



## 2011-2012 School Readiness Contract Checklist

You do not have to submit this checklist as part of your application; it is a tool to assist you in completing the application.

You must complete the School Readiness Provider Contract Application in its entirety.

**Incomplete applications will not be processed and will be returned to the provider.**

### Section I-Signature Authorization

- Completed and Notarized

### Section II-Provider Information

- Application Type Selected
- Facility Type Selected
- Demographics section completed
- Holiday Schedule indicated on School Readiness Provider Holiday/Closing Schedule
- Signature Authorization section completed and owner signature notarized
- W9 attached

### Section III-Site Information

- Demographic section completed for each site
- Accreditation section completed for each site
  - Accreditation certificate(s) attached
- Gold Seal certification(s) attached
- Curriculum section completed for each site
- Character Development Curriculum section completed for each site
- Developmentally Appropriate Assessment section completed for each site
- Transportation section completed for each site
  - Copy of transportation policy attached
- Copy of License attached for each site (if applicable)
- EFT Form and voided check completed and attached for each site
- Proof of Liability Insurance that meets all ELC requirements attached for each site

### Section IV-Certification

- Certification has been read, signed and dated

## **Additional Requirements for Informal, Registered or License Exempt Providers**

**If you are an Informal, Registered, Religious Exempt or License Exempt Provider, you must submit all of the applicable documentation listed below as part of your 2011-2012 School Readiness Contract.**

- Proof of completion of 5 hour Early Literacy & Language Development Training (informal and religious exempt providers)
- Religious Exemption Certification from DCF
- Level II background screen (FBI, FDLE, Local Law Enforcement and Affidavit of Good Moral Character) for all employees (informal and license exempt providers)
- Confidentiality in Child Care Statement (informal, license exempt and religious exempt providers)
- Proof of CPR & First Aid certification of at least one staff member on site (informal, license exempt and religious exempt providers)
- Proof of completion of 30 hour FCCH Training (informal providers)
- Level I Background Screen for all residents in provider's home (informal providers)



Provider Name: \_\_\_\_\_

## **Early Learning Coalition of the Big Bend Region School Readiness Provider Application**

Any private provider or public school intending to deliver School Readiness services must complete this application prior to the execution of a School Readiness Contract. **Completing this application does not guarantee approval to provide School Readiness services.**

### **Submitting the application:**

1. **No application will be accepted unless completed in full with all required supporting documentation.**
2. The application must be typed or printed clearly using black or blue ink.
3. An appointment must be made with the Early Learning Coalition of the Big Bend Region.

### **Required Documentation:**

- **Copy of License (if applicable)**
- **Copy of Accreditation (if applicable)**
- **Copy of Gold Seal Certificate (if applicable)**
- **W-9**
- **Proof of Liability Insurance with the Early Learning Coalition named as additional insured and certificate holder**
- **If licensed exempt (excluding religious exempt) proof of level 2 background screening for all employees and documentation of CPR and First Aid certification for at least one employee**
- **If religious exempt a copy of the religious exempt accrediting certificate**
- **Electronic Funds Transfer Form (EFT)**

### **Instructions for Completing Application**

**Provider name must be typed or printed on the top of each page of the application.**

### **Section I – Signature Authorization**

This form designates individuals authorized to sign Contracts and complete applications in the absence of the facility owner. Valid photo identification will be required of any person listed on this form acting on the provider's behalf prior to any documentation being accepted by the ELC.

**Print Name** – Type or print the name of the person authorized to sign Contracts and applications in the absence of the owner or superintendent of the facility.

**Owner or School District Superintendent Name** – Type or print the name of the legal owner or superintendent of the facility.

**Owner or School District Superintendent Signature** – Signature of the legal owner or superintendent of the facility. **This signature must be notarized.**



Provider Name: \_\_\_\_\_

## **Section II Provider Information**

**New, Renewal or Updated Application** – Mark box indicating whether the application is new, updated or annual renewal. (if you provided services to School Readiness children last year, please mark it as “Annual Renewal)

**Facility Type:** Mark a box indicating the type of setting which describes the provider or school. To be eligible to deliver School Readiness services the program must mark one of the listed types of settings.

### **A. Demographics**

**Business/Corporate name of provider or school** – Type or print the legal name of your business as it appears on the letter issued by the IRS with your Federal Tax ID number. If you do not have a Federal Tax ID number it would be the name associated with your social security number. The legal name of a business often includes “Corp.,” “Inc.,” “Co.,” or similar titles.

**Common name of provider or school (doing business as)** – Type or print the provider’s or school’s common name if it uses a name that is different from your business legal name. A business common name is often referred to as a “fictitious name,” “assumed business name,” “trade name,” or “d/b/a” for “doing business as.”

**Owner Name** – Type or print name of individual or entity who legally owns the facility. If a public school the name and title of the school district authorized representative.

**Mailing address of program (number and street)** –Type or print the mailing address of the program.

**City, State, Zip** – Type or print the city, state, and five digit postal ZIP Code (ZIP + 4 if available).

**Daytime telephone**– Enter your business telephone number with area code.

**Alternate/Emergency Telephone Number** – Enter the telephone number, with area code, where you can be reached in the event that you can not be contacted at your daytime telephone number.

**FAX Number** - Enter your business fax number with area code, if available.

**Email Address** – Type or print the business email address, if available.

**Fed ID No./SSN** – Enter the employer identification number (EIN) of the business (e.g., provider, owner, school district) that will receive reimbursements for the School Readiness program. This nine-digit number is assigned to a business by the Internal Revenue Service. If you do not have an EIN (e.g., family day care home), enter the director’s/operator’s social security number (SSN). All providers must submit a Department of Treasury Internal Revenue Service Form W-9 (request for Taxpayer Identification Number and Certification) to collect your employer identification number (EIN) and social security number (SSN).

### ***PRIVACY ACT STATEMENT***

*Your employer identification number (EIN) or social security number (SSN) is requested in accordance with ss. 119.071 (5)(a)2 and 119.092, F.S, for use in the records and data systems of the Agency for Workforce Innovation (AWI) and early learning coalitions. Submission of your EIN or*



Provider Name: \_\_\_\_\_

*SSN on this form is mandatory. Your EIN or SSN will be used for processing reimbursements for federal tax purposes, and for routine identification of your provider or school.*

**B. Holiday/Closure Schedule** - Reimbursable holidays/closures will accrue at a rate of one (1) a month for each month the provider is operating up to twelve (12) per fiscal year. Saturday and Sundays will not be approved as reimbursable holidays. Providers may select their holidays/closures to be consecutive or use them throughout the year. The Coalition must approve all selected holidays in order for the provider to be reimbursed. Changes to the holiday schedule must have prior approval from the Coalition.

You may select a holiday that is listed simply by marking the box next to the holiday.

**Other Date** - If your program will be closed on any days not listed, you will mark the box next to OTHER DATE.

**Date** – Type or print date in the following format mm/dd/yy.

**Day of Week** – Type or print the Day of Week. Remember the ELC will not reimburse for Saturdays or Sundays.

**Name and Title of Provider Representative** – Type or print name of owner or authorized representative designated on the Signature Authorization form.

