

## Early Learning/Child Care Provider Eligibility Form: SR/VPK Provider

Program Year 20\_\_ - 20\_\_ Indicate option for emergency/enhanced quality grant opportunity

Select ONE:

- a. Open on 4/30/2020 - Emergency Child Care Relief Grant (Phase 1 Open)
  - b. Closed on 4/30/2020 – (Phases II and III)
    - High-Quality Reopening Support Grant (Phase II - CLASS > 3.5 or Gold Seal)
    - Reopening Support Grant (Phase III - No CLASS score)
- Reopen/Planned Reopening Date: \_\_\_\_\_

Please print and fill out completely.

### Early Learning/Child Care Provider

#### 1. Provider Information –

- School Districts may submit one application – complete Legal Name, Contact Person and attach school list

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

Physical Site Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_, FL \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Provider email address \_\_\_\_\_ EFS Provider ID: \_\_\_\_\_

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

Does your program meet the following eligibility criteria requirements?

- Yes  No Contracted on April 30, 2020 and maintains current School Readiness (SR) or Voluntary Prekindergarten (VPK) contract?
- Yes  No Does not receive other CARES funding from lead agency (i.e. Head Start, Department of Defense (DOD), etc.)?
- Yes  No Open for business on April 30, 2020? \*

**\*CLOSED PROVIDER ONLY:**

- Yes  No Reopening Plan Narrative and Budget submitted (may be completed below or included as separate attachment)?
- Yes  No Planned date for reopening falls on or before August 31, 2020 (or consistent with local ordinances or restrictions)?
- Yes  No Program has current Gold Seal accreditation or a CLASS score of 3.5 or higher?

**Responses to the above questions will determine provider eligibility for each phase of CARES grant funding, based on eligibility criteria as defined in OEL Program Guidance 240.21.**

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

**Reopening Plan Narrative:**

**Budget** (See Attachment 5 for Grant Amounts)

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

**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 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 Does the provider offer services for infants and/or toddlers or children with special needs?
- Yes  No Is the provider under investigation or been convicted of child care fraud?
- Yes  No Have you verified your entity is the “home” coalition for this provider?

Signature of Coalition/RCMA Representative

Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Entity  Early Learning Coalition  RCMA  Other \_\_\_\_\_

Grant Award Amount \_\_\_\_\_