

## Early Learning/Child Care Provider Eligibility Application

Program Year 2023 - 2024

Indicate options for ARPA quality activities.

Please print and fill out completely.

- a. Recruitment Bonus
- b. Health and Safety Bonus
- c. CLASS® Bonus - PreK
- d. CLASS® Bonus – Infant/Toddler
- e. Upskill Director Bonus

### 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: \_\_\_\_\_

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

Email: \_\_\_\_\_

License #: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Provider Type (check all that apply):

- Licensed Family Home       Licensed-Exempt Family Home
- Licensed Center               Licensed-Exempt Center

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

Does your program meet the following eligibility criteria requirements?

- Yes  No Are you contracted with a local early learning coalition for SR and/or VPK services?
- 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 **and** eligibility revoked within the past five years?
- Yes  No Have you submitted W-9 and direct deposit forms for payment?

Date Previously Submitted: \_\_\_\_\_

3. Provider Attestation – *please read carefully before submitting*

**Early Learning/Child Care Provider Attestations**

I am submitting this application to qualify for and receive one or more of the ARPA Retention and Director Upskilling Bonuses and understand all monies received must be used for the bonuses awarded. I attest to the fact the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it may 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 this electronic signature is to be the legally binding equivalent of my handwritten signature and the data on this form is accurate to the best of my knowledge.

**Section 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 Have you verified the provider is not under investigation or been convicted of child care fraud?
- Yes  No Have you verified that the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?
- 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 \_\_\_\_\_

Funded by Early Learning Discretionary Grant Program (OCA: ADGWF)