

PROFESSIONAL DEVELOPMENT / PROGRAM IMPROVEMENT FUND

APPLICATION (July 2008 – June 2009)



children's home + aid

Child Care Resource + Referral Program

I am applying for (check one): Tuition Credentialing Workshop/Conference/Off-Site Training
 Accreditation Assessment On-Site In-service/Group Training

Please refer to Professional Development/Program Improvement Funds Guidelines & Requirements for assistance in completing this application.
Type or print using black ink.

STEP 1: Personal Information (home contact information)

Applicant First Name: _____ Applicant Last Name: _____

Applicant Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone Number: () _____

Email (optional): _____ SSN: _____

Role: Center Director Center Teacher Center Assistant Teacher Family Child Care Owner Family Child Care Staff Other _____

What age group do YOU currently provide care for? (Center staff check one primary age range; FCC providers check all that apply).

Infants (6 wks. – 14 mos.) Toddlers (15 - 23 mos.) Twos (24 - 35 mos.) Pre School (3 - 5 yrs.) School Age (K – 12 yrs.) None (for program staff who do not directly work with children)

STEP 2: Program Information (complete the following for your current place of employment or family child care business)

Name of Business: (if applying on behalf of an association, use association name – if licensed, use the name as it appears on your license): _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone Number: () _____ Fax Number: () _____

What date did you begin employment at this site? Month: _____ Date: _____ Year: _____

Address Preference: Use personal address Use program address

Email Address: _____ Personal Program

Program Type: Center Family Child Care Group Family Child Care
 Head Start Preschool for All Association (**skip to Step 3**)

Status: License-Exempt Licensed _____ What is the total **current** enrollment in your program? _____

DCFS License Number
 Infants (6 wks. – 14 mos.) Toddlers (15 - 23 mos.) Twos (24 - 35 mos.) Pre School (3 - 5 yrs.) School Age (K – 12 yrs.) None (for program staff who do not directly work with children)

Does the program you work for currently care for children whose care is paid for by the IDHS Child Care Assistance Program (subsidy)?
 Yes No

If yes, please have the *program director* complete the following formula to determine the percentage of children in your program receiving IDHS child care financial assistance.

To calculate: Total Number of children with IDHS Financial Assistance **DIVIDED** by Current Total Enrollment
MULTIPLIED by 100 **EQUALS** Percentage of Children Receiving IDHS Assistance.
(FCC providers: include your own children, under age 13, in enrollment)

$$\frac{\text{\# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 = \text{\% Percentage of IDHS Children}$$



STEP 3: Funding Request Information (Select ALL that you are requesting funding for)

I am requesting Professional Development/Program Improvement Funds to: **check (X) all that apply**

REASON	TUITION	CREDENTIALING PROGRAM	WORKSHOP/ CONFERENCE/ OFF-SITE TRAINING	ACCREDITATION	ASSESSMENT TOOLS	ON-SITE IN-SERVICE/ GROUP TRAINER FEE
Implement better practices						
Meet DCFS training requirements						
Obtain qualifications for a new position						
To obtain a credential (new or renewal).						
Earn college coursework credit						
Increase my level to receive a Great START bonus						
Meet accreditation standards						
Assess a program						
Other _____						

INDIVIDUAL OPTIONS: (Refer to Guidelines & Requirements, Page 1, #2, #3A)

A. TUITION (Refer to Guidelines & Requirements, Pages 1&2, #3A)

Name of college or university: _____ Student ID #: _____

Name of course: _____ Course number: _____

Course start date: _____ Course end date: _____

New student at this institution Returning student at this institution

Number of credits you expect to receive/received for this course? ____ Type of hours: Semester Hours Quarter Hours

Type of credit: Undergraduate Graduate

Total Amount Requested	\$requested	Max
<input type="checkbox"/> Tuition		One course per semester