**Signature of Provider Representative** – Signature of owner or authorized representative designated on the Signature Authorization form.

**Date** – Type or print date the form was completed.

**C. Electronic Funds Transfer Form** – All providers receiving reimbursement for School Readiness services must complete an Electronic Funds Transfer Form.

**Provider Name** –Type or print your program name.

**Authorization type-** Mark appropriate box if this is a New Application, Change, Termination or Re-Authorization.

**1. Existing School Readiness providers with no changes in ownership or banking information complete Section A to Re-Authorize EFT.**

**Check box** – If this is a Re-Authorization and nothing has changed since the last authorization mark this box.

**Provider Signature, Date, Telephone Number** – Signature of the childcare program owner or authorized signer designated by the owner or school district on the Signature Authorization form, date form completed and daytime telephone number including area code.

**Account Holder Signature ( if different), Date, Telephone Number** – The authorized signer on the bank account if different from the provider, date form completed and daytime telephone number including area code for contact during normal business hours.

**2. New providers or providers changing bank information must attach a voided check for the account identified to receive the electronic funds transfer.**



Provider Name: \_\_\_\_\_

**Social Security Number or Federal ID Number** - Enter the employer identification number (EIN) of the business (e.g., provider, owner, school district) that will receive reimbursements for the School Readiness program. This nine-digit number is assigned to a business by the Internal Revenue Service. If you do not have an EIN (e.g., family day care home), enter the director's/operator's social security number (SSN). All providers must submit a Department of Treasury Internal Revenue Service Form W-9 (request for Taxpayer Identification Number and Certification) to collect your employer identification number (EIN) and social security number (SSN).

**Bank** – Type or print name of financial institution that will be receiving funds through electronic funds transfer for your reimbursement for School Readiness services.

**Check box** – Mark the appropriate box indicating which type of account for electronic funds transfer deposit – business checking or business savings.

**Account Number** – The number issued by the bank to identify the account for deposit of electronic funds transfer.

**Routing Number** – The 9 digit number issued by the Federal Reserve that identifies your bank. This number can be located on the voided check attached to this EFT form.

**Provider Signature, Date, Telephone Number** – Signature of the childcare program owner or authorized signer designated by the owner or school district on the Signature Authorization form, date form completed and daytime telephone number including area code.

**Account Holder Signature ( if different), Date, Telephone Number** – The authorized signer on the bank account if different from the provider, date form completed and telephone number including area code for contact during normal business hours.

#### **D. Rate sheets**

**Private Pay Rate if less than Rate of Pay** – For each unit of care list the rate of pay if it is less than the amount listed in the Rate of Pay column. Florida law states School Readiness reimbursement rates cannot exceed the rate charged to private pay families.

**Provider Name:** Type or print your program name.

**Signature of Provider/Authorized Representative** – Signature of owner, superintendent or authorized representative designated on the Signature Authorization form.  
**This signature must be notarized.**

**Title** – Type or print title of owner, superintendent or authorized representative designated on the Signature Authorization Form.

**Printed Name** – Type or print name of owner, superintendent or authorized representative designated on the Signature Authorization Form.

**Date** – Type or print date signed.



Provider Name: \_\_\_\_\_

**Section III Site Information**

Section III must be completed for each site.

**A. Demographic**

**Site name** – Type or print the name of the site.

**Physical address of program site (number and street)** – Type or print the physical street address of the program site where the School Readiness program is delivered.

**City, Zip code** – Type or print city and enter five digit postal ZIP Code (ZIP + 4 if available).

**Mailing Address** – Type or print the mailing address if different from the physical address listed above, otherwise mark box “same as above”.

**Telephone number** – Enter the telephone of the facility including area code.

**Alternate/Emergency Telephone Number** – Enter the telephone number, including area code, where you can be reached in the event that you cannot be contacted at your daytime telephone number.

**Email Address** – Type or print business email address, if available.

**FAX Number** - Enter your business fax number with area code, if available.

**Name of Director/Operator/Principal** – Type or print the full name of the provider’s or school’s director/operator/principal.

**Registration/License #** - Type or print the license or registration number assigned by the Florida Department of Children and Families (DCF), if applicable. Faith-based providers that claim exemption from licensure are required to register with DCF and are assigned a number beginning with an “X”.

**FED. ID No./ SSN** – Enter your employer identification number (EIN) or social security number (SSN).

**PRIVACY ACT STATEMENT**

*Your employer identification number (EIN) or social security number (SSN) is requested in accordance with ss. 119.071 (5)(a)2 and 119.092, F.S., for use in the records and data systems of the Agency for Workforce Innovation (AWI) and early learning coalitions. Submission of your EIN or SSN on this form is mandatory. Your EIN or SSN will be used for processing reimbursements for federal tax purposes, and for routine identification of your provider or school.*

**B. Accreditation (if applicable)**

**Gold Seal Accreditation** – Mark box next to your accrediting organization. A copy of the accreditation certificate and a copy of the official State of Florida Gold Seal certificate issued by the Department of Children and Families must be submitted with this application.

**Religious Exempt Accreditation** – Mark box next to your accrediting organization. A copy of the accreditation certificate must be submitted with this application.

**Effective Date on Certificate** – Type or print accreditation effective date.



Provider Name: \_\_\_\_\_

**Expiration Date on Certificate** – Type or print accreditation expiration date.

**C. Curriculum** – Mark box next to each curriculum your program site is using from the list of approved curricula.

**D. Character Development Curriculum** – Mark box next to each curriculum your program site is using from the list of approved Character Development Curricula.

**E. Developmentally Appropriate Assessment** – Mark box next to each assessment tool your program site is using from the list of approved Developmentally Appropriate Assessments.

**F. Transportation** – Mark box next to each type of transportation provided (if applicable).

**G. Quality Counts Program Enrollment**

Prior to completing Part G, review the description of services for each level.

**Select One** – Mark box to select the level of technical assistance service requested.

**Program site** - Type or print the name of the site.

**Provider Signature** – Signature of owner, superintendent or authorized representative designated on the Signature Authorization form.

**Date** – Type or print date form completed.

**SECTION IV. Certification**

**Signature of Owner/director/operator/principal/school district staff** – Signature of owner, superintendent or authorized representative designated on the Signature Authorization form.

**Printed name of owner/director/operator/principal/school district staff** – Type or print name of owner, superintendent or authorized representative designated on the Signature Authorization form.

**Date** – Type or print date application completed.



Provider Name: \_\_\_\_\_

**SECTION I**

**SIGNATURE AUTHORIZATION**

I hereby authorize the following person(s) to sign ELC School Readiness Contracts and application in my absence and on my behalf. Valid photo identification will be required of any person listed on this form acting on the provider's behalf prior to any documentation being accepted by the ELC.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Owner/ School District Superintendent Name

\_\_\_\_\_  
Owner/ School District Superintendent Signature

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_,

by \_\_\_\_\_, who is personally known to me OR who presented

\_\_\_\_\_ as identification, and who did not take an oath.

WITNESS my hand and official seal in the County and State set forth above.

