

# PROFESSIONAL DEVELOPMENT / PROGRAM IMPROVEMENT FUND GUIDELINES & REQUIREMENTS (July 2009 – June 2010)



## Child Care Resource + Referral Program



### children's home + aid

Based on available funding, Children's Home + Aid CCR+R Program is offering funds to support individual pursuit of professional development and program improvement in early care and education and is supported through the Federal Child Care & Development Block Grant (CCDBG), administered through the Illinois Department of Human Services.

#### 1. WHO CAN APPLY?

- Individual practitioners employed by center based programs and family home programs (including child care center directors, early childhood teachers/assistant teachers, school age teachers/assistant teachers, family home providers and their assistants) who currently provide care as defined by the Illinois Department of Children and Family Services (IDCFS) and are listed on the CCR&R database. Funds may also be used for support staff (driver, cook, janitor) when appropriate (e.g., food sanitation).
- Center Directors, Association and Network leaders on behalf of child care practitioners.
- Practitioners who apply must currently provide services in Bond, Clinton, Madison, Monroe, Randolph, St. Clair or Washington counties.

**Priority will be given to programs currently caring for children whose care is paid for by the IDHS Child Care Assistance Program (subsidy), with a greater priority to those with 25% or more of their enrollment consisting of IDHS funded children. However, you do not have to serve IDHS funded children to apply.**

#### 2. HOW CAN I APPLY?

Please submit one application for each request /category.

- **Individuals** can request funds for: Tuition, Workshop/Conference/Off-Site Training, Credentialing, and Assessment by completing and submitting a **Professional Development/Program Improvement Funds Application** in its entirety, according to the instructions, and provide all required documentation. (Relates to Application, Pages 2 & 3, Step 3, A-C).
- **Programs/Agencies** can request funds for Accreditation or Assessment by completing and submitting a **Professional Development/Program Improvement Funds Application** in its entirety, according to the instructions, and provide all required documentation. (Relates to Application, Page 3, Step 3, D).
- **Directors and Association Leaders** can request funding for On-Site/Group Trainer Fees on behalf of a **group**. Applying for On-Site/Group Training requires completing a **Professional Development/Program Improvement Funds Application**. In addition, **each individual attendee must compete and submit a Professional Development/Improvement Funds Participant Form** in its entirety, according to the instructions, and provide all required documentation. (Relates to Application, Page 4, Step 3, F)

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

#### 3. WHAT CAN I REQUEST FUNDING FOR?

A. **Tuition** (Relates to Application, Page 2, Step 3, A). Individual applicants may apply for funds to be used toward:

Tuition Funding	Maximum
Cost of tuition for one undergraduate or graduate level course per semester	
Courses in <u>Early Childhood, Child Development, or Child Care Services</u> only, and/or courses related to program management i.e.computer applications, i.e. excel, word, access, etc.	<b>One course per semester</b>
Courses through the following institutions: Kaskaskia, SWIC, Lewis & Clark, SIUE, SIUC, Kendall College, National Louis, Greenville College (other Illinois Institutions)	

**Tuition pre-payment** is sent directly to the institution named in Step 4 payment information. **Tuition reimbursement** is sent to an individual after the completion of the course. For a list of approved coursework, please call 1-800-467-9200, ext. 135 or see our website. After funding approval, a transcript of course work completion must be submitted with a grade "C" or better to the CCR&R Program in order to be eligible for future funding.

- B. Credentialing Programs** (Relates to Application, Page 3, Step 3, B). Individual applicants may apply for funds (approximately 75% of fees) to be used toward:

<b>Credentialing Programs</b>	<b>Maximum</b>
Child Development Associate (CDA)	
• Assessment	<b>\$245</b>
• Second Setting	<b>\$185</b>
Illinois Director Credential (IDC)	
Gateways ECE Credential (circle level) 2 3 4 5	
Gateways Infant / Toddler Credential (circle level) 2 3 4 5	
• Application Fee	<b>\$50</b>
• Transcript Evaluation/Review Fee	<b>\$260</b>
• Portfolios Assessment/Evaluation Fee	<b>\$115</b>
• Level Advancement Fee	<b>\$55</b>
Certified Child Care Professional (CCP)	
• Assessment Fee	<b>\$375</b>
Credential Renewal Fee	<b>\$40</b>
Credentialing Information Packet	<b>\$15</b>
Credential Advisor (documentation needed from your Advisor for hours spent providing consultation services)	<b>\$200</b>
CARE Courses	<b>\$250</b>
Membership Fee ( <b>limited to CDA renewal candidates</b> )	<b>\$40</b>

