



Coalition Workforce Initiative for Early Educators Eligibility Form

- The Early Learning Coalition of the Emerald Coast will distribute a retention bonus for participants based on length of employment.
 - 6-11 Months of Employment: a total of \$500
 - 1-3 Years of Employment: a total of \$1,000
 - 3+ Years of Employment: a total of \$1,500
- An Early Educator is defined as anyone who is employed full or part-time by a Child Care Center. This includes but is not limited to: directors, curriculum coordinators, teachers, assistants, kitchen staff, bus drivers.
- Applicants must be employed by a Child Care Center that is a Licensed Center, License-exempt Center, Public/ Non-Public School, or Licensed/ Registered Home Child Care Facility who is contracted through the Early Learning Coalition of the Emerald Coast. *Please fill out completely.*

Early Educator

1. Contact Information

Personal:

First Name: _____ Last Name: _____

Phone: _____ Email address: _____

Address: _____ County: _____

City/State/Zip: _____

Preferred Form of contact: _____

Workplace Information:

Current Facility of employment: _____

Job Title: _____

Address: _____ County: _____

City/State/Zip: _____

2. Eligibility Criteria/ Employment History

Select the following eligibility criteria requirements that you meet.

Are you able to provide proof of consecutive months of employment at a Child Care Facility for the following retention periods?

**Acceptable proof of employment includes: pay stubs, payroll report from employer(s), signed letter of confirmation from your employer(s) ...*

6-11 Months From: _____ To: _____

1-3 Years From: _____ To: _____

3+ Years From: _____ To: _____

If there are any gaps in your employment, please explain below. To qualify for this grant, gaps in employment must be less than 30 days unless due to an extenuating circumstance. Please submit any relevant documentation with your application.

3. Early Educator Attestations

- Yes Applicant understands that upon submitting this application they will be enrolled to the Early Learning Coalition's Early Educator newsletter and receive a teacher resource (PDF) packet consisting of informational materials as well as monthly contact pertaining to Early Education.
- Yes Applicant understands that funding received is determined by length of employment at a Child Care Center(s).
- Yes Applicant understands that funding received is taxable.

I am submitting this application to qualify for and receive the above-listed emergency/enhanced quality grant and understand all monies are taxable. 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.

Applicant Signature: _____

Printed Name: _____ Date: _____

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 applicant meet the listed eligibility criteria?
- Yes No Did the applicant submit the required documentation?
- Yes No Have you verified your entity is the “home” coalition for this applicant?
- Yes No Confirm that the Child Care Center the applicant is employed by is contracted with the Early Learning Coalition of the Emerald Coast for School Readiness or VPK

If all above responses are “yes,” this application form can be accepted.

Signature of Coalition/RCMA Representative: _____

Printed Name: _____ Date: _____

For Accounting Use Only:

____ Completed IRS form W9 Acct System Vendor ID: _____

____ ACH direct deposit AP Voucher Entered: _____ (date/initials)

CFO review: _____ Bank ACH Processed: _____ (date/initials)

