Early Learning Provider Eligibility Form

Program Year 20___ - 20___

Indicate options for emergency/enhanced quality activities

☐ a. Health/Safety Cleaning Supplies
☐ b. Consumable support/welfare infant/toddler supplies
☐ c. Provider Infrastructure/Operating costs
☐ d. Professional Development Training Stipends*
☐ e. Other _____

Please print and fill out completely.

A separate eligibility form is needed for each staff member/teacher.

Child Care Provider

1. Provider Information

Legal Name of Center: _____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL_____ County_____

Phone #1(   )_____Phone #2(   )_____Fax # (   )_____

License #_____ Is your center NAEYC accredited? ☐ Yes   ☐ No

Center email address_____   Contact Person_____

Center Type (check all that apply): ☐ Profit ☐ Nonprofit ☐ Public ☐ Religious Exempt ☐ Home

Please check all forms of funding your center receives:

☐ Head Start ☐ Early Head Start   ☐ State Head Start   ☐ VPK   ☐ None
☐ Title I   ☐ IDEA   ☐ State Subsidies: contracts ☐ State Subsidies: vouchers
                                                    (School Readiness)

Number of children licensed for_____   Number of children enrolled_____

2. Eligibility Criteria for each Provider/Center

Does this provider/center meet the following eligibility criteria requirements?

☐ Yes ☐ No Current School Readiness (SR) or Voluntary Prekindergarten (VPK) contract?
☐ Yes ☐ No Operating without a pending/open provider improvement plan (PIP) in effect?
☐ Yes ☐ No Operating without pending/open DCF violations in effect?
☐ Yes ☐ No Center is currently providing early learning services (i.e. open for business) OR
                Center is currently working to re-open for business within 10 business days?

If all responses are yes, provider is eligible for any/all above-listed emergency quality activities.

I am submitting this application to qualify for and receive one or more of the above-listed emergency/enhanced quality activities and understand all monies received must be used for the items/activities noted. I attest to the fact that the information I have provided in this application

is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Name_____ Date_____

Contact Phone (   )_____ Email_____

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

☐ Yes ☐ No   Is this application form complete?
☐ Yes ☐ No   Does the sponsoring provider/center meet the listed eligibility criteria?

If all above responses are yes, this application form can be accepted.

Name_____ Date_____

Contact Phone (   )_____ Email_____

Contact Entity ☒ Early Learning Coalition   ☐ RCMA   ☐ Other _____

Contact Phone (   )_____ Email_____