

Early Learning/Child Care Provider Eligibility Form

Program Year 20__ - 20__

Indicate options for emergency/enhanced quality activities

Please print and fill out completely.

- a. Health/Safety Cleaning Supplies
- b. Consumable support/welfare infant/toddler supplies
- c. Provider Infrastructure/Operating costs
- d. Professional Development Training Stipends*
- e. Other _____

*A separate eligibility form is needed for each staff member/teacher.

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 _____

Phone #1 _____ Phone #2 _____ Fax # _____

License # _____ Is the provider Gold Seal accredited? Yes No

Provider email address _____ Contact Person _____

Provider Type (check all that apply): Child Care Facility Family Child Care Home Public

School Private School

Please check all forms of funding your location receives:

- Head Start Early Head Start State Head Start VPK None
- Title I IDEA State Subsidies: contracts CCAMPIS
- (School Readiness)

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 Current School Readiness (SR) or Voluntary Prekindergarten (VPK) contract?
- Yes No Operating without a pending/open provider **contract-related** Corrective Action Plans (CAPs) or Probation notice in effect?*
- Yes No Provider is currently providing early learning services (i.e. open for business) OR Provider is currently working to re-open for business within 10 business days?¹
(e.g., Application should not be submitted sooner than 10 days prior to re-opening date)

*Criteria does not include (1) VPK readiness rate improvement plans or (2) Quality Improvement Plans (QIP).

¹Criteria is not required to receive professional development training stipends per Appendix A.

If all responses are yes, provider is eligible for any/all above-listed emergency quality activities.

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive one or more of the above-listed emergency/enhanced quality activities 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 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

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

Yes No Is this application form complete?

Yes No Does the sponsoring provider meet the listed eligibility criteria?

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

Name _____ Date _____

Contact Phone _____ Email _____

Contact Entity Early Learning Coalition RCMA Other _____