\_\_\_\_\_  
NOTARY PUBLIC



Provider Name: \_\_\_\_\_

**SECTION II – PROVIDER INFORMATION**

Application:		Facility Type:			
<input type="checkbox"/>	New Application	<input type="checkbox"/>	Licensed Child Care Facility	<input type="checkbox"/>	Religious Exempt Child Care Facility
<input type="checkbox"/>	Updated Application	<input type="checkbox"/>	Large Family Child Care Home	<input type="checkbox"/>	Licensed Family Child Care Home
<input type="checkbox"/>	Annual Renewal	<input type="checkbox"/>	Registered Family Child Care Home	<input type="checkbox"/>	Informal Provider
		<input type="checkbox"/>	Private School	<input type="checkbox"/>	Public or Charter School
		<input type="checkbox"/>	Licensed Exempt School Age (after school or summer only programs)	<input type="checkbox"/>	

**A. Demographics**

Business Name:		
Common Name (dba):		
Owner Name		
Mailing Address:		
City, State, Zip		
Daytime Telephone Number:		Alternate/Emergency Telephone Number:
FAX Number		
E-mail:		Fed. ID No./ SSN:



Provider Name: \_\_\_\_\_

### B. School Readiness Provider Holiday/Closure Schedule

#### FY 2011/2012

The Early Learning Coalition of the Big Bend Region will reimburse up to 12 holidays/closures for each approved School Readiness Provider between July 1, 2011 and June 30, 2012 based on the following. Reimbursable holidays will accrue at a rate of one (1) a month for each month the provider is operating up to twelve (12) per fiscal year. Saturdays and Sundays will not be approved as reimbursable holidays. The dates listed below are commonly identified by School Readiness Providers as holidays/closures, but are not mandated. All reimbursed holidays/closures must be approved by the Coalition.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Independence Day Observance</b><br>Mon. July 4, 2011 | <input type="checkbox"/> <b>Thanksgiving Day</b><br>Thurs. November 24, 2011      | <input type="checkbox"/> <b>New Year's Day Observance</b><br>Mon. January 2, 2012 |
| <input type="checkbox"/> <b>Labor Day</b><br>Mon. September 5, 2011              | <input type="checkbox"/> <b>Day After Thanksgiving</b><br>Fri. November 25, 2011  | <input type="checkbox"/> <b>Martin Luther King Day</b><br>Mon. January 16, 2012   |
| <input type="checkbox"/> <b>Columbus Day</b><br>Mon. October 10, 2011            | <input type="checkbox"/> <b>Christmas Eve</b><br>Fri. December 23, 21011          | <input type="checkbox"/> <b>Good Friday</b><br>April 6, 2012                      |
| <input type="checkbox"/> <b>Veterans Day</b><br>Fri. November 11, 2011           | <input type="checkbox"/> <b>Christmas Day Observance</b><br>Mon December 26, 2011 | <input type="checkbox"/> <b>Memorial Day</b><br>Mon May 28, 2012                  |

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ | <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ |
| <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ | <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ |
| <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ | <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ |
| <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ | <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ |
| <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ | <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ |
| <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ | <input type="checkbox"/> <b>Other Date</b> _____ <b>Day of Week</b> _____ |

Changes in holiday schedules during the course of the year must have prior approval by the Coalition. Provider shall submit an updated application no later than the last business day of the month preceding the requested change of holiday. To ensure parents are aware of the Holiday Schedule, the provider shall have parents sign documentation confirming they have received a copy of their Holiday Schedule for the current year. If applicable, the provider shall also have parents sign documentation confirming they have received a copy of the revised Holiday Schedule.

Name and Title of Provider Representative: \_\_\_\_\_

Signature of Provider Representative: \_\_\_\_\_ Date: \_\_\_\_\_



Provider Name: \_\_\_\_\_

**C. EARLY LEARNING COALITION OF THE BIG BEND REGION, INC  
PROVIDER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER**

**Provider Name:** \_\_\_\_\_

Please Check One: \_\_\_ **New Application** \_\_\_ **Change** \_\_\_ **Termination** \_\_\_ **Re-Authorization**

I hereby authorize the Early Learning Coalition of The Big Bend Region, Inc (the Coalition) to deposit my SR and/or VPK payments directly into my **BUSINESS** checking or savings account as indicated below and agree that such credit to these accounts constitutes payment and receipt by me. The Coalition reserves the right to recall funds sent in error and to interrupt or discontinue Electronic Payment and issue paper checks at any time for any reason.

I am aware that it can take up to one payment cycle from the date the Coalition Finance Department receives this form for it to become effective due to pre-note verification. Funds transferred by electronic transmission can take two to three banking days after the scheduled payment date to post to your account. **I am always responsible for verifying that the funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from these accounts.** The Coalition is not responsible for late deposits and will not be responsible for overdrafts on any of the accounts listed below.

I am aware that I must give the Coalition Finance Department written notification to change or terminate my Electronic Payment and that it can take up to thirty (30) days for the Coalition to implement my request. In addition, I am aware that my Electronic Payment will be stopped upon termination of my status as a Network Provider.

**1. Complete if this is a re-authorization and none of the program or banking information has changed.**

**By checking this box and signing below, I am indicating that I have verified the EFT information previously provided to the Coalition and that I acknowledge that this information has not changed.**

**Provider Signature:** \_\_\_\_\_  
(Signature) (Date) (Phone Number)

**Account Holder Signature (if different):** \_\_\_\_\_  
(Signature) (Date) (Phone Number)

**2. Complete if you are a new provider or changes occurred with your banking or program information.**

**Social Security Number or Federal ID Number:** \_\_\_\_\_

**Account Information:** Bank \_\_\_\_\_  
(Bank Name) (Bank Address & Phone Number)

- BUSINESS Checking Account** (Please attach a voided CHECK for verification purposes)
- BUSINESS Savings Account** (Please check with your bank to verify acceptance & routing number)

**Account Number**

**Routing Number**

**Provider Signature:** \_\_\_\_\_  
(Signature) (Date) (Phone Number)

**Account Holder Signature (if different):** \_\_\_\_\_  
(Signature) (Date) (Phone Number)

**FOR COALITION USE ONLY** EFS VENDOR # \_\_\_\_\_ VPK PREPAY VENDOR: YES NO



Provider Name: \_\_\_\_\_

**SECTION III. SITE INFORMATION**

**Complete Section III for each site.**

**A. Demographic for each site:**

Site Name:			
Physical Address:			
City:		Zip Code:	
Mailing Address:			<input type="checkbox"/> same as above
Telephone Number:		Alternate/Emergency Telephone Number:	
E-mail:		Fax Number:	
Director/Operator/Principal Name:		Registration/License#:	
Fed. ID No./ SSN:			

