Based on available funding, YWCA Metropolitan Chicago is offering funds to assist individuals obtaining CPR and First Aid Certification for licensed and licensed exempt early care and education and school-age care providers. Funds are provided by the Illinois Department of Human Services (IDHS). For the purposes of this document the term “child care program” includes child care centers and family child care.

### 1. WHO CAN APPLY?
- Individual practitioners currently employed by center-based programs or family home programs (licensed or license exempt) that provide care as defined by the Illinois Department of Children and Family Services (DCFS). Individual practitioners include child care center directors, early childhood teachers/assistant teachers, school age teachers/assistant teachers, family home providers and assistants. In addition, child care center support staff (e.g., cook, driver) when appropriate.
- Applicant must be a current member of the Gateways to Opportunity Registry. Registry membership is free. Practitioners may sign up for the registry at www.ilgateways.com.
- The child care program/provider must be listed on the Child Care Resource & Referral (CCR&R) referral database and must currently be providing care in DuPage or Kane Counties.
- The child care program/provider must have no unpaid financial obligation to the CCR&R agency or the IDHS Bureau of Child Care and Development.
- The child care program, where the individual works, must currently be caring for children whose care is paid for by the IDHS Child Care Assistance Program (CCAP).

### 2. WHAT CAN FUNDS BE REQUESTED FOR?
- Individual registration fees associated with CPR/First Aid Certification.
- The training/workshop must be completed in person by a State approved CPR/First Aid entity:
  - American Heart Association (AHA)
  - American Safety & Health Institute (ASHI)
  - American Red Cross (ARC)
  - American Trauma Event Management (AETM)
  - Emergency Care and Safety Institute (ECSI)
  - Edward Atkinson/Emergency Response Health Network
  - Ellis & Associates, Inc.
  - EMS Safety Services
  - Medic First Aid
  - National Safety Council
  - R.H. Sanders and Associates

### 3. WHAT ARE FUNDING MINIMUMS/MAXIMUMS?
- The maximum funding amount per person is 100% of the actual cost, as funding allows; and
- The maximum funding amount available per person is up to one certification.

### 4. WHAT IS THE APPLICATION PROCESS?
- Individuals complete and submit an application along with the required supporting documentation (see question 7).
- The CCR&R will notify you in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.

### 5. WHAT SUPPORTING DOCUMENTATION IS NEEDED?
*Italicized items are required at the time of application. Remaining documentation is to be submitted to CCR&R within 10 days of the event date and/or completion date.*
- Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
- W-9 form (the form is available at www.irs.gov).
- Receipt/proof of payment for registration.
- Documentation of attendance/completion.
6. **HOW IS PAYMENT MADE?**
   - You will be notified in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.
   - Payments will be made and mailed directly to the individual or program named in Step 3 Payment Information Section of the application.
   - Individuals/programs that receive payment will be responsible for W-9 documentation and taxes.
   - Payment cannot be made until a complete application and required documentation is received.

7. **WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**
   - *Ongoing as funds allow.*
   - Deadline: applications and all supporting documentation must be **received** at YWCA Patterson & McDaniel Family Center by **May 15, 2020.**

8. **WHERE ARE APPLICATIONS SUBMITTED?**
   - Att: Kaye Viecelli YWCA Patterson & McDaniel Family Center, 2055 Army Trail Rd, Suite 140, Addison, IL 60101
     kaye.viecelli@ywca.org

9. **FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:**
   - Kaye Viecelli, Quality and Grant Specialist/kaye.viecelli@ywca.org

10. **WHAT ELSE DO I NEED TO KNOW?**
    - Application and activity must occur within the current funding cycle (7/1/19-9/30/20).
    - Only completed applications will be considered.
    - Applicants must use the provided application for July 2019 – September 2020.
    - Electronic applications will be accepted at kaye.viecelli@ywca.org
    - Funding is limited and not guaranteed.
    - Maximums are in place; however partial funding may be awarded.
    - Payment cannot be made until a complete application and all required documents are received.
CPR/First Aid Application Form

The YWCA Patterson & McDaniel Family Center
2055 Army Trail Rd, Suite 140, Addison, IL 60101
630-790-6600

July 1, 2019 – May 15, 2020

This application may not be reformatted.

