Early Learning Coalition of the Nature Coast

American Rescue Plan Act (ARPA)
Supply Building Initiatives

PROVIDER ELIGIBILITY APPLICATION AMENDMENT

DIVISION OF Early Learning
LEARN EARLY. LEARN FOR LIFE.

PROVIDER NAME: _____ PHONE: _____

AUTHORIZED REPRESENTATIVE: _____ EMAIL: _____

Enter the name and position of all teacher/directors whose bonus application is sponsored by the Provider. Enter the status of sponsorship.

SPONSORED BONUS APPLICATIONS	POSITION (TEACHER/DIRECTOR)	STATUS OF SPONSORSHIP (CURRENT/ADD/REMOVE)

_____ _____
AUTHORIZED REPRESENTATIVE SIGNATURE DATE

ELCNC USE ONLY

- ☐ Verified Bonus Application
- ☐ Registration(s) entered on Registration Workbook, if applicable
- ☐ Registration(s) entered on Payment Workbook, if applicable
- ☐ Registrations included in Sponsored Participant Section of Provider Eligibility Application
- ☐ Applicant notified of registration status
- ☐ Bonus Application and verifications attached to Provider Eligibility Application
- ☐ Ineligible Bonus Application returned to provider, if applicable

_____ _____
ELCNC AUTHORIZED SIGNATURE DATE