

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

Please print and 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-site<sup>1</sup> 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 funding?

<sup>1</sup> 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 Phase V 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 )

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

**Budget (This grant ONLY):**

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

***<sup>2</sup>Submitted budgets must include an allocation for Salaries/Benefits for Phase V grants. 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

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 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

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)