

Early Learning/Child Care Provider Eligibility Application

Program Year 2022 - 2023

Indicate options for ARPA quality activities

Please print and fill out completely.

- ☐ a. Recruitment Bonus
- ☐ b. Health and Safety Bonus
- ☐ c. CLASS® Bonus - PreK
- ☐ d. CLASS® Bonus – Infant/Toddler
- ☐ e. Upskill Director Bonus

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: _____ Phone: _____

Email: _____

License #: _____ Provider ID: _____

Provider Type (check all that apply):

- ☐ Licensed Family Home ☐ Licensed-Exempt Family Home
- ☐ Licensed Center ☐ Licensed-Exempt Center

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?
- ☐ 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. Provider Attestation – *please read carefully before submitting*

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive one or more of the ARPA Retention and Director Upskilling Bonuses and understand all monies received must be used for the bonuses awarded. 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 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.*

Section below – for ELC/RCMA use only

4. 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 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 Coalition/RCMA Representative

Signature: _____

Contact Name: _____ Date: _____

Contact Phone: _____ Email: _____

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