



Partner Application

Company/Agency Name: _____

CCEP Contact: _____ Title: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Which verification method would you prefer for employee referral?

Referral for services required? Yes No

OR

Pay Stub only? Yes No

Questions?

Contact: Regina D'Souza
(850)385-0804 x 317

Mail application and Memorandum of Agreement to:
Early Learning Coalition of Big Bend Region, Inc
1409 N. Monroe Street Suite 70
Tallahassee, FL 32303



Memorandum of Agreement

Between

Early Learning Coalition of the Big Bend Region, Inc and

The Child Care Executive Partnership (CCEP) program provides financial assistance by paying child care for low to moderate wage earners to enable families to secure stable child care arrangements that meet the social, emotional, and educational needs of the children requiring care. Reliable, affordable, and quality child care enables families to be employed to work towards self-sufficiency.

The Early Learning Coalition of the Big Bend Region applauds your efforts to join the CCEP program and provide this valuable work-life benefit for your employees/clients. This letter outlines the commitment and guidelines for participation. The Early Learning Coalition will provide reports on program usage and financial data on a monthly basis. Your agency's portion of the cost will be billed on a monthly basis.

Eligibility

The total family income of employees/clients participating in the CCEP program may not exceed 200 percent of the federal poverty level. Participants are required to be employed a minimum of 20 hours per week to be eligible for participation. Changes in the employee's work schedule or family income may affect eligibility for the program and any changes should be reported. The Early Learning Coalition will determine employee/client eligibility for the program.

Parent Fees

Families will be required to pay portion of the child care based on a sliding fee schedule or other amount documented and provided herein. The balance of the child care costs (after parent fees owed have been deducted from the total child care costs) are shared by the local purchasing pool and the CCEP program at 50 percent each.

Commitment

The Partner _____, agrees to commit \$ _____ annually to this program. This commitment will enable approximately _____ children to access services through the CCEP program.

Agreement Period

This commitment is anticipated to begin on _____ and end on _____ pending approval and availability of funds through the Agency of Workforce Innovation, Office of Early Learning, as authorized by the CCEP Board.

By: _____ By: Early Learning Coalition of the Big Bend Region

Name: _____ Name: Lauren Faison

Title: _____ Title: CEO

Date: _____ Date: _____

*Print completed form First
Submit to Early Learning Coalition of the Big Bend Region
1409 N Monroe St, Suite 70
Tallahassee, FL 32303*

