



Early Learning/Child Care Provider Eligibility Form – Phase VI 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 September 1, 2021 and providing on-site¹ early learning services at time of application?

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 current fiscal year 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 DEL Program Guidance 240.21.

3. Expenditure Certification

Does your program agree to the following expenditure restrictions?

- Yes Applicant agrees at least some portion of funds will be used for salaries and benefits.
- Yes Applicant agrees funds will NOT be used for food.
- Yes Applicant agrees funds awarded for Workforce Initiatives will be used for workforce incentives such as recruitment/on-boarding expenses (e.g., \$250 as a signing bonus, \$300 for onboarding), retention/upskilling (e.g., \$500 as retention bonus after 6 months employment and completing the 45 hours of DCF training, monthly teacher stipend that incentivizes retention and helps with increased hourly wages).

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.

Sections below – for ELC/RCMA use only

- Yes No Is this application form complete?
- Yes No Does the provider meet the listed eligibility criteria?
- Yes No Provider is not under investigation nor have they been convicted of child care fraud.
- Yes No Does the coalition have the provider's 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:

- Private – SR/VPK Contracted (OCA: RSPC6)
- Private – Non-Contracted (OCA: RSPN6)
- Public/Charter SR/VPK Contracted (OCA: RSPS6)