County of Los Angeles
Child Care Planning Committee
INVESTING IN EARLY EDUCATORS STIPEND PROGRAM

CYCLE 10B: For Persons Working in Family Child Care Homes
Instructions and Application

FUNDING FOR CYCLE 10 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

Schedule for Stipend Program – Cycle 10	
Stipend Program Cycle 10 applications posted on the Web site at www.childcare.lacounty.gov	August 2008
Applications with supporting documents due	**Mail in: Thursday, October 23, 2008 (postmarked)** **Walk in: Thursday, October 30, 2008**
Application Disqualification Letters mailed by:	Thursday, January 8, 2009
Appeal Letters for Application Disqualification due:	Thursday, January 22, 2009
Verification Forms mailed to eligible applicants by:	Thursday, January 22, 2009
Verification Forms with supporting documents due:	**Mail in: Thursday, March 5, 2009 (postmarked)** **Walk in: Thursday, March 12, 2009**
Verification Disqualification Letters mailed by:	Monday, May 4, 2009
Appeal Letters for Verification Disqualification due:	Monday, May 18, 2009
Stipends sent to qualifying applicants:	**July/August 2009**

READ ALL INSTRUCTIONS CAREFULLY BEFORE AND WHILE COMPLETING THE APPLICATION AND PROVIDE ALL INFORMATION AND DOCUMENTS REQUESTED.

Overview

The *Investing in Early Educators Stipend Program,* funded by the California Department of Education/Child Development Division (CDE/CDD) and developed by the County of Los Angeles Child Care Planning Committee, is designed to increase the retention of teachers working in child development programs – centers and family child care homes – in which most of the children are subsidized by the CDE/CDD. In addition, the *Stipend Program* helps teachers work towards completing college coursework that contributes to a degree in child development or a closely related field.

The instructions serve as your guide for completing your application to the *Stipend Program.* It is critically important that you **read the instructions** carefully and provide all information and documents as requested. Note that each cycle is separate; therefore, you must submit all supporting documents requested for this cycle. **Applications that have missing information and/or missing documents will be considered incomplete and will not be reviewed.**

The instructions also provide you with information on the process leading up to awarding stipends, including the appeal process and a detailed timeline.

Applying to the *Stipend Program* is a two-part process:
1. **Application:** determines that you meet the employment eligibility criteria.
2. **Verification:** verifies that you have met the educational requirements, hold a Child Development Permit, and continue to meet the employment criteria.

If you work in a Los Angeles Universal Preschool (LAUP) classroom only, you may be eligible for their Professional Growth Plan (PGP) Stipend Program. Visit www.laup.net and click on Professional Growth Opportunities for more information.

STEP 1: Determining Eligibility[1] (see note below)

To be eligible **to apply** for a stipend, you ***must:***

1. Work in a family child care home that participates in a California Department of Education/Child Development Division (CDE/CDD)-contracted Family Child Care Home Education Network certified by the Network Program Director/Administrator, **OR**

   Work in a licensed family child care home in which the majority (51% or more) of the children receive a child care subsidy from the CDE/CDD-contracted agency at the time you submit your application; **AND**

2. Work directly teaching children on a consistent and continual basis at least 15 hours per week; **AND**

3. Have been licensed and operating for one year or employed in a family child care home in the County of Los Angeles from July 1, 2008 through March 12, 2009; **AND**

4. ***PERMIT REQUIREMENT!*** Hold a Child Development Permit issued by the California Commission on Teacher Credentialing (CTC) to be submitted with the Verification Form (see Schedule). See Step 2, Item 2 under ***Eligible Coursework*** for more information on obtaining or upgrading a permit.

If you meet the eligibility criteria, then continue to Step 2.

STEP 2: Meeting the Educational Requirements

To earn a stipend, you ***must***:

1. Complete at least three (3) semester units (4.5 quarter units) of eligible coursework at a community college, college, or university; **AND**

2. Complete the class(es) **after** February 28, 2008 and **before** March 1, 2009; **AND**

3. Pass the class(es) with a grade of "C" or better; **AND**

4. Submit your transcript(s) and permit when requested with your Verification Form.

Eligible Coursework

All coursework must be unit-bearing. Extension or continuing education courses are ***not*** eligible unless the applicant has a Bachelor Degree (BA/BS) or higher.

