



Attachment III
Child Success and CLASS Observer Grant Application
Checklist

PART A:

- Requested type of grant initiatives indicated.
- All information in sections 1-3 is completed electronically.
- Section 4 is signed and dated (no electronic signature).
- Part A of the application submitted to ELCNC, Attention Sandra Woodard, Director of Communications, using one of the following methods by April 30, 2023.
 1. Emailed to swoodard@elc-naturecoast.org.
 2. Faxed to (352) 563-5933.
 3. Delivered to 382 N. Suncoast Blvd. Crystal River, FL 34429, Monday to Friday, between 8AM and 5PM. Applications may be deposited in the door mail slot at any time.
 4. Mailed to the address listed above.
 5. Upload to Provider Zone → Provider Hub → "Provider Name" → Uploads folder.

Early Learning/Child Care Provider Signature

Date

PART B:

- All information completed electronically.
- Attestations completed (no electronic signature).
- Teacher/Director Bonus Applications and IRS form W-9 attached. All information on IRS form W-9 forms for participants must contain participants information only. Forms that contain employer information, such as the employer's tax I.D., address, etc., will not be accepted.
- Between July 1, 2023 and July 15, 2023, Part B of the application submitted to ELCNC, Attention Sandra Woodard, Director of Communications, using one of the following methods by July 15, 2023.
 1. Emailed to swoodard@elc-naturecoast.org.
 2. Faxed to (352) 563-5933.
 3. Delivered to 382 N. Suncoast Blvd. Crystal River, FL 34429, Monday to Friday, between 8AM and 5PM. Applications may be deposited in the door mail slot at any time.
 4. Mailed to the address listed above.
 5. Upload to Provider Zone → Provider Hub → "Provider Name" → Uploads folder.

Early Learning/Child Care Provider Signature

Date

Early Learning/Child Care Provider Child Success and CLASS® Observer Grant Application

Program Year 2022 - 2023

Indicate grant applying for:

Please print and fill out completely.

Child Success Grant (mark all that apply) –

- Professional Development Bonus - Segment 1
- Professional Development Bonus - Segment 2
- Performance Bonus
- CLASS® Observer Director Training Grant

PART A – to be completed before trainings

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: _____ Contact Phone: _____

Contact Email: _____

Provider ID: _____ CLASS Composite Score¹: (Pre-Training) _____

¹ If no score or previously exempt, write "None"

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?

If no, provider is not eligible for any grants

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. Estimated Number of Employees Participating –

Please enter the estimated number of employees participating in each grant selected.

Child Success Grant:

Professional Development – Segment 1 (PD-1)

Directors _____

All Other Employees _____

Professional Development – Segment 2 (PD-2)

Directors _____

All Other Employees _____

Performance

Directors _____

All Other Employees _____

CLASS® Observer Grant:

Directors Infant/Toddler _____

Directors PreK _____

ELC/RCMA Use Only:

PD-1 Estimate

x \$600 \$ _____

x \$500 \$ _____

Total \$ _____

PD-2 Estimate

x \$800 \$ _____

x \$700 \$ _____

Total \$ _____

Performance

x \$600 \$ _____

x \$500 \$ _____

Total \$ _____

CLASS® Observer

x \$1200 \$ _____

x \$1200 \$ _____

Total \$ _____

4. Provider Attestation – **Part A Please read carefully before submission**

I am submitting this application to qualify for above-listed ARP Child Success and CLASS® Observer Grant(s). 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 understand all bonus monies received by me or my provider location will be given to each employee*** for completing the selected bonus(es). 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.

Sections below – for ELC/RCMA use only

5. 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.

Estimated Child Success Grant Amount:

- Professional Development – Segment 1 (PD-1) _____
- Professional Development – Segment 2 (PD-2) _____
- Performance _____
- Total _____

Estimated CLASS Observer Grant Amount: Total _____

Signature of ELC/RCMA Representative

Signature: _____

Contact Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity: Early Learning Coalition RCMA Other _____

PART B – to be completed upon completing trainings

Provider Name as submitted on Part A application:

Provider ID: _____ Composite Score (Post-Training): _____

1. List of Early Learning Employees completing professional development

Check here if contained in a separate document.

Please list each employee, employee type (director, all others) and select bonus(es) –

Employee Name	Employee Type	Child Success Grant			CLASS Observer Grant (Directors Only)	
		PD – 1	PD – 2	Performance	Infant/Toddler	PreK

Child Success Grant Calculator

Professional Development – Segment 1 (PD-1)

- 1) # Directors _____ x \$600 = _____
- 2) # All Other Employees _____ x \$500 = _____
- PD-1 subtotal (1 + 2) _____ (A)

Professional Development – Segment 2 (PD-2)

- 3) # Directors _____ x \$800 = _____
- 4) # All Other Employees _____ x \$700 = _____
- PD-2 subtotal (3 + 4) _____ (B)

Performance

- 5) # Directors _____ x \$600 = _____
- 6) # All Other Employees _____ x \$500 = _____
- Performance subtotal (5 + 6) _____ (C)

TOTAL CHILD SUCCESS GRANT (A + B + C) (I)

CLASS Observer Grant Calculator (Directors Only)

- 1) # Directors Infant/Toddler _____ x \$1,200 = _____
- 2) # Directors PreK _____ x \$1,200 = _____

TOTAL CLASS OBSERVER GRANT (1 + 2) (II)

TOTAL DUE PROVIDER (I + II)

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive one or more of the above-listed ARP Act Child Success and CLASS® Observer Grant(s) and ***I understand all monies received by me or my provider location will be given to staff as bonuses indicated in Section 3.*** 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 will 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.

Sections below – for ELC/RCMA use only

2. Application Information Provided to/Processed by – **completed by ELC/RCMA staff**

- Yes No Did the provider submit, or do you have a completed, up to date IRS Form W-9 on file?
- Yes No If application contains Child Success Grant – Performance Bonuses, is the provider’s CLASS composite above 4.99 or did it increase 0.50 points?
- Yes No Did you verify all employees listed in Part B, section 1 completed the required trainings for bonus(es) selected according to local processes?

If all above responses are yes, this application form can be accepted.

Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity: Early Learning Coalition RCMA Other _____

Child Success Grant Amount: \$ _____ (OCA: ASCSG)

CLASS® Observer Grant Amount: \$ _____ (OCA: ASDTG)