

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 - High-Quality Reopening Support Grant (Phase II Closed)
Reopen/Planned Reopening Date: _____

Please print and fill out completely.

Early Learning/Child Care Provider

1. Provider Information

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

Authorized Contact Person _____ Phone _____

Provider email address _____ EFS Profile ID: _____

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

Does this provider meet the following eligibility criteria requirements?

- Yes No Current School Readiness (SR) or Voluntary Prekindergarten (VPK) contract?
 Yes No Open for business on April 30, 2020? *

***CLOSED PROVIDER ONLY:**

- Yes No Expenditure Plan Narrative and Budget included (may be completed below or included as separate attachment)?
 Yes No Planned date for reopening on or before August 1 (consistent with local ordinances or restrictions)?
 Yes No Does the provider have Gold Seal accreditation or a CLASS score of 3.5 or higher?

If all responses are yes, provider is eligible for the above-indicated emergency/enhanced quality grant opportunity.

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

Reopening Plan Narrative:

Budget (See Attachment 5 for Grant Amounts)

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

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive the above-listed emergency 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 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 Authorized Provider Representative

Name _____ Date _____

Contact Phone _____ Email _____

Contact Entity Early Learning Coalition RCMA Other _____