**B. ACCREDITATION – Is the above site accredited by any organization? (Mark all that apply)**

Gold Seal Accreditation	Religious Exempt Accreditation
<input type="checkbox"/> Accred. Professional Preschool Learning Envir. (APPLE)	<input type="checkbox"/> Assoc. Christian Schools International (ACSI)
<input type="checkbox"/> Assoc. Christian Schools International (ACSI)	<input type="checkbox"/> Assoc. Christian Teachers & Schools (National)
<input type="checkbox"/> Assoc. Christian Teachers & Schools (ACTS)	<input type="checkbox"/> Assoc. Christian Teachers & Schools
<input type="checkbox"/> Council on Accreditation (COA)	<input type="checkbox"/> Christian Schools of Florida
<input type="checkbox"/> Montessori School Accred. Commission (MSAC)	<input type="checkbox"/> Church Avenue Academy
<input type="checkbox"/> National Accreditation Commission (NAC)	<input type="checkbox"/> Church of God Association of Christian Schools
<input type="checkbox"/> Natl. Assoc. for the Education of Young Children (NAEYC)	<input type="checkbox"/> Early Childhood Christian Education Association
<input type="checkbox"/> National Association for Family Child Care (NAFCC)	<input type="checkbox"/> Florida Assoc. of Christian Schools & Colleges, Inc.
<input type="checkbox"/> National Council for Private School Accreditation (NCPSA)	<input type="checkbox"/> The Florida CROSS
<input type="checkbox"/> National Early Childhood Program Accreditation (NECPA)	<input type="checkbox"/> Florida Kindergarten Council
<input type="checkbox"/> Southern Association of Colleges & Schools (SACS)	<input type="checkbox"/> Florida Coalition of Christian Private Schools Association
<input type="checkbox"/> United Methodist Assoc. of Preschools (UMAP)	<input type="checkbox"/> FI League of Christian Schools
<input type="checkbox"/> National After-School Association	<input type="checkbox"/> Green Apple Association of Christian Schools
	<input type="checkbox"/> Light of the World Christian School
	<input type="checkbox"/> Miracle Faith Center
	<input type="checkbox"/> Narrow Door Pentecostal
	<input type="checkbox"/> National Association for Christian Education
	<input type="checkbox"/> Natl. Assoc. for the Education of Young Children
	<input type="checkbox"/> National Lutheran School Accreditation (FL-GA district)
	<input type="checkbox"/> New Beginnings Christian Center Accreditation (NBCCA)
	<input type="checkbox"/> Nicene Schools International
	<input type="checkbox"/> Papa Goose Network of Christian Nursery's
	<input type="checkbox"/> Sonshine Association of Christian Schools

**A COPY OF YOUR CERTIFICATE IS REQUIRED**

Effective date on Certificate   /  /    
 Expiration date on Certificate   /  /



Provider Name: \_\_\_\_\_

**C. CURRICULUM - Which of the following curricula does your program use? (Mark all that apply)**

*\*Curriculum also contains a character development component that will satisfy the Character Development Curriculum requirement.*

<input type="checkbox"/>	Beyond Centers & Circle Time	<input type="checkbox"/>	HighReach Learning for Pre-K	<input type="checkbox"/>	Opening the World of Learning
<input type="checkbox"/>	Beyond Cribs & Rattles	<input type="checkbox"/>	High Scope*	<input type="checkbox"/>	Ready Set Leap English Edition
<input type="checkbox"/>	Creative Curriculum 4 <sup>th</sup> edition*	<input type="checkbox"/>	Houghton Mifflin	<input type="checkbox"/>	Ready Set Leap School & Home Edition
<input type="checkbox"/>	Creative Curriculum for Infant, Toddler and Twos	<input type="checkbox"/>	InvestiGator Club	<input type="checkbox"/>	Saxon Learning
<input type="checkbox"/>	Curiosity Corner	<input type="checkbox"/>	KAPLAN Planning Guide to the Preschool Curriculum *	<input type="checkbox"/>	Scholastic Early Childhood Program
<input type="checkbox"/>	Core Knowledge Preschool	<input type="checkbox"/>	Let's Begin with Letter People	<input type="checkbox"/>	The Planning Guide to Infant/Toddler Curriculum
<input type="checkbox"/>	DLM Early Childhood Program *	<input type="checkbox"/>	Links to Literacy	<input type="checkbox"/>	We Can
<input type="checkbox"/>	Doors to Discovery *	<input type="checkbox"/>	Literacy Express	<input type="checkbox"/>	Wee Learn *
<input type="checkbox"/>	ELLM Plus	<input type="checkbox"/>	Little Treasures	<input type="checkbox"/>	Wright Skills Growing with Mathematics

**D. CHARACTER DEVELOPMENT CURRICULUM - Which of the following curricula does your program use? (Mark all that apply)**

Character Critters – LSC Center Research and Extension	<input type="checkbox"/>
Conscious Discipline – Becky A Bailey	<input type="checkbox"/>
Optimistic Classroom – Redleaf Press- Deborah Hewitt and Sandra Holmes	<input type="checkbox"/>
Roads to Readiness – Child Development Education Alliance	<input type="checkbox"/>
Second Step – Committee for Children	<input type="checkbox"/>
Sparkle and Shine – The Region A Partnership for Children	<input type="checkbox"/>
The Kindness Curriculum – Redleaf Press – Judith Anne Rice	<input type="checkbox"/>

**E. DEVELOPMENTALLY APPROPRIATE ASSESSMENT – Which of the following assessment does you program use? (Mark all that apply)**

Creative Curriculum Assessment Tool Kit	<input type="checkbox"/>
Early Learning Accomplishment Profile – (E-LAP)	<input type="checkbox"/>
High Scope Child Observation Record (COR)	<input type="checkbox"/>
Learning Accomplishment Profile – Diagnostic Normed Assessment	<input type="checkbox"/>
Learning Accomplishment Profile – Third Edition (LAP-3)	<input type="checkbox"/>
Portfolio/Work Sampling Assessment	<input type="checkbox"/>
Developmental Indicator for the Assessment of Learning DIAL -3	<input type="checkbox"/>

**F. TRANSPORTATION - Do you or the school provide transportation? (Mark all that apply)**

*\* Contracted School Readiness providers must submit copy of transportation policy if applicable*

<input type="checkbox"/>	From school to site	<input type="checkbox"/>	From site to home
<input type="checkbox"/>	To school from site	<input type="checkbox"/>	To site from home
<input type="checkbox"/>	By school bus or van		



Provider Name: \_\_\_\_\_

**G. Quality Counts Program Enrollment**

The Early Learning Coalition supports the quality improvement of participating School Readiness providers through two levels of program services, Standard Technical Assistance and Enhanced Technical Assistance. School Readiness providers must select the level of service they wish to receive for the 2011-2012 fiscal year.

**Enrollment in Enhanced Technical Assistance services will not be available after September 1, 2011** and is limited to the first 125 contracted School Readiness providers. Review the description of services prior to making selection.