Eligible coursework is limited to the following five categories:

1. **If you are not proficient in English** as indicated on your application, you may take English-as-a-Second-Language (ESL) classes at a community college if directed to do so by your college. This option is intended for applicants needing to improve their English language skills in order to enroll in college classes toward earning a degree.

2. **If you do NOT have a child development permit issued by the California Commission on Teacher Credentialing (CTC),** you may take required child development classes, such as child/human growth and development, child/family/community, or curriculum. **If you already have a permit**, you may take classes needed to upgrade or renew your permit.

[1] State law limits eligibility to the *Investing in Early Educators Stipend Program* to persons serving a majority of children receiving CDE/CDD subsidies. Staff working in Los Angeles Universal Preschool (LAUP) and Head Start Programs only are ineligible to apply.

***Note*:** *If you do not have a permit, contact CTC by visiting their Web site at www.ctc.ca.gov or contact the child development department at your community college. You will need a valid permit to qualify for a stipend at the time of verification; it takes approximately **nine months** for your permit to be issued.*

3. **If you do NOT have an Associate Degree (AA/AS),** you may take English, math or general education classes; OR prerequisites to classes that are transferable for degree credit to a four year college, including child development. Check with an advisor at your college or university before enrolling in a class if you are not sure it is a prerequisite or transferable class.

4. **If you have an AA/AS or are working toward a BA/BS,** you may take classes that are transferable and are counted as credit toward a four-year college or university degree; OR classes at a four-year college or university that count towards a degree. **ACCEPTABLE DEGREES** include Early Childhood Education, Early Special Education, Child Psychology, and Child Development.

5. **If you have a BA/BS OR higher,** you may take college or university classes that are directly related to your work with children and families. Sample topics include: special needs children, diversity, dual language learners, parent relations, adult supervision, program evaluation, and advanced child development. Unit bearing extension or continuing education courses can be counted as eligible only for individuals who already hold a BA/BS or higher.

If you meet the eligibility criteria **and** understand the educational requirements, then continue with your application.

STEP 3: Completing the Application

Be sure you have the correct application:

- If you work in a **child development center**, complete the application for **Cycle 10A** (see separate instructions for Cycle 10A).
- If you work in a **family child care home**, complete the application for **Cycle 10B.**

Section 1. Applicant Information

- Enter your full name in the appropriate box on the top of each page of your application.
- Fill in every box; do not leave blanks. If the information is not applicable, then write in "N/A".
- Enter **all** telephone numbers where we can reach you from 9:00 a.m. to 5:00 p.m. Monday through Friday.

Special instructions:

- *Enter your full name **exactly** as it appears on your social security card.*
- *Enter your social security number (SSN) **exactly** as it appears on your card.*
- *All SSNs are verified with the Internal Revenue Service (IRS), so accuracy is critical.*

Section 2. Applicant Education and Permit Levels

- Check the **highest level of education** that you have **COMPLETED.**

***Note**: If you are working toward a degree, **DO NOT** check that you have the degree.*

- Check the type of Child Development Permit you **CURRENTLY HOLD.**

Section 3. Continuing Education Requirement

- Check all that apply; indicate major, if you have checked that you are working to obtain an AA, BA/BS or MA/MS.

Section 4. Applicant Employment Information

- If your family child care home is part of a Family Child Care Home Education Network (FCCHEN), enter the name of the administering agency and the name of the Network Coordinator/Administrator in the appropriate boxes. *Family Child Care Home Education Networks include:*

  - California State University Northridge Children's Center
  - Center for Community & Family Services
  - Child Development Consortium of Los Angeles
  - Child Care Resource Center
  - Children's Home Society of California
  - Children's Institute, Inc
  - City of Gardena Child Development
  - City of Santa Fe Springs
  - Claremont Unified School District
  - Community Development Center
  - Comprehensive Child Development, Inc.
  - Estrada Courts
  - Hope Street Family Center
  - International Institute of Los Angeles
  - Kids First Learning Center
  - Little Tokyo Service Center Community Development
  - Los Angeles Mission College
  - Mexican American Opportunity Foundation (MAOF)
  - Options – A Child Care & Human Services Agency
  - Pathways
  - Venice Family Clinic
  - Vista del Mar/Home Safe
  - Westside Children's Center

Note: *Certification by the Network Coordinator/Administrator for applicants participating in a FCCHEN is required. (See Section 7.)*

- Licensee/owners and assistants applying for the *Stipend Program* **MUST** include a copy of the family child care home license with your application.

