Program Guidance 240.21 COVID-19 Crisis Appendix D, Attachment 6 American Rescue Plan Act (ARPA)



Curriculum Expansion and Implementation Study Application

The Division of Early Learning provided Coalitions/RCMA with additional funding to purchase and/or reimburse School Readiness (SR) and/or Voluntary Prekindergarten (VPK) contracted providers within a coalition's service area for curriculum and implementation related training components. Eligible providers who agree to participate must submit this application to their local early learning coalition.

This application is designed to inform a provider of the requirements of participation in the Curriculum Expansion Project and Implementation Study. Provider will receive payment for or reimbursement of approved SR and/or VPK curriculum and related training/materials, if applicable, and support with effective curriculum implementation from its home coalition.

Provider agrees to the following items to participate in the project:

- Complete the project surveys* within 15 days of receipt
- Participate in project interviews*
- Identify Point of Contact information to the researcher(s)
- If seeking reimbursement, provide documentation of purchase (receipt, invoice)
- * The surveys and interviews will involve questions related to curriculum implementation (training, processes, daily schedules, etc.) and may include provider and teacher demographic information. Providers will not be required to provide child level information or personally identifiable information.

I. Provider Point of Contact Information					
Name of Provider:		Provider ID:			
City/State/Zip:					
Director:	Email:	Phone:			
Contact Person (if diffe	rent from Director):				
Phone:	Contact email address:				

	_				_	
II.	Cur	rıcul	lum	and	Sur	ports

Please provide a proposed budget below.

Curriculum Name/Item	Description/Justification	Proposed Budget
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

III. Provider Attestations:

I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records. I understand if all items outlined above are not fulfilled, all funds associated with the purchase or reimbursement of curriculum and implementation related training components must be returned to the coalition. Failure to return funds may subject provider to collection efforts by the coalition.

Signature of	f Authorized Representative				
Name:		Email:			
Signature:_		Date:			
-	that this electronic signature is to be a data on this form is accurate to the b	the legally binding equivalent of my handwritten signature			
IV. Applicati	on Information Provided to/Processe	d by – completed by ELC/RCMA staff:			
☐ Yes ☐ I	No Is this application form complet	Is this application form complete?			
□ Yes □ I	No Have you verified the provider l	Have you verified the provider has a current SR and/or VPK contract?			
□ Yes □ I	No Have you verified the provider i	Have you verified the provider is not under investigation or been convicted of child care fraud?			
□ Yes □ I	No Have you verified that the prov	ider is not on the Florida Child Care Food Program (CCFP) USDA			
	Disqualified List?				
□ Yes □ I	No Have you verified your entity is	the "home" coalition for this provider?			
	If all above responses are "yes," this agree	ment can be accepted.			
Signature of	f ELC/RCMA Representative				
Signature: _					
Contact Na	me:	Date:			
Contact Pho	one:	Email:			
Contact Ent	ity: \square Early Learning Coalition \square RCM	1A			
Reimburser	nent Amount \$	(OCA: ARPCR)			