



American Rescue Plan Act (ARPA)
Workforce Supply Building Initiatives
CONTINUOUS QUALITY IMPROVEMENT
GRANT APPLICATION
 (Revised)



SECTION I: BUSINESS INFORMATION

Legal Name of Business: _____ Contact Person: _____

P.O. Box/Mailing Address: _____

Phone: _____ Email: _____ MOD I.D. _____

SECTION II: ELIGIBILITY REQUIREMENT

CLASS Observation Date _____ CLASS Composite Score _____

SECTION III: TRAINING PLAN, IMPLEMENTATION ACTIVITIES, AND PLANNED OUTCOMES

Training Plan:

The Continuous Quality Improvement training plan aims to support CLASS implementation through Group Coaching Training.

Implementation Activities:

Participants will attend one of the 24 hour training programs selected below. Providers may choose to sponsor/select both Pre-K and Infant/Toddler CLASS® Group Coaching trainings; however, each participant may only be assigned to one training.

PreK CLASS® Group Coaching Training (formerly MMCI) (24 hrs.) ELCNC in person training offered in three cohorts. All 12 training sessions must be completed. Only ONE cohort required.

Select Cohort	Cohort	Location	Time	Training Dates			
				February 2023	March 2023	April 2023	May 2023
<input type="checkbox"/>	PRE1	Citrus County	6:00PM-8:00PM	1, 8, 15, 22	1, 8, 15, 22	5, 12, 19, 26	No classes
<input type="checkbox"/>	PRE2	Levy County	6:30PM-8:30PM	2, 8, 16, 23	2, 9, 16, 30	6, 13, 20, 27	No classes
<input type="checkbox"/>	PRE3	Sumter County	6:15PM-8:15PM	7, 14, 21, 28	14, 21, 28	4, 11, 18, 25	2

Infant/Toddler CLASS® Group Coaching Training (formerly MMCI) (24 hrs.) ELCNC in person training offered in two cohorts. All 12 training sessions must be completed. Only ONE cohort required.

Select Cohort	Cohort	Location	Time	Training Dates			
				February 2023	March 2023	April 2023	May 2023
<input type="checkbox"/>	INF/TOD1	Citrus County	6:30PM-8:30PM	16, 23	2, 9, 16, 30	6, 13, 20, 27	4, 12
<input type="checkbox"/>	INF/TOD2	Levy County	6:30PM-8:30PM	7, 14, 21, 28	7, 14, 21, 28	4, 11, 18, 25	No classes

Planned Outcomes:

It is expected that Group Coaching training CLASS training will strengthen and support effective interactions and increase CLASS composite scores.

SECTION IV: GRANT PARTICIPANTS

Enter teachers and directors participating in the Training Plan and enter one of the selected cohorts above for each participant (PRE1, PRE2, PRE3, INF/TOD1, or INF/TOD2).

Participant Name	Position (Teacher/Director)	Cohort	Participant Name	Position (Teacher/Director)	Cohort

Did participants agree to attend required trainings as scheduled? Yes. No

SECTION V: BUDGET

Please provide a proposed budget. Funds may be used to cover any program costs, including compensating employees for their training time, and awarding bonuses for the completion of required training. Compensation for training hours may not exceed \$25 per hour and bonuses for the completion of required training may not exceed \$700 per participant.

Budget Line Item	Description/Justification	Proposed Budget
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$

SECTION VI: PROVIDER ATTESTATION

I have reviewed this application to ensure completeness and correctness and have made a copy of for my own records. I understand that I am responsible for submitting proof of expenditure of funds in alignment with the approved grant budget and attendance records for round table discussion sessions to the ELCNC with 15 days of the training program end date.

Signature of Authorized Provider Representative _____ Date: _____