COVID-19 Provider Mini-Grant Instructions

Step 1
Log in using your credentials

Step 2
Click on the “create a new COVID-19 Provider Mini-Grant”
Step 3

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

![Confirm Agreement Creation]

You are about to create the following type of agreement:
COVID-19 Provider Mini Grant 2019 - 2020
For Site:
Big Star Inc
Please confirm this is the correct agreement for your needs.

Yes  No

Step 4

Click on COVID-19 Provider Mini-Grant

**Agreement Details**

* Unread: 0   Read: 0   Messages

**Forms**

COVID-19 Provider Mini Grant 2019 - 2020  Status: Creating

Submit Agreement

The Agreement must be submitted to be processed by the ELC.

**Contract: PNO2019-23339**

<table>
<thead>
<tr>
<th>Form</th>
<th>Complete?</th>
<th>Last Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Provider Mini Grant</td>
<td>No</td>
<td>5/31/2020 4:12:46 PM</td>
</tr>
</tbody>
</table>
Step 5

Fill out the entire application

Step 6

Check the boxes you wish to apply for. B and E are not available
Step 7

Fill out all the fields under provider information. Some information will be pre-filled (ex. name, address, DCF license number). If it’s incorrect you can change it.

<table>
<thead>
<tr>
<th>Early Learning/Child Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provider Information</td>
</tr>
<tr>
<td>Legal Name of Provider and d/b/a</td>
</tr>
<tr>
<td>Name: Big Star Program</td>
</tr>
<tr>
<td>P.O. Box/Mailing Address: 1212 SW 52th Ave</td>
</tr>
<tr>
<td>City: Hialeah, FL Zip 33012 County</td>
</tr>
<tr>
<td>Phone #1 Phone #2 Fax #</td>
</tr>
<tr>
<td>License # C11MD00001</td>
</tr>
<tr>
<td>Provider email address Contact Person</td>
</tr>
<tr>
<td>Provider Type: ☐ Child Care Facility ☐ Family Child Care Home ☐ Public School</td>
</tr>
<tr>
<td>☐ Private School</td>
</tr>
<tr>
<td>Please check all forms of funding your location receives:</td>
</tr>
<tr>
<td>☐ Head Start ☐ Early Head Start ☐ State Head Start ☐ VPK ☐ None</td>
</tr>
<tr>
<td>☐ Title I ☐ IDEA ☐ State Subsidies: contracts ☐ CCAMPIS</td>
</tr>
<tr>
<td>(School Readiness)</td>
</tr>
</tbody>
</table>

Step 8

Fill out all the fields under eligibility criteria. Read the questions carefully.

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 Operating without a pending/open provider contract-related Corrective Action Plans (CAPs) or Probation notice in effect?*

☐ Yes ☐ No Provider is currently providing early learning services (i.e. open for business) OR Provider is currently working to re-open for business within 10 business days?1 (e.g., Application should not be submitted sooner than 10 days prior to re-opening date)

*Criteria does not include (1) VPK readiness rate improvement plans or (2) Quality Improvement Plans (QIP).

1Criteria is not required to receive professional development training stipends per Appendix A.

If all responses are yes, provider is eligible for any/all above-listed emergency quality activities.
**Step 9**

Fill out the information below attesting to all the information you have provided on the application.

**Early Learning/Child Care Provider Attestations**

I am submitting this application to qualify for and receive one or more of the above-listed emergency/enhanced quality activities 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 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 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.

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**Step 10**

This section is only for the ELC.

Sections below — for ELC/RCMA use only

3. Application Information Provided to/Processed by — **completed by ELC/RCMA staff**

☐ Yes ☐ No Is this application form complete?

☐ Yes ☐ No Does the sponsoring provider meet the listed eligibility criteria?

*if all above responses are yes, this application form can be accepted.*

Name ___________________________ Date __________________

Contact Phone __________________ Email __________________

Contact Entity ☑ Early Learning Coalition ☐ RCMA ☐ Other __________________

Grant Amount ___________________
**Step 11**
Click “save changes”

**Step 12**
Click “submit agreement”
Step 13

Wait to hear back from ELC. If you have questions email us at QualityInitiatives@elcmdm.org.