For more information on **CDA** call 1-800-424-4310, **IDC** call 1-800-863-0499, **CCP** call 1-800-543-7161. For more information on the field of early care and education you may also visit [www.ilgateways.com](http://www.ilgateways.com). For a list of **CDA Advisors**, please call 1-800-467-9200, ext. 135.

After funding approval, you must submit proof of payment (cashier's check, cancelled check, invoice, etc.), along with proof the CDA Advisor meets the CDA Council eligibility criteria and if applicable, documentation from your Credential Advisor for hours spent providing consultation services. Documentation must be sent within 30 days to the CCR+R Program to be eligible for future funding.

- C. Workshop/Conference/Off-Site Training** (Relates to Application, Page 2, Step 3, C). Individual applicants may apply for funds to be used toward:

<b>Workshop/Conference/Off-Site Funding</b>	<b>Maximum</b>
Workshop/Conference/Off-Site Training registration fees (Please attach a copy of the conference announcement and/or outline and description of the conference)	<b>\$300 per fiscal year</b>
Lodging (only if travel destination is more than 1.5 hours away)	
Transportation (air/train/bus)	

Workshops, conferences or off-site training must be related to early care and education or management. You may not request Professional Development Funds to attend a workshop, conference or off-site training in which the Children's Home + Aid CCR+R Program is the fiscal agent (i.e., registration fees are collected by the CCR+R).

After funding approval, receipts and a copy of the training certificate for the workshop(s) you were approved must be submitted within 30 days after the event as proof of agreed upon expenses to be eligible for future funding.

- D. Accreditation** (Relates to Application, Page 3, Step 3, D). Agencies/Programs may apply for funding (approximately 75% of fees) to be used toward:

<b>Accreditation Agencies</b>	<b>Maximum</b>
<b>NAFCC</b> - National Association for Family Child Care	
• Self Study Step	<b>\$225</b>
• Application Step	<b>\$375</b>
• Re-Accreditation Step	<b>\$375</b>
<b>NAEYC</b> - National Association for the Education of Young Children	
• Step 1: Enrolling in Self Study	Program Capacity: _____ <b>75% of fee</b>
• Step 2: Becoming an applicant	Program Capacity: _____ <b>75% of fee</b>
• Step 3: Becoming a candidate	Program Capacity: _____ <b>75% of fee</b>

<b>NECPA National Early Childhood Program Accreditation</b>		
• Application		<b>75% of fee</b>
• Verification Fee	Program Capacity: _____	<b>75% of fee</b>
<b>COA Council On Accreditation (School Age Accreditation)</b>		
• Application Fee		<b>\$185</b>
• Accreditation Fee		<b>\$800</b>
• Site Visit Fee		<b>\$800</b>
<b>NAC National Accreditation Commission for Early Care &amp; Education</b>		
• Application	Program Capacity: _____	<b>75% of fee</b>
• Validation Fee	Program Capacity: _____	<b>75% of fee</b>
Accreditation Mini-Grant (equipment & materials for programs enrolled in self-study)		<b>\$500</b>
Accreditation Annual Report /Renewal Fee		<b>75% of fee</b>

For more information on Accreditation log onto each programs website: [www.nafcc.org](http://www.nafcc.org), [www.naeyc.org](http://www.naeyc.org), [www.necpa.net](http://www.necpa.net), [www.coanet.org](http://www.coanet.org), [www.nacccp.org](http://www.nacccp.org).

After funding approval, submit proof of payment (cashier's check, cancelled check, invoice, etc.) within 30 days of payment to be eligible for future funding.

- E. Assessment Tools** (Relates to Application, Page 3, Step 3, E). Agencies/Programs may apply for funding to be used toward Assessment tools or Environmental Rating Scale (ERS) resource materials.

