



Early Learning/Child Care Provider Eligibility Form – Phase V Grants

Please fill out completely.

Early Learning/Child Care Provider

1. Provider Information

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable):

Physical Address: _____

City/State/Zip: _____, FL _____ County _____

Contact Person _____ Phone _____

License or Exemption # _____ Provider email address _____

Provider Type (check all that apply): Licensed Center License-exempt Center Public/Non-Public School Licensed/Registered Home

Please check all forms of funding your location receives:

- Head Start Early Head Start Migrant Head Start VPK
 Title I IDEA CCAMPIS School Readiness None

Number of children licensed for _____ Number of children enrolled _____

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

Does your program meet the following eligibility criteria requirements?

ALL PROVIDERS:

- Yes No Were you operational/open on April 1, 2021 and providing on-site¹ early learning services at time of application?
- Yes No Have you submitted an Expenditure Plan Narrative and Budget (may be completed below or included as separate attachment)?
- Yes No Have you or will you receive Head Start Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act cash funding (supplies allowed)?

¹ In accordance with local ordinances or restrictions, if applicable

NON-CONTRACTED PROVIDERS ONLY:

- Yes No Have you completed a 2020-21 Child Care Resource and Referral (CCR&R) profile in the Florida Early Learning Provider Services Portal?
- 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 for cause within the past five years?
- Yes No Have you had any Class I DCF violations since July 1, 2019?
- Yes No Have you submitted W-9 and direct deposit forms for payment?
Date Previously Submitted _____

SCHOOL DISTRICT PROVIDERS ONLY:

- Yes No Are you contracted with a local early learning coalition for SR and/or VPK services at time of application?

Responses to the above questions will determine provider eligibility for grant funding based on eligibility criteria as defined in OEL Program Guidance 240.21.

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

Expenditure Plan Narrative (detail how this grant will be spent):

Budget (This grant ONLY):

Category	
Operations	
Salaries/Benefits ²	
Mortgage, Rent, etc.	
Minor Repairs	
Insurance	
Health and Safety Supplies	
Equipment	
Other (List)	

²Budgets must include an allocation for Salaries/Benefits. May also include teacher bonuses and incentives for recruitment and retention.

NOTE: Food is an unallowable expense for purposes of these grants and cannot be included.

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive the above-listed emergency/enhanced quality grant and understand all monies received must be used for the items/activities noted. I attest to the fact that the information I provide 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 this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative

Signature _____ 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.

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 Is the provider not under investigation or been convicted of child care fraud?
- Yes No Did the provider submit or have a completed IRS Form W-9 on file?
- 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 Coalition/RCMA Representative

Signature _____

Contact Name _____ Date _____

Contact Phone _____ Email _____

Contact Entity Early Learning Coalition RCMA Other _____

Grant Award Amount _____

Type of Provider:

Phase V -

- Private – SR/VPK Contracted (OCA: RSPC5)
- Private – Non-Contracted (OCA: RSPN5)
- Public/Charter SR/VPK Contracted (OCA: RSPS5)