 1) # Directors \_\_\_\_\_ x \$600 = \_\_\_\_\_
- 2) # All Other Employees \_\_\_\_\_ x \$500 = \_\_\_\_\_
- PD-1 subtotal (1 + 2) \_\_\_\_\_ (A)

**Professional Development – Segment 2 (PD-2)**

- 3) # Directors \_\_\_\_\_ x \$800 = \_\_\_\_\_
- 4) # All Other Employees \_\_\_\_\_ x \$700 = \_\_\_\_\_
- PD-2 subtotal (3 + 4) \_\_\_\_\_ (B)

**Performance**

- 5) # Directors \_\_\_\_\_ x \$600 = \_\_\_\_\_
- 6) # All Other Employees \_\_\_\_\_ x \$500 = \_\_\_\_\_
- Performance subtotal (5 + 6) \_\_\_\_\_ (C)

TOTAL CHILD SUCCESS GRANT (A + B + C) (I)

**CLASS Observer Grant Calculator (Directors Only)**

- 1) # Directors Infant/Toddler \_\_\_\_\_ x \$1,200 = \_\_\_\_\_
- 2) # Directors PreK \_\_\_\_\_ x \$1,200 = \_\_\_\_\_

TOTAL CLASS OBSERVER GRANT (1 + 2) (II)

**TOTAL DUE PROVIDER (I + II)**

**Early Learning/Child Care Provider Attestations**

I am submitting this application to qualify for and receive one or more of the above-listed ARP Act Child Success and CLASS® Observer Grant(s) and ***I understand all monies received by me or my provider location will be given to staff as bonuses indicated in Section 3.*** I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Sections below – for ELC/RCMA use only

2. Application Information Provided to/Processed by – **completed by ELC/RCMA staff**

- Yes  No Did the provider submit, or do you have a completed, up to date IRS Form W-9 on file?
- Yes  No If application contains Child Success Grant – Performance Bonuses, is the provider’s CLASS composite above 4.99 or did it increase 0.50 points?
- Yes  No Did you verify all employees listed in Part B, section 1 completed the required trainings for bonus(es) selected according to local processes?

***If all above responses are yes, this application form can be accepted.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Entity:  Early Learning Coalition  RCMA  Other \_\_\_\_\_

Child Success Grant Amount: \$ \_\_\_\_\_ (OCA: ASCSG)

CLASS® Observer Grant Amount: \$ \_\_\_\_\_ (OCA: ASDTG)