



Early Learning Educator/Director Bonus Application

Program Year 2022 - 2023

Please print and fill out completely.

Early Learning Educator/Director Application

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

Legal Name: _____
First Name Middle I Last Name

Home Mailing Address: _____

City/State/Zip: _____, FL County _____

Phone (Cell): _____ Phone (Work): _____ Email: _____

Name of provider where you work: _____

Position/Title: _____ Start Date: _____

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

Infants (0-12 months) Toddlers (13-36 months) Preschool (37 months–PreK) School age

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

Less 2 years 2 – 5 years 6 – 10 years +10 years

2. Select Bonus – **More than one bonus can be submitted on each application form.**

Please note: More than one bonus can be submitted on each application form.

- Recruitment Bonus (\$500)¹
- Health and Safety Bonus (\$700)²
- CLASS® Bonus – PreK (\$600)³
- CLASS® Bonus – Infant/Toddler (\$600)³
- Upskill Director Bonus (\$750)³

\$ _____ **Total requested** *(sum of all bonuses selected)*

Tracking for Bonus Requests – maximum of five (5) available for qualifying individuals

1st request 2nd request 3rd request 4th request 5th request

¹Sponsoring provider must certify completion of requirements

²Applicant must submit training/completion certificate required for course

³ELC/RCMA must verify completion of required trainings and may require completion certificates to be submitted according to its local process.

3. Applicant's Affirmation Statement – *Please read carefully before submitting*

I am applying to receive funds for each bonus selected and I understand I am responsible for completing the eligibility requirements for each bonus submitted for reimbursement. I attest to the fact that the information I have provided in this application is true and complete.

Applicant Signature: _____ Date: _____

Print Name: _____ Email: _____

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.

4. Provider Information *Completed by applicant's early learning / child care provider*

Legal Name of Provider: _____

P.O. Box/Mailing Address: _____

City: _____, FL Zip: _____ County: _____

Contact Name: _____ License/License Exempt #: _____

Contact Phone: _____ Contact Email: _____

5. Sponsoring Provider's Affirmation Statement – *Please read carefully before submitting*

Does the applicant meet the following eligibility criteria requirement for all bonuses?

Yes No Is applicant a Florida resident?

Yes No Does applicant have the sponsorship of your early learning/child care program?

Yes No Is the applicant still employed at your early learning/child care program?

If no, applicant does not qualify for any bonus.

Does the applicant meet the following eligibility requirements for the Recruitment Bonus?

Yes No N/A Has the applicant completed a background screening?

Yes No N/A Has the applicant completed 120 hours of employment?

If all responses are yes, individual is eligible for the Recruitment Bonus.

I am sponsoring this applicant to receive the selected bonuses and for confirming the eligibility requirements for each bonus submitted for reimbursement. ***I understand all bonus monies received by me or my provider location will be given to the applicant*** for completing the selected bonus(es). I attest to the fact that the information I have provided in this application is true and complete.

Authorized Provider Representative

Signature: _____ Date: _____

Contact Name: _____ 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.

Sections below – for ELC/RCMA use only

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

- Yes No Did you obtain/inspect the approved sponsoring provider form (Attachment 2)?
- Yes No Does the sponsoring provider meet the listed eligibility criteria (Attachment 2)?
- Yes No Is this form complete (i.e., are all applicant and provider responses shown)?
- Yes No Does the applicant meet the eligibility criteria requirements for each bonus selected (refer to DEL Program Guidance 240.21, Appendix D)?
- Yes No N/A Was the training/completion certificate for the health and safety bonus submitted?
- Yes No Have you verified the applicant completed all required trainings for the CLASS® bonus according to the coalition/RCMA local process?
- Yes No Have you verified your entity is the “home” coalition for this provider/applicant?

If all above responses are yes or N/A, this application form can be accepted.

Only one box below can be checked per application.

- ELC processed this payment as **payable directly to the participant?**¹
- ELC processed this payment as **payable directly to the provider?**²

¹If paid directly to the qualifying participant, the ELC must collect the individual’s Form W-9.

²If paid directly to the sponsoring provider, payment will be included in the provider’s annual Form 1099 for tax reporting purposes.

Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity Early Learning Coalition RCMA Other _____