Step 1
Log in using your credentials

Step 2
Click on the “create a new COVID-19 Professional Development Mini Grant 2019 Agreement”
Step 3

Once you click, this box will pop-up. Click yes.

Step 4

Click on COVID-19 Professional Development Mini-Grant
Step 5

Fill out the entire application

Program Guidance 240.20 Tracking Disaster Costs
Attachment 2 - Appendix A

Early Learning/Child Care Provider Teacher/Staff Member Eligibility Form

Program Year 20___ - 20___

Indicate options for emergency/enhanced quality activities

☐ Professional Development Training Stipends*
  - Up to ten (10) stipends available per eligible person
  - Up to a maximum of $750 per person ($75 x 10 events), per each declared disaster/emergency
  - $75 max per stipend - for each qualifying training session/event

Please print and fill out completely.

Early Learning/Child Care Provider / Teacher or Staff Member Application

1. Applicant Information – Completed by provider teacher/staff member

Legal Name:
  □ Male
  □ Female

Home Mailing Address:

City/State/Zip: _____________, FL ______, County _______________________

Phone (Cell): _____________ Phone (Work): _____________ Email: _____________

Name of provider where you work:

Contact Person: _____________ Provider email address: _____________

2. Select training session/event – Complete this section for each requested stipend

Applicant, please select from the ELC-provided list of available training resources authorized/qualifying for your stipend reimbursement request. Please note: More than one training session/event can be submitted on each application form.

<table>
<thead>
<tr>
<th>Training Date</th>
<th>Training Entity</th>
<th>Training Event Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list all eligible courses
You have completed between March 1st – June 30th 2020

(applicant will list training event details on the lines above and submit training/completion certificates)
Only one application will be accepted per staff member/teacher. Please only select the First/Initial Request field.

Tracking for Stipend Requests — maximum of ten (10) available for qualifying individuals

- First/Initial Request - Applicant must provide answers below in Section 3 for initial request only
- 2nd request
- 3rd request
- 4th request
- 5th request
- 6th request
- 7th request
- 8th request
- 9th request
- 10th/final request

Total requested stipends (number of training sessions x $75 per session)

Employment Status/Data — Completed by provider teacher/staff member

First/Initial stipend request — Please answer the questions in this section

N/A - Not my first/initial stipend request — Skip these questions and move to Section 4

Employment Status/Data

Beginning date of employment? (mm/dd/yyyy)

Position/Title (check all that apply)

- Teacher
- Assistant Teacher
- Family-Based Professional
- Non-Teaching Professional
- Administrator
- Non-Teaching Support Staff
- Check if applicant is also owner of center/home

What age group(s) do you teach? (please check all that apply)

- Infants (0-12 months)
- Toddlers (13-36 months)
- Preschool (37 months-PK)
- School age
- N/A

How long have you worked in the field of early childhood?

- Less than 2 years
- 2 - 5 years
- 6 - 10 years
- 10 years or more

How many hours/week do you work in the classroom after school program (ASP)?

Number of children in your classroom?

Number of children in your ASP?

Do you teach in one of these types of classrooms?

- School Readiness
- VPK
- HS/EHS
- N/A

How many hours/week do you work in the classroom with birth through PreK children?

Please check the box that best describes your educational goals.

- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an early childhood Associate Degree
- Earn a Bachelor’s Degree
- Earn an early childhood, infant/toddler, preschool or school age credential/certificate
- Unsure, but willing to consider more training events if stipends are available

Employment Status/Data. This area is completed by staff member/teacher.
4. Applicant's Affirmation and Attest Statements – Please read carefully before submitting

I am applying to receive a training stipend for attending a qualifying early learning training session/event and understand I am responsible for completing the selected training session/event shown in Section 2 of this form and submitted for reimbursement. I attest to the fact that the information I have provided in this application is true and complete.

Applicant Signature__________________________
Print Name________________________________
Contact Phone ( )___________________________

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.

5. Provider Information – Completed by sponsoring early learning/child care provider

Legal Name of Provider: ______________________
P.O. Box/Mailing Address: _____________________
City/State/Zip: ________________________________
Phone #1( )___________________________ Phone #2( )___________________________ Fax # ( )

The fields in green must be completed by the Program Director/Owner

6. Sponsoring Provider's Affirmation and Attest Statements – Please read carefully before submitting

Does this individual meet the following eligibility criteria requirements?
☐ Yes ☐ No Is applicant a Florida resident?
☐ Yes ☐ No Was/is applicant employed by a licensed license-exempt child care facility, in a licensed or registered family child care home, or by a licensed after school program at the start of the declared disaster/emergency event?
☐ Yes ☐ No Applicant previously/currently works a minimum of 20 hours per week with a birth through pre-k population or in an after school program for a minimum of 320 hours per year?
☐ Yes ☐ No Does applicant have the sponsorship of the early learning/child care program where he/she previously/currently works?
☐ Yes ☐ No Applicant submitted an electronic copy of the training/completion certificate, which the sponsoring provider has included with this form sent to the ELC?

If all responses are yes, individual is eligible for stipend(s) for qualifying training events.

I am sponsoring this applicant to receive a training stipend for attending a qualifying early learning training session/event and understand all stipend monies received by me or my provider location will be given to the applicant for completing the selected training session/event submitted for reimbursement. I attest to the fact that the information I have provided in this application is true and complete.

Authorized Provider Representative
Signature ____________________________ Date________________
Contact 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.

Only to be signed by the Program Director/Owner
Sections below – for ELC/RCMA use only

7. Application Information Provided to/Processed by – completed by ELC/RCMA staff

☐ Yes  ☐ No  Did you obtain/inspect the approved sponsoring provider form (Attachment 1)?
☐ Yes  ☐ No  Does the sponsoring provider meet the listed eligibility criteria (Attachment 1)?
☐ Yes  ☐ No  Is this form complete (i.e., are all applicant and provider responses shown)?
☐ Yes  ☐ No  Does this individual meet the eligibility criteria requirements listed here?
☐ Yes  ☐ No  Did the sponsoring provider also submit an electronic copy of the training/completion certificate for this applicant?
☐ 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.

See notes below for internal ELC/RCMA processing. Only one box can be checked per application.

☐ ELC processed this payment as payable directly to the participant?
☐ ELC processed this payment as payable directly to the provider?

1 If paid directly to the qualifying participant, the ELC must collect the individual’s Form W-9.
2 If paid directly to the sponsoring provider, payment will be included in the provider’s annual Form 1099 for tax reporting purposes. Please refer to OEL’s related FAQ file for more instructions.

Name_________________________ Date__________________
Contact Phone ___________________ Email__________________
Contact Entity ☐ Early Learning Coalition ☐ RCMA ☐ Other ____________________

This area will be completed by ELC Staff
Step 6

If you need to add an additional application please click on the yellow plus button

Step 7

Submit Agreement
Step 8
Wait to hear back from ELC. If you have questions email us at pdminigrants@elcmdm.org