



American Rescue Plan Act (ARPA)
Supply Building Initiatives
PROVIDER ELIGIBILITY APPLICATION



SECTION I: BUSINESS INFORMATION

Legal Name of Business: _____

P.O. Box/Mailing Address: _____

Contact Person: _____ Phone: _____

Email: _____ License/License Exempt #: _____

Provider Type (√ all that apply): [] Licensed Center. [] Licensed-Exempt Center [] Licensed Family Home [] Licensed-Exempt Family Home

SECTION II: ELIGIBILITY REQUIREMENTS

Does your program meet the following eligibility requirements?

- [] 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 the ELCNC that was terminated, and eligibility revoked within the past five years?

If Upskill Director Bonus is sponsored, respond to the following question.

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

SECTION III: SPONSORED BONUS INITIATIVES

Select sponsored bonus initiatives. Sponsorship is defined as provider approval for teachers and directors to participate in initiatives and receive bonuses funded by the ELCNC.

- [] Recruitment Bonus
[] Health and Safety Bonus
[] PreK Class Training Bonus
[] Infant/Toddler Class Training Bonus
[] Upskill Director Bonus (Noncontracted child care providers and SR/VPK providers applying for a Child Success Grant are not eligible to sponsor Upskill Director Bonus)

SECTION IV: PROVIDER ATTESTATION (please read carefully before signing and submitting)

I am submitting this application to qualify for and receive one or more of the Bonus Initiatives and understand all bonuses will be paid directly to applicants (teachers and directors). 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 also understand and agree to the Bonus Payment Disbursement Procedures discussed in the Workforce Supply Building Initiative overview. I have reviewed this application to ensure completeness and correctness and have made a copy of for my own records.

Signature of Authorized Provider Representative _____ Date _____