



Early Learning Coalition of the Nature Coast

Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Professional Development Reimbursement/Certification Program Policy and Procedures

The Early Learning Coalition of the Nature Coast is committed to providing quality programs to the children and families in our five county service delivery area. The early education professionals are the key to the success of our quality programs. The Coalition receives grant funds to be allocated to **Quality Initiatives**. Quality Initiative funds may be used to promote and enhance the early education/care environment.

The Professional Development Reimbursement Program is designed to assist early educators that are employed by participating Early Learning providers with the costs associated with enhancing their knowledge in the field of early education. In order for the Coalition to maximize the resources available to early educators, program participants **MUST** seek additional sources of funding for educational activities, such as the T.E.A.C.H. Scholarship Program or Federal Pell Grant Student Aid. By utilizing other sources of scholarships, the Professional Development Reimbursement Program allocation could potentially serve additional program participants, as well as support other quality initiative programs or the direct services budget. If the T.E.A.C.H. Scholarship Program is not available at the applicant's place of employment due to lack of participation from the program owner/director, the applicant must provide a written statement signed by the program owner/director attesting to such.

Approved professional development activities could include:

- State-mandated training courses, such as the 10 hour and 30 hour courses required by the Department of Children and Families
- Other Department of Children and Families in-service training courses, including fees to receive CEUs
- CPR/First Aid, if no classes are available that are free of charge
- Early childhood conference attendance including lodging (must meet Coalition-approved travel policy; mileage will not be reimbursed)
- Early childhood-related college courses and textbooks needed for the Director Credential or a degree in Early Childhood Education/Child Development
- Training and/or courses related to early childhood education
- Florida Child Care Professional Certification (FCCPC) courses, including courses needed for renewal of certification
- Fees associated with obtaining or renewing National CDA certification (**with the exception of membership fees in an early childhood organization**)
- Non-credit Director Credential course and books, if required
- Level 2 Background Screenings and other certifications as required by DCF licensing or VPK legislation

Note: *To ensure that the Coalition has adequate time to process payments by the close of the fiscal year, all courses must be completed and all paperwork submitted by June 1st of each fiscal year.*

Application and Reimbursement Process:

1. Prior to attending the course, a Preliminary Application for Program Participation form and W-9 Form must be submitted to the Coalition office for the applicant's county. **If activity requires proof of application to other scholarship programs, a copy of the application submitted and/or the status of the application MUST be attached, and/or a written statement signed by the program owner/director, if applicable.**

Approved professional development activities requiring proof of submission of application to other scholarship programs, such the *T.E.A.C.H.* program:

- Early childhood-related college courses needed for the Director Credential or a degree in Early Childhood Education/Child Development
 - Non-credit courses for the Director Credential
 - Training and/or courses to obtain or renew the Florida Child Care Professional Certification (FCCPC), formerly known as the CDA-E
 - Fees associated with obtaining or renewing a National CDA certification
2. The applicant will be notified by Coalition staff of approval or denial.
 3. The applicant is responsible for all registration activities and payment of associated fees.
 4. Upon completion of the approved activity, the applicant will submit a completed Application for Reimbursement form to the Coalition office for the applicant's county, including documentation of completion and/or attendance, certificate (if applicable), and receipts for all payments. **If activity required application to other scholarship programs, proof of denied funding or placement on a waiting list MUST be submitted, prior to receiving Coalition reimbursement.**
 5. After review by Coalition staff, a reimbursement check will be processed by the Finance Department.
 6. All Applications for Reimbursement must be submitted by June 1st each fiscal year.

Application forms are available from the Early Learning Coalition offices or the Coalition's website www.elc-naturecoast.org

All reimbursements made by the Early Learning Coalition of the Nature Coast are subject to the availability of funds. Any misappropriation of these funds will result in full re-payment of the allocated amount and the forfeiture of future funding opportunities.

The Early Learning Coalition of the Nature Coast (the "Coalition") collects social security numbers for legally authorized and required purposes, such as for withholding from and reporting of payments subject to income tax and social security deductions, payments to the federal government and completion of forms mandated by law (e.g. form 1099 or W-2). THIS POLICY IS TO BE DISTRIBUTED TO EACH PERSON WHO PROVIDES THE COALITION WITH HIS OR HER SOCIAL SECURITY NUMBER.



Approved
Denied

Early Learning Coalition of the Nature Coast
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Professional Development Reimbursement/Certification Program
Preliminary Application for Program Participation

Name: _____ Social Security Number: _____

Employer: _____ Home Phone Number: _____

Employer's Address: _____

Employer's Phone: _____ County: _____

Course/Conference/Certification Information

Title of Course, Conference, or Certification: _____

Course or Conference Dates and Location, if applicable: _____

Test Date, if applicable: _____

Course/Certification Costs: _____ Hotel Costs, if applicable: _____

Directions for submission of this application and approval for participation in the program:

Note: Completed preliminary application and W-9 Form MUST be submitted in advance!

1. Complete this preliminary application form and W-9 Form prior to registering for or attending the course or conference, as applicable. **If activity requires proof of application to other scholarship programs, a copy of the application submitted and/or the status or outcome of the application MUST be attached, and/or a written statement signed by the program owner/director, if applicable.**
2. If you have questions, call Ingrid Ellis at (352) 563-9939 x228 (Citrus County), Tonya Hiers at (352) 490-5855 (Dixie, Gilchrist, or Levy County), or Sandra Woodard (352) 793-5430 (Sumter County)
3. Submit the completed application and W-9 Form to the Early Learning Coalition office for your county.

Main Office

1564 N Meadowcrest Blvd
Crystal River, FL 34429

Chiefland Office

212 N Main St
Chiefland, FL 32626

Bushnell Office

114 Jumper Dr North
Bushnell, FL 33513

You may want to keep a copy of your preliminary application for your own records. Once your application has been received by the Coalition, it will be reviewed for compliance with program guidelines and available funding. The Coalition will notify you in writing of acceptance or denial. Upon completion of the course or conference, you will be required to submit a separate application for reimbursement, which will include a variety of documentation. Refer to the program guidelines for more information.

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Approved
Denied

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Professional Development Reimbursement Program
Application for Reimbursement

Name: _____ Social Security Number: _____

Employer: _____ Home Phone Number: _____

Employer's Address: _____

Employer's Phone: _____ County: _____

Title of Approved Course, Conference, or Certification: _____

Course or Conference Dates and Location, if applicable: _____

Test Date, if applicable: _____

Required documentation attached:

- _____ Copy of certificate of completion, transcript, background screening clearance letter, or other documentation, as appropriate
- _____ Receipts for payment of all fees
- _____ Documentation of denial of other scholarship, as applicable

Reimbursement amount requested: _____

Fees paid by: _____ Participant _____ Employer

Mailing address for reimbursement check:

Submit completed application and all supporting documentation to the Coalition office nearest you:

Main Office
1564 N Meadowcrest Blvd
Crystal River, FL 34429

Chiefland Office
212 N Main St
Chiefland, FL 32626

Bushnell Office
114 Jumper Dr North
Bushnell, FL 33513

FOR COALITION USE ONLY:

Documentation verified by: _____ Date received: _____
Date check mailed: _____ RFE number: _____