<b>Assessment Tools (limit one of each scale that is appropriate to your program)</b>	<b>Maximum</b>
Family Child Care Environment Rating Scale (FCCERS-R)	<b>\$15</b>
Infant/Toddler Environment Rating Scale – Revised Edition (ITERS-R)	<b>\$15</b>
Early Childhood Environment Rating Scale – Revised Edition (ECERS-R)	<b>\$15</b>
School Age Care Environment Rating Scale (SACERS)	<b>\$15</b>
Program Administration Scale (PAS)	<b>\$15</b>
Business Administration Scale (BAS)	<b>\$15</b>
ERS Resource Materials (books, VHS/DVD)	<b>\$100</b>

- F. On-Site In-Service/Group Trainer Fee** (Relates to Application, Page 4, Step 3, F).  
For this request, Directors or Association Leaders must submit a Professional Development/Program Improvement Funds Application – including goals, objectives and an outline for the training – on behalf of the group. In addition, upon completion of the event each individual attending must complete a Professional Development/Program Improvement Fund Participant Form. Applicants may apply for funds to be used toward:

<b>On-Site In-Service/Group Trainer Fee</b>	<b>Maximum</b>
A presenter and/or consultant to provide on-site training and/or technical assistance to staff or association members. Funds are not available for a staff member to present within their own program or for CPR or First Aid.	<b>\$400 per fiscal year</b>

After funding approval, submit proof of payment for the presenter/consultant, a Professional Development /Program Improvement Fund Participant Form, and a participant sign-in sheet within 30 days after the completion of the On-Site In-Service/Group Training to be eligible for future funding.

- 4. HOW IS PAYMENT MADE?** (Relates to Application, Page 4, Step 4)  
Payments will be made and mailed directly to educational institutions, Associations, individuals or early care and education programs named in Step 4 Payment Information section of your application. Individuals/programs that receive payment will be responsible for W-9 documentation and taxes. You will be notified in writing if your application has been approved or denied, the amount in which your request was funded and to whom the professional development check(s) were issued.
- 5. WHAT IF I HAVE QUESTIONS?**  
Need more information, contact Janice at 1-800-467-9200, ext. 135 or [jmoenste@childrenshomeandaid.org](mailto:jmoenste@childrenshomeandaid.org). Additional copies of the application, guidelines and supporting resources may be downloaded from our website at [www.chasiccrr.org](http://www.chasiccrr.org)
- 6. WHAT ELSE DO I NEED TO KNOW?**
- **Only complete applications will be considered.**
  - Priority will be given to applicants that serve 25% or more IDHS funded children.
  - Applications will be considered on a first come, first serve basis, as funds are available.
  - Funds cannot be used for the percentage that Gateways Scholarship does not cover or items that Gateways is currently funding.

- Out-of-State requests for travel and/or conference fees are limited to within 50 miles of any Illinois state border.
- Funding will only be considered for applicants who have provided required documentation/receipts for any previous funded grant/program.
- Faxed applications will not be accepted.
- Funding is limited and not guaranteed.
- **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.**
- Applications will be reviewed the first Friday of each month.
- Submit your application to:

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

**7. BEFORE YOU SUBMIT YOUR APPLICATION:**

- Step 1: \_\_\_\_\_ Complete all areas of the current application and W-9. If a question was not applicable I inserted N/A.
- Step 2: \_\_\_\_\_ Sign and date the application.
- Step 3: \_\_\_\_\_ Make sure the payment information you have submitted is correct.
- Step 4: \_\_\_\_\_ Complete and attach your narrative responses and W-9.
- Step 5: \_\_\_\_\_ If requesting reimbursement, include a copy of all receipts, grade report or certificate of attendance/completion.

**Complete applications will be reviewed the first Friday of each month.  
Incomplete applications will be returned to applicants for corrections.**

**Award/Denial letters will be mailed following the review process.**

**Funds will be awarded on a first come-first serve basis, until all funds are spent.**

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

**To expedite payment please submit a W-9 [www.irs.gov](http://www.irs.gov) for prompt payment.**

**Questions:**

**Please call Janice  
1-800-467-9200. ext. 135**

# PROFESSIONAL DEVELOPMENT / PROGRAM IMPROVEMENT FUND

## APPLICATION (July 2009 – June 2010)



children's home + aid

### Child Care Resource + Referral Program

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

Please refer to Professional Development/Program Improvement Fund 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): \_\_\_\_\_

Role:  Center Director  Center Teacher  Center Assistant Teacher  Family Child Care Owner  Family Child Care Asst.  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** (Complete the column you are requesting funding for)

You CANNOT have more than one request within each area/option  
 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 # or SSN: \_\_\_\_\_  
 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 (an approved course list may be found on our website)		Tuition fees for one course per semester.