B. CREDENTIALING PROGRAM (Please check category below) (Refer to Guidelines & Requirements, Page 2 B)

Total Amount Requested	\$	Max
<input type="checkbox"/> Child Development Associate (CDA) Assessment Fee		\$300
<input type="checkbox"/> Child Development Associate (CDA) Second Setting		\$200
<input type="checkbox"/> Illinois Director Credential (IDC)		
<input type="checkbox"/> Gateways ECE Credential (circle level) 2 3 4 5		
<input type="checkbox"/> Gateways Infant / Toddler Credential (circle level) 2 3 4 5		
<input type="checkbox"/> Application Fee		\$25
<input type="checkbox"/> Transcript Evaluation/Review Fee		\$200
<input type="checkbox"/> Portfolio Assessment/Evaluation Fee		\$300
<input type="checkbox"/> Level Advancement Fee		\$50
<input type="checkbox"/> Certified Childcare Professional (CCP) Assessment Fee		\$400
<input type="checkbox"/> Credential Renewal Fee		\$50
<input type="checkbox"/> Credentialing Information Packet		\$20
<input type="checkbox"/> Credential Advisor (documentation needed from your advisor for hours spent providing services)		\$200
<input type="checkbox"/> CARE Courses		\$300
<input type="checkbox"/> Membership Fee (limited to CDA renewal candidates)		\$50

- If applying for a CDA, how many CDA content hours have you earned? _____
- If applying for a CDA Advisor please list his/her name _____ SSN: _____
- Indicate the highest degree earned by your CDA Advisor: CDA Associates Bachelors Masters PhD

C. WORKSHOP/CONFERENCE/OFF-SITE TRAINING (Refer to Guidelines & Requirements, Page 2, C)
 (Attach conference announcement and/or outline and description of conference).

Name of event: _____ Date(s) attending: _____

Location: _____ City: _____ State: _____

Number of training hours you expect to receive/received: _____

Type of credit: (Check all that apply): DCFS Clock Hours CEUs (Continuing Education Units) CDA Clock Hours (Child Development Associate) CPDUs (Continuing Professional Development Units) Other _____

Total Amount Requested	\$requested	Max
<input type="checkbox"/> Workshop/Conference/Off-Site Training Registration Fee		
<input type="checkbox"/> Lodging		
<input type="checkbox"/> Mileage _____ (round trip miles)		
<input type="checkbox"/> Transportation (air/train/bus)		
<input type="checkbox"/> Substitute Fees		\$500 per fiscal year

PROGRAM / AGENCY OPTIONS: (Refer to Guidelines & Requirements, Page 1, #2)

D. ACCREDITATION (Please check category below) (Refer to Guidelines & Requirements, Page 3, D)

Total Amount Requested	\$requested	Max
<input type="checkbox"/> NAFCC Self Study Step		\$240
<input type="checkbox"/> NAFCC Application Step		\$400
<input type="checkbox"/> NAFCC Re-Accreditation Step		\$480
<input type="checkbox"/> NAEYC Step 1: Enrolling in self study (Program Capacity _____)		\$420
<input type="checkbox"/> NAEYC Step 2: Becoming an applicant (Program Capacity _____)		\$220
<input type="checkbox"/> NAEYC Step 3: Becoming a candidate (Program Capacity _____)		\$600
<input type="checkbox"/> NECPA Application Fee (Program Capacity _____)		\$280
<input type="checkbox"/> NECPA Verification Fee (Program Capacity _____)		\$600
<input type="checkbox"/> NAA Intent to Submit Fee		\$600
<input type="checkbox"/> NAA Application Submission, Review and Processing Fee		\$240
<input type="checkbox"/> NAA Endorsement Visit, Report Review and Processing Fee		\$360
<input type="checkbox"/> NAC Application Fee (Program Capacity _____)		\$280
<input type="checkbox"/> NAC Validation Fee (Program Capacity _____)		\$600
<input type="checkbox"/> Accreditation Mini-Grant (equipment and materials)		\$500
<input type="checkbox"/> Accreditation Annual Report/Renewal Fee		\$150

E. ASSESSMENT TOOLS (Refer to Guidelines & Requirements, Page 3, E) Agencies/Programs may apply for funding to be used toward assessment tools and/or ERS resource materials including:

Total Amount(s) Requested	\$requested	Max
<input type="checkbox"/> Family Child Care Environment Rating Scale – Revised (FCCERS-R)		\$15 per scale
<input type="checkbox"/> Infant/Toddler Environment Rating Scale (ITERS-R)		\$15 per scale
<input type="checkbox"/> Early Childhood Environment Rating Scale (ECERS-R)		\$15 per scale
<input type="checkbox"/> School Age Care Environment Rating Scale (SACERS)		\$15 per scale
<input type="checkbox"/> Program Administration Scale (PAS)		\$15 per scale
<input type="checkbox"/> Business Administration Scale (BAS)		\$15 per scale
<input type="checkbox"/> ERS Resource materials (e.g., books, VHS/DVD)		\$100

GROUP OPTIONS:

F. ON-SITE IN-SERVICE/GROUP TRAINER FEE – attach brochure and/or outline and description of training
 (Refer to Guidelines & Requirements, Page 3, F)

On-Site In-Service/Group Trainer Name: _____ Date of Event: _____

Topic Title: _____ Number of Training Hours: _____

Location: _____ City: _____ State: _____

Estimated number of participants: _____ Audience: (check all that apply) Staff Membership

Type of credit: (Check all that apply)

DCFS Clock Hours CEUs (Continuing Education Units) CDA Clock Hours (Child Development Associate) CPDUs (Continuing Professional Development Units) Other _____

Total Amount Requested	\$requested	Max
<input type="checkbox"/> On-Site In-Service/Group Trainer Fee		\$500 per fiscal year

STEP 4: Payment Information (refer to Guidelines & Requirements, Page 4, #4)

Total Amount Requested: \$ _____

- Tuition
- Accreditation
- Workshop/Conference/Off-Site Training
- Credentialing Program
- On Site/In-Service/Group Trainer Fee
- Assessment

Name Made Payable To: _____

Address _____ City: _____ State: _____ Zip Code: _____

Payee Social Security Number/and/or FEIN Number (REQUIRED): _____ Phone Number: _____

STEP 5: Narrative Requirements

All applicants/programs must respond in their own words to the following questions. If you answer yes to question two (2), please attach list of additional funding resources and explain how those funds support this activity. Your response may be printed or typed.

- 1) If only partial funds are available, will you complete the activity? Yes No
- 2) Are you receiving additional funds from any other source to support this activity? Yes No (if yes, check all that apply)
 - Gateways Scholarship
 - MAP
 - United Way
 - PELL
 - employer match
 - Other (please specify) _____
 - SAM Program
- 3) For **credential and accreditation funds**, please attach a written timeline that describes how you will reach your goal of credential and/or accreditation.
- 4) If you are requesting an **accreditation mini-grant**, please attach an itemized budget and explain how these items are relevant to the accreditation criteria.

STEP 6: Application Checklist and Authorization

- I completed all areas of the current application. If a question was not applicable I inserted N/A.
- I signed and dated my application.
- The payment information I have submitted is correct.
- I completed and attached my narrative responses.
- I have included a copy of all receipts & certificate of completion (if applicable).

I have completed all documentation that was requested in the guidelines. I certify that the above information is true and accurate, that I have not been indicated of child abuse and neglect and that my name or the names of my center employees (if applicable) are not listed on the child abuse tracking system. Further, I grant permission for a representative of the Illinois Department of Children and Family Services or their agent to release information about my pending or current Day Care Home, Day Care Group Home or Day Care Center license if applicable to my application.

Applicant Signature _____ Date _____

Director/Administrator Signature _____ Date _____

Pre-payment cannot be made until a complete application is received and/or Payment for reimbursement cannot be made until all required documents are received.

****Application submission does not guarantee that funds will be awarded****

Applications can be submitted any time, however applications will only be reviewed the first Friday of each month. Funds are awarded on a first come first serve basis and until all funds are spent. **Questions should be directed to Janice at 1-800-467-9200, ext. 135 or jmoenste@childrenshomeandaid.org**

Return application and all required documents to:

**Children's Home + Aid CCR+R
Attn: Janice Moenster
2133 Johnson Road
Granite City, IL 62040**

To expedite payment please submit a W-9 www.irs.gov along with this application for prompt payment.

Additional copies of the application and guidelines may be found on our website: www.chasiccrr.org