**Select One:**

- Standard Technical Assistance**                       ~~**Enhanced Technical Assistance**~~

**Program Site:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Description of Services**

Level	Standard	Enhanced
<b>Requirements for Participation</b>	<ul style="list-style-type: none"> <li>▪ Completed School Readiness Contract submitted and approved by the Coalition.</li> <li>▪ Maintain all contractual requirements as stated in the School Readiness Contract.</li> <li>▪ Results of annual contract monitoring published through Coalition website and/or other media outlets as part of the Quality Counts Program initiative.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Completed School Readiness Contract submitted and approved by the Coalition.</li> <li>▪ Maintain all contractual requirements as stated in the School Readiness Contract.</li> <li>▪ Results of annual contract monitoring and post-assessment published through Coalition website and/or other media outlets as part of the Quality Counts Program initiative.</li> </ul>
<b>Services Available</b>	<ul style="list-style-type: none"> <li>▪ Annual contract monitoring of program to ensure that contractual requirements of the School Readiness contract are being met.</li> <li>▪ Access to online training opportunities including Continuing Education Units.</li> <li>▪ Access to Career Advisory Services for all employees.</li> <li>▪ Access to the Provider Resource Room.</li> </ul>	<p><b>All Standard Technical Assistance services plus:</b></p> <ul style="list-style-type: none"> <li>▪ An assigned Quality Improvement Specialist to provide on-site consultation, technical assistance and training.</li> <li>▪ Pre- and Post- environmental rating scale assessment (ITERS, ECERS or FCCERS) completed on one or more randomly chosen classroom(s).</li> <li>▪ A comprehensive program improvement plan based on the results of the previous year's contract monitoring and the Pre-assessment.</li> <li>▪ Access to additional funds, when available, to assist with the implementation of the program improvement plan.</li> <li>▪ Access to additional funds, when available, for reimbursement of professional development expenses.</li> <li>▪ Access to participate in the Registered to Licensed project; assisting registered Family Child Care Homes to become licensed.</li> </ul>



Provider Name: \_\_\_\_\_

**SECTION IV. CERTIFICATION**

**CERTIFICATION**

I certify that:

- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. I acknowledge providing false or inaccurate information to obtain or increase benefits or reimbursements to which I am not entitled will be considered fraud and may result in denial of further participation in the program and/or referral to AWI for further investigation.
- I agree to submit an updated application reflecting any changes to this application for Coalition approval prior to the enactment of the changes.
- I agree to comply with all contractual requirements as stated in the 2011/2012 Provider Network contract to which this Application is a part including:
  - ❖ Florida School Readiness Laws (Chapter 411, Florida Statutes)
  - ❖ Employment Screening Requirements (Chapter 435, Florida Statutes)
  - ❖ Child Care Licensing Standards and Information (Section 411.01, Florida Statutes; Chapter 402)
  - ❖ Rilya Wilson Act (Section 39.604, Florida Statutes)
  - ❖ Student Parental Rights and Education Choices Section 1002, Florida Statutes
  - ❖ Federal Child Care Development Funds Laws (45 Code of Federal Regulations 98):
  - ❖ Rules (Chapters 60BB-4 and 60BB-8, Florida Administrative Code; Florida Child Care Development Fund Plan)
  - ❖ Florida Statutes; Chapter 65C-22, Florida Administrative Code, for centers and Chapter 65C-20, Florida Administrative Code, for family child care homes), as applicable:
  - ❖ School Readiness Rules (60BB-4 F.A.C.)
  - ❖ Adult and Child Care Food Program – Providers participating in this program must comply with all provisions
  - ❖ Early Learning Coalition of the Big Bend Region – policies and School Readiness monitoring tool

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Signature of owner/director/operator/principal/school district staff Title

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Name of owner/director/operator/principal/school district staff Date



Provider Name: \_\_\_\_\_

**EARLY LEARNING COALITION PROVIDER CO-OP AGREEMENT**

**I. PARTIES**

1. This Agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the Early Learning Coalition of the Big Bend Region, Inc., a Florida not-for-profit corporation, with its principal offices located at 1940 North Monroe St, Suite 70, Tallahassee, Florida 32303, hereinafter referred to as "COALITION") and \_\_\_\_\_ (hereinafter referred to as "PROVIDER")

**II. TERMS OF AGREEMENT**

1. This Agreement applies to the July 2011 through June 2012 fiscal year. This Agreement shall begin on the date on which the Agreement is executed in full by both parties and expires on June 30, 2012.
2. Participation in the Early Learning Coalition Co-Op program is available to early care and education providers servicing families residing in the Coalition Service Area who have a current and valid School Readiness Contract or Voluntary Pre-kindergarten Contract with the COALITION.
3. The PROVIDER agrees to pay in advance \$10.00 per Co-Op Kit ordered through the end of the fiscal year by automatic monthly payment deduction from School Readiness reimbursement.
4. The PROVIDER agrees to purchase \_\_\_\_\_ (Number) Co-Op Kits per calendar month to be picked up at the COALITION Market Day unless otherwise arranged. The PROVIDER agrees that any Co-Op Kits not claimed by the next Market Day will be donated back to the COALITION.
5. The PROVIDER agrees that implementation of the COALITION's Co-Op program will occur only when 50 orders have been placed for Co-Op Kits and that no money will be deducted from the PROVIDER's reimbursement until such time as 50 orders can be obtained.
6. The COALITION agrees to provide Co-Op Kits containing materials tied to the Florida Performance Standards with hands-on activities for three, four and five year old children.
7. The COALITION agrees to provide and distribute the Co-Op kits as listed in Attachment A of the this Provider Co-Op Agreement.
8. The PROVIDER or the COALITION may terminate this Agreement in writing with 30 days notice.

**III. EXECUTION OF AGREEMENT**

The PROVIDER has caused this Agreement to be executed as of the date set forth in section 1.

\_\_\_\_\_  
Signature of Director/Operator/Principal

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

The COALITION has caused this Agreement to be executed as of the date set forth in section 1.

\_\_\_\_\_  
Signature of Coalition Chief Executive Officer or Designee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed



## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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 3. 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 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 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. citizen or other U.S. person (defined below).

**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 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

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

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt 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,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

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 below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## 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 income tax return. 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 entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return 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).** Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA 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.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

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

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## 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 a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 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 or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

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.** Entering "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, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**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, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
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 or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	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 and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the 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.) Also see *Special rules for partnerships* on page 1.

**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.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide 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 or HSA. 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, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% 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.

**EARLY LEARNING COALITION OF THE BIG BEND REGION, INC.  
SCHOOL READINESS PROVIDER NETWORK CONTRACT (2011-2012)**

This Provider Network CONTRACT ("CONTRACT") is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2012, by and between:

**Early Learning Coalition of the Big Bend Region, Inc., (herein referred to as "COALITION")**  
a Florida not-for-profit corporation organized under the laws of the State of Florida, whose principal address is 1940 North Monroe Street Suite 70, Tallahassee, Florida 32303 and

\_\_\_\_\_, whose address is  
Legal Name \_\_\_\_\_ ("PROVIDER").  
Street, City, State, Zip \_\_\_\_\_

**RECITALS**

**WHEREAS**, the Florida Legislature designated the Agency for Workforce Innovation ("AWI") as the lead agency for Child Care Development Funds received pursuant to 45 CFR Part 98, which includes funds for School Readiness and Referral Programs;

**WHEREAS**, the Florida Legislature authorized the establishment of Early Learning Coalitions for the purpose of implementing, coordinating and administering the provisions of Section 411.01, F.S., (School Readiness Act), and Part V of Chapter 1002, F.S. (Voluntary Pre-kindergarten Education Program);

**WHEREAS**, the COALITION was established to implement the above-referenced statutory provisions in Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla counties ("Coalition Service Area");

**WHEREAS**, the COALITION desires to establish partnerships with child care providers servicing families residing in the Coalition Service Area for purposes of preparing children for success in school by providing the highest quality early care and education for children participating in the School Readiness program;

**WHEREAS**, the PROVIDER has reviewed the terms of this CONTRACT and relevant state, federal and COALITION laws, rules, guidelines and policies including, but not limited to, Chapter 402, F.S., and Section 411.01, F.S., and represents that it is qualified to provide the services set forth herein; and

**WHEREAS**, the PROVIDER and the COALITION desire to enter into this CONTRACT and they have the right, power and authority to enter into and be bound by this CONTRACT.