- Please type or print using black or blue ink
- Complete **all fields**; use “NA” if not applicable – **do not leave any field blank**
- Refer to the Individual Professional Development Instructions and Requirements
- Be sure to review the checklist in Step 4

**STEP 1: Applicant Information**

<table>
<thead>
<tr>
<th>Applicant First Name:</th>
<th>Applicant Last Name:</th>
</tr>
</thead>
</table>

Applicant Address:

- City:  
- State:  
- Zip Code:  
- County:  

Mailing address (if different):

- Phone #:  
- Email (optional):  

Gateways Registry #

Program is:  
- Licensed Child Care Center  
- License Exempt Child Care Center  
- Licensed Family Child Care  
- License Exempt Family Child Care

Program (work site) Name:

Program (work site) Address:

- City:  
- State: IL  
- Zip Code:  
- County:  

What date did you begin employment at this site?  
- Month:  
- Date:  
- Year:  

Role: check the one that best describes your current position:

- Director/Administrator  
- Assistant Director  
- Director/Teacher  
- Teacher  
- Assistant Teacher  
- Substitute/Floater  
- Other:  

- Family Child Care (FCC)  
- FCC Assistant  
- Group FCC Provider  
- Group FCC Assistant  
- School Age Child Care Teacher  
- School Age Child Care Assistant

Age group YOU currently provide care for (center staff, check 1 primary age range; FCC providers check all that apply):

- Infants  
- Toddlers  
- Twos  
- Preschool  
- School Age  
- K-12 years  
- Not Applicable

Please have the Program Administrator complete the following formula to determine the percentage of children in your program receiving IDHS child care financial assistance.

<table>
<thead>
<tr>
<th># of IDHS Children</th>
<th>Current Total Enrollment</th>
<th>Percentage of IDHS Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \frac{\text{# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 )</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>
STEP 2: Funding Request Information

- The maximum funding amount per person is 100% of the actual cost, as funding allows; and
- The maximum funding amount available per person is up to one certification.

2A: Workshop

Vendor Name: __________________________ Date(s) attending: __________________________

Location: __________________________ City: __________________________ State: __________________________ County: __________________________

<table>
<thead>
<tr>
<th>I am requesting Professional Development Funds to (check all that apply):</th>
<th>Conference/ Workshop</th>
<th>Credential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement better practices/program improvements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet DCFS training requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet CCAP Health &amp; Safety training requirements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Amount(s) Requested</th>
<th>CCR&amp;R MAX</th>
<th>Actual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Training Registration Fee</td>
<td>100% of the actual cost, as funding allows</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>TOTAL REQUESTED 2A</td>
<td>$</td>
</tr>
</tbody>
</table>

Requesting payment(s) be made to:
☐ Applicant ☐ Child Care program

Make Check Payable To:

Address: __________________________

City: __________________________ State: __________________________ Zip Code: __________________________

Applicant ☐ Social Security Number/ or ☐ FEIN Number (REQUIRED): __________________________
I completed all areas of the current application. If a question was not applicable I indicated N/A.

I signed and dated my application.

I attached all required supporting documentation as noted in Question #6
- Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
- W-9 form (the form is available at www.irs.gov).
- Receipt/proof of payment for registration and/or credential fees.
- Documentation of attendance/completion.

I have completed all documentation that was requested in the instructions and requirements. I certify that the above information is true and accurate, that I have not been indicted of child abuse and neglect and that my name or the names of my employees (if applicable) are not listed on the child abuse tracking system. Further, I grant permission for a representative of the Illinois Department of Children and Family Services or their agent to release information about my pending or current Day Care Home, Day Care Group Home or Day Care Center license if applicable to my application.

Applicant Signature Date

Administrator Signature Date

Payment cannot be made until a complete application and required documents are received.

Deadline: Applications and all supporting documentation must be received at YWCA Patterson & McDaniel Family Center by May 15, 2020.

Return application and all required documents to: Kaye Viecelli
YWCA Patterson & McDaniel Family Center
2055 Army Trail Rd, Suite 140, Addison, IL 60101
kaye.viecelli@ywachicago.org

CCR&R USE ONLY:

Received by: __________________________________________

Date received: ____________________________

☐ Pending Date __________/Reason: __________________________________________

☐ Denied Date __________/Reason: __________________________________________

☐ Approved Date/______________/Amount $ ________________________________