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

Total Amount Requested	\$	Max = 75% of the fee
<input type="checkbox"/> Child Development Associate (CDA) Assessment Fee		\$245
<input type="checkbox"/> Child Development Associate (CDA) Second Setting		\$185
<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		\$50
<input type="checkbox"/> Transcript Evaluation/Review Fee		\$265
<input type="checkbox"/> Portfolio Assessment/Evaluation Fee		\$115
<input type="checkbox"/> Level Advancement Fee		\$55
<input type="checkbox"/> Certified Childcare Professional (CCP) Assessment Fee		\$375
<input type="checkbox"/> Credential Renewal Fee		\$40
<input type="checkbox"/> Credentialing Information Packet		\$15
<input type="checkbox"/> Credential Advisor (documentation needed from your advisor for hours spent providing services)		\$200
<input type="checkbox"/> CARE Courses		\$250
<input type="checkbox"/> Membership Fee (limited to CDA renewal candidates)		\$40

- If applying for a CDA, how many CDA subject hours have you earned? \_\_\_\_\_
- If applying for a CDA Advisor please list his/her name \_\_\_\_\_
- 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 (if more than 1.5 hours away)		
<input type="checkbox"/> Transportation (air/train/bus)		
<b>TOTAL</b>		<b>\$300 per fiscal year</b>

**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 = 75% of the fee
<input type="checkbox"/> NAFCC Self Study Step		\$225
<input type="checkbox"/> NAFCC Application Step		\$375
<input type="checkbox"/> NAFCC Re-Accreditation Step		\$375
<input type="checkbox"/> NAEYC Step 1: Enrolling in self study (Program Capacity (_____))		75% of fee
<input type="checkbox"/> NAEYC Step 2: Becoming an applicant (Program Capacity _____)		75% of fee
<input type="checkbox"/> NAEYC Step 3: Becoming a candidate (Program Capacity _____)		75% of fee
<input type="checkbox"/> NECPA Application Fee (Program Capacity _____)		75% of fee
<input type="checkbox"/> NECPA Verification Fee (Program Capacity _____)		75% of fee
<input type="checkbox"/> COA Application Fee		\$185
<input type="checkbox"/> COA Accreditation Fee		\$800
<input type="checkbox"/> COA Site Visit Fee		\$800
<input type="checkbox"/> NAC Application Fee (Program Capacity _____)		75% of fee
<input type="checkbox"/> NAC Validation Fee (Program Capacity _____)		75% of fee
<input type="checkbox"/> Accreditation Mini-Grant (equipment and materials for programs enrolled in accreditation self study)		\$500
<input type="checkbox"/> Accreditation Annual Report/Renewal Fee		75 % of fee

**E.  ASSESSMENT TOOLS** (Refer to Guidelines & Requirements, Page 3, E) Agencies/Programs may apply for funding to be used toward assessment tools and/or Environmental Rating Scale (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		\$400 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 Tools

The check made payable to must match the information provided on the W-9 Form.

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  United Way  employer match  SAM Program
  - MAP  PELL  Other (please specify) \_\_\_\_\_
- 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 and W-9 form. If a question was not applicable I inserted N/A.
- I signed and dated my application.(Step 6)
- The payment information I have submitted is correct.(Step 4)
- I completed and attached my narrative responses (Step 5)
- I have included a copy of all receipts and supporting documents, i.e.grade report, 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 awarded. **Questions should be directed to Janice at 1-800-467-9200, ext. 135 or jmoenste@childrenshomeandaid.org**

**Return application, W-9 form and all required documents to:**

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

To expedite payment please submit a W-9 [www.irs.gov](http://www.irs.gov) along with this application for prompt payment.

**Additional copies of the application, guidelines, W-9 and supporting resources may be found on our website: [www.chasiccrr.org](http://www.chasiccrr.org)**

# Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

## Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