**NOW, THEREFORE**, in consideration of the mutual understandings and covenants set forth herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the PROVIDER and the COALITION (collectively, the "Parties") agree as follows:

**1. GENERAL PROGRAMMATIC, ENVIRONMENTAL AND DEVELOPMENTAL REQUIREMENTS**

It is the COALITION'S intent to protect the health, safety and well-being of the children attending child care facilities and family child care homes and to promote their emotional and intellectual development and care. Furthermore, the COALITION is required to implement a comprehensive program of School Readiness services that enhance the cognitive, social and physical development of children to achieve performance standards and outcome measures adopted by the Agency for Workforce Innovation. To this end, the PROVIDER agrees to comply with General Programmatic, Environmental and Developmental Requirements set forth in law, rules, regulation and policy set by the State and Federal Government and COALITION.

**2. PROVIDER ELIGIBILITY**

The PROVIDER certifies the following:

2011 - 2012 Early Learning Coalition of the Big Bend Region  
School Readiness Provider Network Contract

- A. The PROVIDER is either a licensed child care facility, a licensed family child care home or registered family child care home pursuant to Sections 402.301 - 402.319, F.S.; a child care facility which is an integral part of a church or parochial school and exempt from the provisions of Sections 402.301 - 402.319, F.S., (except for requirements regarding the screening of child care personnel), pursuant to Section 402.316, F.S.; a public or nonpublic school pursuant to Section 402.3025, F.S or childcare facilities exempt from licensure pursuant to Section 402.316 F.S.
- B. All child care personnel employed by the PROVIDER are of good moral character based upon the Level 2 standards for screening set forth in Section 435.04 F.S.

**3. STUDENT ENROLLMENT, ELIGIBILITY AND ATTENDANCE**

- A. *Enrollment Policy.* The PROVIDER shall not enroll any child with the expectation of receiving reimbursement without prior written authorization by an authorized representative of the COALITION. The PROVIDER agrees that if School Readiness services are provided without proper authorization, those services will not be eligible for reimbursement.
- B. *Child Eligibility.* The PROVIDER agrees that reimbursement will only be made for children eligible for School Readiness services. The PROVIDER agrees that no reimbursement will be made after the ending date of eligibility unless the child's continued eligibility has been determined by the COALITION.
- C. *Attendance.* The PROVIDER shall adhere to COALITION approved attendance policies. Furthermore, the PROVIDER shall maintain accurate attendance records and daily sign-in/sign-out sheets (reflecting, at a minimum, the child's arrival and departure times and a signature of the parent or authorized adult for each) and agrees to submit attendance reports on a monthly basis or as otherwise required by COALITION policies. The COALITION acknowledges child care staff as "authorized adults" ONLY for the purposes of sign-in sheets for those children who arrive at the childcare facility by school bus. Attendance records and sign-in/sign-out sheets shall be retained for a minimum of five (5) years. The records must be kept on-site for a minimum of one (1) year and a minimum of four (4) years thereafter in either on- or off-site storage.  
  
The PROVIDER agrees that the COALITION may, in its sole discretion, audit attendance records at any time. Records that fail to substantiate the reimbursement claims filed with the COALITION, or provision of false/misleading information by the PROVIDER will automatically result in disallowed reimbursement. Disallowed reimbursement will either be deducted from any forthcoming reimbursement or immediately repaid to the COALITION upon request.
- D. *Rilya Wilson Act.* The PROVIDER shall adhere to the Rilya Wilson Act (Section 39.604, F.S.) and all reporting requirements therein. The PROVIDER will notify the Department of Children and Families' designated agency for any Protective Services (BG1) children who have an excused or unexcused absence. The PROVIDER shall notify the COALITION via phone if a child under Protective Services (BG1) is absent for two (2) consecutive days with no contact from the parent or has seven (7) consecutive excused absences.

**4. NONDISCRIMINATION**

The PROVIDER shall not discriminate against a parent or child, including refusal to admit a child for enrollment, based solely on the grounds of race, color, national origin, disability, or religion.

**5. COMPENSATION AND FUNDING**

- A. *Reimbursement Rate.* The PROVIDER agrees to the amount of childcare reimbursement to be paid for each child and understands rates may differ for individual children. The maximum daily rate of reimbursement to be paid for a specific child will be based on the PROVIDER'S rate schedule for each fiscal year (July 1 to June 30 of the following year), as approved by the COALITION.
- B. *Rate Restrictions.* The PROVIDER agrees to provide the COALITION with PROVIDER's published child care rates charged to parents. The PROVIDER agrees not to charge either the COALITION or the parent receiving School Readiness funding, a higher rate than charged to non-School Readiness parents. The PROVIDER agrees that the parent may be charged a differential rate if the published rate charged to private families is higher than the reimbursement rate paid by the COALITION.
- C. *Reporting Changes.* The PROVIDER agrees to promptly report, in writing, all changes concerning the PROVIDER, such as change of location or ownership, to the COALITION at least ten (10) days prior to the change. The PROVIDER agrees that failure to give proper notification could result in a delay of reimbursement, contract suspension or contract termination. The PROVIDER further agrees that reimbursements are not transferable and are non-assignable.
- D. *Holidays and Closings.* Reimbursable holidays will accrue at a rate of one (1) a month for each month the PROVIDER is operating up to twelve (12) per fiscal year. Saturday and Sundays will not be approved as reimbursable holidays. PROVIDERS may select their holidays to be consecutive or use them throughout the year. The COALITION must approve all selected holidays in order for the PROVIDER to be reimbursed. Holidays chosen by the PROVIDER cannot be changed during the course of the year without prior approval of the COALITION. PROVIDER shall submit a revised application no later than the last business day of the month preceding the requested change of holiday. To ensure parents are aware of the Holiday Schedule, the PROVIDER shall have parents sign documentation confirming they have received a copy of their Holiday Schedule for the current year. If applicable, the PROVIDER shall also have parents sign documentation confirming they have received a copy of the revised Holiday Schedule.
- E. *Temporary or Permanent Closings.* The PROVIDER shall notify the COALITION, immediately by phone, to be followed by notice in writing, of any temporary or permanent closings of the child care facility. The PROVIDER agrees that the COALITION may suspend all reimbursements for up to ninety (90) calendar days if the PROVIDER experiences a closing.
- F. *Co-Payment.* The PROVIDER agrees it is responsible for collecting any co-payment assigned by the COALITION to be paid by the parent. This assigned co-payment is automatically deducted from the PROVIDER'S monthly reimbursement. The PROVIDER agrees to give the parent or responsible adult a receipt, including dates of services covered, for co-payments as they are paid. The PROVIDER agrees that if a parent does not pay his/her co-payment, the PROVIDER shall notify the COALITION within thirty (30) calendar days. The PROVIDER may submit to the COALITION a request seeking authorization to immediately terminate enrollment. The COALITION will hold the parent to the past 30 days of co-payment only. The PROVIDER agrees that before a parent can transfer to another School Readiness program, without a co-payment receipt from the PROVIDER, the PROVIDER must sign and submit to the COALITION a Co-payment Release Form stating that the parent has remitted a co-payment for the past thirty (30) days. If a parent leaves the PROVIDER'S program owing a co-payment, and the parent and the PROVIDER mutually agree to a payment schedule, the PROVIDER will notify the COALITION in writing of the parent's compliance with this arrangement.
- G. *Provider Market Day and Reimbursement Schedule.* The PROVIDER shall attend the Provider Market Day for purposes of submitting completed attendance rosters, sign in

