Early Learning/Child Care Provider Eligibility Form: Non-Contracted Provider

Program Year 20<u>19</u> - 20<u>20</u> Indicate option for emergency/enhanced quality grant opportunity

Select ONE:
☐ a. Open on 4/30/2020 - Emergency Child Care Relief Grant (Phase I Open)
☐ b. Closed on 4/30/2020 - High-Quality Reopening Support Grant (Phase II Closed)
Reopen/Planned Reopening Date: _____

Please print and fill out completely.

Early Learning/Child Care Provider

1. Provider Information

Legal Name of Provider and d/b/a (if applicable):

_____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL _____ County_____

Phone #1_____Phone #2_____Fax # _____

License or Exemption #_____

Provider email address_____ Contact Person_____

Provider Type (check all that apply): ☐ Profit ☐ Nonprofit ☐ Public ☐ Religious Exempt ☐ Home

Please check all forms of funding your location receives:

☐ Head Start ☐ Early Head Start ☐ State Head Start ☐ VPK ☐ None
☐ Title I ☐ IDEA ☐ CCAMPIS

Number of children licensed for_____ Number of children enrolled_____

2. Eligibility Criteria for each Early Learning/Child Care Provider

Does this provider meet the following eligibility criteria requirements?

☐ Yes ☐ No Child Care Resource and Referral (CCR&R) profile completed?
☐ Yes ☐ No Provider has NO Class I DCF violations within the past 12 months?
☐ Yes ☐ No Provider did not have a contract with the coalition that was terminated for cause within the past five years?
☐ Yes ☐ No Provider completed/submitted Form W-9 and direct deposit for payment?
☐ Yes ☐ No Open for business on April 30, 2020?*

CLOSED PROVIDERS ONLY:

☐ Yes ☐ No Expenditure Plan Narrative and Budget included (may be completed below or included as separate attachment)?
☐ Yes ☐ No Planned date for reopening on or before August 1 (consistent with local ordinances or restrictions)?
☐ Yes ☐ No Does the provider have a Gold Seal Accreditation or CLASS score of 3.5 or higher?
☐ Yes ☐ No Provider is not on Florida Child Care Food Program (CCFP) USDA Disqualified List?

If all responses are yes, provider is eligible for above-indicated emergency/enhanced quality grant opportunity.

3. Expenditure Plan Information (check here if submitting separate document ☐)

Reopening Plan Narrative:

Budget (See Attachment 5 for Grant Amounts)

Category	
Operations	
Salaries/Benefits	
Mortgage, Rent, etc.	
Minor Repairs	
Insurance	
Health and Safety Supplies	
Equipment	
Other (List)	

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive the above-listed emergency grant and understand all monies received must be used for the items/activities noted. 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 also understand that if my program/facility has not reopened by the projected date in the application, the early learning coalition may take actions to recoup these funds.

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 _____

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*

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

☐ Yes ☐ No Is this application form complete?
☐ Yes ☐ No Does the provider meet the listed eligibility criteria?
☐ Yes ☐ No Did the provider submit a completed IRS Form W-9?
☐ 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.

Signature of Authorized Provider Representative

Name _____ Date _____

Contact Phone_____ Email _____

Contact Entity ☐ Early Learning Coalition ☐ RCMA ☐ Other _____

DCF Capacity _____ Grant Amount_____ $2000 Bonus?_____ Total Award: _____