Continuous Quality Improvement Grant Provider Application

The purpose of this funding is intended to positively affect outcomes for children at scale by improving adult-child interactions through training early learning teachers, staff, and administrators to support CLASS implementation at SR and/or VPK contracted providers with a CLASS composite score of 5 or higher.

SR and/or VPK contracted providers will have the opportunity to apply for funding to develop/implement a program to:

- Support effective interactions, and/or
- Strengthen business and leadership practices, and/or
- Support child assessment and screening with reliability, and/or
- Support other local priorities.

Providers must strategically target these efforts to support the needs of their programs, families, and staff.

I. Provider Information

Name of Provider: ____________________________ Provider ID: ________

City/State/Zip: ____________________________

Director: ____________________________ Email: ____________ Phone: ____________

Contact Person (if different from Director): ____________________________

Phone: ____________ Contact email address: ____________________________

II. Eligibility Criteria

Please enter the requested information below:

CLASS Observation Date: ____________ CLASS Composite Score: ____________
### III. Training Plan

Please provide a brief overview of your training plan, including priorities, weekly goals, and planned outcomes.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Provider/Vendor</th>
<th>Course Description</th>
<th>Training Format (Live Coaching, Live Instruction, Virtual Coaching, Virtual Instruction, etc.)</th>
<th>Course Cost</th>
<th>Hours</th>
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Total Number of Hours (must equal 24 or more hours of training)

Training Plan Start Date: __________

Training Plan End Date: __________
IV. Training Participants

Please list the name(s) of the program directors* that will attend the training.

*Directors must participate to ensure the entire programs benefits from the same preparation, work, and support.

Please list the names and position of staff that will attend the training.

V. Supports

Please provide a proposed budget below. Funds can be used to cover any program costs, including compensating employees for their training time.

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<tr>
<th>Budget Line Item</th>
<th>Description/Justification</th>
<th>Proposed Budget</th>
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VI. Provider Attestations:

I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Name: _________________________________   Email: _________________________________

Signature: _______________________________   Date: _________________________________

☐ 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.

VII. 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.

Signature of ELC/RCMA Representative

Signature: _________________________________

Contact Name: ___________________________   Date: _________________________________

Contact Phone: ___________________________   Email: _________________________________

Contact Entity: ☐ Early Learning Coalition ☐ RCMA   ☐ Other _____________________________

CQI Grant Amount $ _______________________ (OCA: ASQIG)