/out sheets, receiving new attendance rosters, and exchanging other required paperwork with the COALITION. The PROVIDER agrees that attendance documentation received after the scheduled Market Day, but before noon on the third business day, may not be reimbursed until the last business day of the month in which the COALITION receives the attendance documentation. The PROVIDER agrees that any attendance documentation received after noon on the third business day may not be reimbursed until the following month.

- H. *Reconciling Reimbursement.* The PROVIDER agrees to review the reimbursement summary provided by COALITION. The PROVIDER agrees to report any discrepancy, over reimbursement or under reimbursement within forty-five (45) days from the date reimbursement is made by the COALITION. The PROVIDER agrees to return to the Coalition any funds received as a result of error or over reimbursement.
- I. *Access to Records.* The PROVIDER agrees to keep and maintain all records and forms on site, including enrollment, attendance, reimbursement summaries and other fiscal records for children funded through the School Readiness program, for a period of no less than five (5) years, in which the records must be kept one (1) year on-site and a minimum of four (4) years thereafter either on site or in storage.
- J. *Suspension of Reimbursement.* The PROVIDER agrees that failure to maintain contractual requirements, may result in suspension of School Readiness reimbursements to the PROVIDER'S program. The PROVIDER may appeal the COALITION'S decision to suspend School Readiness reimbursements pursuant to this subsection by filing a complaint or grievance pursuant to the Dispute Resolution process provided in Section 8 (eight) of this CONTRACT.
- K. *Reimbursement Procedures.* The PROVIDER agrees to follow all reimbursement procedures adopted by the COALITION and/or mandated by the AWI and to complete a W-9 to remain eligible to participate in the School Readiness program. The PROVIDER will submit a completed W-9 and Electronic Funds Transfer (EFT) form. The PROVIDER will reimburse the COALITION for all bank fees related to stop payment of reimbursement where the Provider has initiated the stop payment request.
- L. *Gold Seal Reimbursement.* The PROVIDER agrees to submit their Gold Seal certificate, awarded by the Department of Children and Families, to the COALITION by July 1<sup>st</sup> of the current contract year in order to be reimbursed at the Gold Seal rate. The COALITION will not accept any Gold Seal Certificates nor will the COALITION reimburse providers at the Gold Seal rate for certificates received after July 1<sup>st</sup> of the current contract year.

## **6. COMPLIANCE VERIFICATION**

- A. *Records Inspection.* The PROVIDER agrees to permit the COALITION, AWI or their designees to enter the PROVIDER'S child care facility during hours of operation to verify PROVIDER'S compliance with this CONTRACT. The PROVIDER agrees to allow the COALITION, AWI or their designees to inspect and copy records maintained by the PROVIDER in accordance with this CONTRACT.
- B. *COALITION Resources.* The PROVIDER agrees that detailed explanations of the requirements set forth in this CONTRACT incorporated in the School Readiness Monitoring Tool.

## **7. TERMINATION AND MODIFICATION**

- A. *Termination (Without Cause).* The PROVIDER or the COALITION may terminate this CONTRACT without cause upon providing a minimum of thirty (30) calendar days notice to the other party. Notice of termination must be given in writing, and alternative

arrangements for uninterrupted services shall be made for children participating in the School Readiness program.

- B. *Termination (With Cause)*. In the event the PROVIDER fails to comply with the terms of this CONTRACT, the COALITION may notify the PROVIDER in writing and give the PROVIDER a period of a maximum of fourteen (14) calendar days to bring matters into compliance. If the PROVIDER does not comply within the period given, the COALITION may terminate this CONTRACT thereby finding the PROVIDER ineligible for School Readiness funding.
- C. *Termination (Other)*. The COALITION and the PROVIDER agree that there may be a need to terminate this CONTRACT in the event of any legislative or funding changes. The COALITION may terminate this CONTRACT at will, due to lack of funds, breach or failure to satisfactorily perform under this CONTRACT.
- D. *Modification*. The PROVIDER understands and agrees that there may be a need to revise the terms of this CONTRACT in the event of COALITION policy, procedure, or funding change. Modifications to this CONTRACT must be made in writing and signed by both parties.
- E. *Waiver*. The COALITION reserves the right to waive PROVIDER'S compliance with one or more of the provisions of this CONTRACT upon a showing of good cause. Good cause shall be defined by the COALITION on a case by case basis. A waiver may be granted upon written approval by the COALITION Chief Executive Office or Authorized Representative.

## **8. DISPUTE RESOLUTION**

The COALITION will handle any complaint or grievance, from the PROVIDER based upon the following:

- A. The PROVIDER must submit a complaint or grievance in writing to the COALITION within fourteen (14) calendar days of the action or decision. The written notice must include: the specific COALITION action or decision, the date that action or decision occurred, a detailed explanation of how the PROVIDER was adversely affected by the action or decision, citing specific legislation, policy, procedure, or statute that was violated, and the name, address, and telephone number of an individual who can act on behalf of the PROVIDER.
- B. The COALITION will respond in writing to any complaint or grievance within thirty (30) calendar days of receipt and will keep a record of that complaint or grievance.
- C. The PROVIDER can appeal the COALITION decision by submitting a written notice of the grievance, complaint, or appeal within fourteen (14) calendar days of the COALITION written response to the COALITION board. The written notice must include: the specific COALITION action or decision, the date that action or decision occurred, a detailed explanation of how the PROVIDER was adversely affected by the action or decision, citing specific legislation, policy, procedure, or statute that was violated, and the name, address, and telephone number of an individual who can act on behalf of the PROVIDER.
- D. The Executive Committee will review the information and address the appeal within thirty (30) calendar days of receipt. The COALITION Board will review the findings and will notify the PROVIDER in writing within fourteen (14) calendar days. The decision of the COALITION Board is final.

