



# Continuous Quality Improvement (CQI) Grant Application

Program Year 2023 – 2024

Sections 1 & 2 need to be completed by 12/15/2023.

**IF approved, you MUST work directly with an Early Childhood Specialist/Quality Specialist from ELCIRMO to develop and implement your plan. At that time, you will complete the rest of the application in its entirety.**

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.

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.

**ELIGIBILITY:**

**ALL Directors and 75% of Early Learning Educators MUST participate in the Continuous Quality Improvement Training Plan.**

**1. Provider Information**

Name of Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Name*

\_\_\_\_\_  
*City/State/Zip* *County*

Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person (if different from Director): \_\_\_\_\_

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

**2. Training Plan** *(Attach a sheet if more space is needed.)*

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

Programs must provide a minimum of 24 hours of training time for directors and staff. Training can include live coaching, live or virtual instruction, individual and group instruction, and other competency-based skill development exercises. Please provide the following information about the course/training(s) to be utilized in your training plan.

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

**3. Training Participants** *(Attach a sheet if more space is needed.)*

Please list the name(s) of the Program Directors that will participate in the training.

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

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Please list the names and positions of staff that will participate in the training.

*AT LEAST 75% of Early Learning Educators employed by the Provider **MUST** participate in the 24 or more hours of training. Early Learning Educators are defined as full-time and/or part-time lead teachers, assistant teachers, co-teachers, floaters, and coaches.*

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**4. Supports** *(Attach a sheet if more space is needed.)*

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

Budget Line Item	Description/Justification	Proposed Budget
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

**5. Attestation Statement:**

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

Authorized Representative

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

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

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

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

\_\_\_\_\_ *(Initial Here) I confirm that this scanned 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.*