## **9. COALITION RESPONSIBILITIES**

- A. The COALITION supports all licensed and license-exempt childcare facilities, public and private schools, and family child care homes in the provision of quality School Readiness services. The PROVIDER agrees to comply with General Programmatic, Environmental and Developmental Requirements set forth in law, rules, regulation and policy set by the

State and Federal Government and COALITION. The COALITION will provide technical assistance to any PROVIDER who would like more information to help in meeting these standards.

- B. The COALITION and/or its designee will monitor each PROVIDER at least twice during the fiscal year. This monitoring activity may include, but is not limited to, on site monitoring, fiscal and file audits, and licensing and registration reviews.
- C. The COALITION and/or its designee agree to provide technical assistance to any PROVIDER, who as a result of any COALITION monitoring, is found to be out of compliance.

**10. GENERAL**

- A. The PROVIDER agrees children are placed based on parental choice and funding availability.
- B. The PROVIDER acknowledges that by providing false or inaccurate information to obtain or increase benefits or reimbursements to which it is not entitled, may be considered fraud. Any PROVIDER activity considered fraudulent may result in a requirement of repayment of unauthorized subsidy reimbursements, denial of further participation in the program, and/or referral to AWI for further investigation.
- C. The PROVIDER agrees to maintain commercial general liability insurance coverage that is current and sufficient. The PROVIDER agrees to maintain coverage limits of, at a minimum, \$100,000 each occurrence, and \$200,000 general aggregate and to add the COALITION as both a certificate holder and an additional insured to the commercial general liability policy.
- D. A PROVIDER who is a state agency or subdivision thereof agrees to file with the COALITION proof of commercial general liability insurance coverage satisfactory to the COALITION and in compliance with the law which, at a minimum, shall provide coverage limits of \$100,000 each occurrence and \$200,000 general aggregate. The insurance required by this provision shall be and remain in full force and effect for the entire CONTRACT period.
- E. A PROVIDER who is a state agency or subdivision thereof shall only be subject to the liability referenced in subsection 10.D. to the extent sovereign immunity is waived by Section 768.28, F.S.
- F. The PROVIDER is fully liable for the actions of its agents, employees, partners, contractors, and subcontractors and shall indemnify, defend and hold harmless the COALITION, AWI and their officers, agents, employees, contractors, and subcontractors from suits, actions, damages, and costs of every name and description, including attorneys' fees, arising from or relating to personal injury and damage to real or personal tangible property alleged to be caused in whole or in part by the PROVIDER. This provision is subject to limitations set forth in Section 768.28, F.S., to the extent applicable to the PROVIDER.
- G. The PROVIDER shall ensure the confidentiality of the child's individual and family information by requiring all staff to complete a Confidentiality Agreement. Information associated with the School Readiness Program shall only be available to the PROVIDER, the legal parent/guardian, the COALITION and/or its designee, AWI, and/or other legally sanctioned entities. Any questions regarding access to the records may be directed to COALITION for guidance.

**11. GENERAL ASSURANCE CERTIFICATION**

The Agency for Workforce Innovation and the COALITION are mandated to provide oversight and establish policies for School Readiness funding (411.01, F.S.). Pertinent rules and regulations that School Readiness providers are required to adhere to under this Contract may be accessed at the following websites:

Florida School Readiness Laws (Chapter 411, Florida Statutes)  
Employment Screening Requirements (Chapter 435, Florida Statutes  
Child Care Licensing Standards and Information (Section 411.01, Florida Statutes; Chapter 402  
Rilya Wilson Act (Section 39.604, Florida Statutes)  
Student Parental Rights and Education Choices Section 1002, Florida Statutes  
<http://www.leg.state.fl.us/statutes/index.cfm>

Federal Child Care Development Funds Laws (45 Code of Federal Regulations 98):  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_o2/45cfr98\\_02.html](http://www.access.gpo.gov/nara/cfr/waisidx_o2/45cfr98_02.html)

Rules (Chapters 60BB-4 and 60BB-8, Florida Administrative Code; Florida Child Care Development Fund Plan): <http://www.floridajobs.org/earlylearning/IMPI.html>

Florida Statutes; Chapter 65C-22, Florida Administrative Code, for centers and Chapter 65C-20, Florida Administrative Code, for family child care homes), as applicable:  
<http://www.dcf.state.fl.us/programs/childcare/laws.shtml>

School Readiness Rules (60BB-4 F.A.C.)  
<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=60BB-4>

Adult and Child Care Food Program – Providers participating in this program must comply with all provisions:  
<http://www.fns.usda.gov/cnd/Care/Regs-Policy/Regulations.htm>

Early Learning Coalition of the Big Bend Region – Coalition forms, policies and Plan  
<http://www.elcbigbend.org/>

Legal Name of Facility: \_\_\_\_\_

The PROVIDER attests that the information provided in this document is true to the best of its knowledge and is subject to verification by the COALITION. The PROVIDER hereby signs this CONTRACT to be executed as of the date set forth above.

\_\_\_\_\_  
Signature of Director/Operator/Principal or Authorized Representative Date

\_\_\_\_\_  
Print Name Title

The COALITION hereby signs this CONTRACT to be executed as of the date set forth above.

\_\_\_\_\_  
Signature of Coalition Chief Executive Officer or Authorized Representative Date

Lauren Faison Chief Executive Officer  
Print Name Title

**Program Type: Licensed Family Child Care Homes**

**Effective Date: July 1, 2011**

**Provider Name:** \_\_\_\_\_

The table below indicates the rates of reimbursement your program will receive from the Early Learning Coalition of the Big Bend Region. These rates do not include any deduction for assessed parent fees. These rates will not be distributed as advertised rates (private pay rates) your program charges.

Unit of Care	Rate of Pay	Private Pay if less than Rate of Pay
FT Infant	22.20	
PT Infant	17.40	
FT Toddler	20.00	
PT Toddler	15.00	
FT 2 Year Old	20.00	
PT 2 Year Old	15.00	
FT 3 Year Old	20.00	
PT 3 Year Old	15.00	
FT 4 Year Old	20.00	
PT 4 Year Old	15.00	
FT 5 Year Old	20.00	
PT 5 Year Old	15.00	
FT School Age	16.40	
PT School Age	12.20	
FTV (VPK FT Wrap)	14.55	
PTV (VPK PT Wrap)	7.50	

I acknowledge that these are the rates of reimbursement that I will receive, less any assessed parent fees, for school readiness children enrolled through the Early Learning Coalition of the Big Bend Region, and that these rates are not higher than my private pay rates.

\_\_\_\_\_  
Signature of Provider/Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_, 20\_\_, by \_\_\_\_\_, who is personally known to me OR presented \_\_\_\_\_ as identification, and who did not take an oath.

WITNESS my hand and official seal in the County and State set forth above.

\_\_\_\_\_  
NOTARY PUBLIC

**FOR ELC USE ONLY**

\_\_\_\_\_  
Signature of Authorized Coalition Representative

\_\_\_\_\_  
Date

Rates Entered \_\_\_\_\_ Scanned \_\_\_\_\_