Note: Indicate if the family child care home in which you work serves as a Los Angeles Universal Program (LAUP) site ***in addition to*** *participating in a FCCHEN or serving a majority of children subsidized by the CDE/CDD-contracted agency.*

Section 5. Applicant Wage/Income Information

- Be sure to complete the appropriate box.

Section 6. Children with Whom Applicant is Currently Working

- Check all that apply.

Definitions – Children with Disabilities or Special Needs:
- Children protected by the Americans with Disabilities Act (ADA); OR
- Children at risk of a developmental disability as defined by the Early Intervention Act; OR
- Children whose behavior and/or health affect the family's ability to find and maintain child care services.

Section 7. Employment and Eligibility Certification

- It is your responsibility as the applicant to make sure that your Network Coordinator/Administrator or Licensee-Owner completes this section, signs, and dates it.

- There are three options to this section, depending on whether the family child care home is part of a FCCHEN and, if part of a FCCHEN, whether the applicant is the licensee-owner or assistant. Be sure your Network Coordinator/Administrator or Licensee-Owner completes only one portion of this section:

  - For applicants (license-owner) with FCCHENs, OR
  - For applicants who are assistants in licensed family child care homes that are with a FCCHN, OR
  - For applicants (licensee or assistants) serving low-income children and who are not in a FCCHN.

Special instructions for FCCHENs:

- *Enter the name of the FCCHEN on the line as requested (see page 4 of the instructions).*
- *This section **must** be signed by the Network Coordinator/Administrator.*
- *Providers participating in FCCHENs do not need to provide proof that they are serving subsidized children.*

Special instructions for family child care programs that do not participate in a FCCHEN:

- *Enter the name of the family child care home.*
- *Enter the total number of children currently enrolled and of those children, the total number of **subsidized** children.*
- *Check the boxes of the agencies providing subsidy funds for the children in your care.*
- *Attach to the application a copy of the invoice or contract documents listing **all** of the subsidized children. The documents should be copies of the most current printout(s) you received from the funding agency(ies) with the agency's(ies') name on it and list the children's names; the payment amounts may be blocked out. Write the Stipend applicant's name in the upper right hand corner of the document(s).*
- *The licensee-owner signs for their employees. Licensees-Owners applying for stipends may self-certify.*

Section 8. Applicant Certification and Signature

- Read and initial each of the seven statements of certification.

- Be sure to sign and date this section.

STEP 4: Submitting Your Application

1. Be sure that you have completed every section of the application and your name is entered at the top of each page. **It is highly recommended that you have someone review your application for you before you submit it.**

2. Be sure that your name is included at the top of the supporting documents.

3. Check to make sure that your Network Administrator or Licensee-Owner has completed, signed, and dated Section 7.

4. If you operate or work in a family child care home that does not participate in a FCCHEN, be sure that you have attached a copy of the most current invoice/contract documents listing **all** of the subsidized children enrolled in the program. The invoice/contract(s) should be a copy of the printout(s) received from the funding agency(ies) with their name on it. You will **not** be eligible for a stipend without the invoice/contract documents.

5. Make a copy of your completed application, with supporting documents, for your records.

6. Submit your completed original application, with supporting documents, in **person** or by U.S. mail, certified mail or Domestic Return Receipt, to:

Investing in Early Educators Stipend Program – Cycle 10B
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012
Office Hours: 8:00 a.m. – 5:00 p.m.

Application due dates:
Mail in: Thursday, October 23, 2008 (postmarked)
Walk in: Thursday, October 30, 2008

DO NOT WAIT UNTIL THE DEADLINE TO APPLY!

- *Applicants are encouraged to **apply early**. If you walk your application into the Office of Child Care, you will receive a stamp-dated receipt with all documents noted on the receipt***.**
- *Persons submitting applications in person on behalf of several colleagues should request individual receipts per applicant.*
- ***Do not mail groups of applications in same packets*.**
- *If you choose to mail your application, send certified mail or Domestic Return Receipt.*
- *Faxed, late, or incomplete applications will not be considered.*
- *Stipend Program staff will **not** call to remind you to send missing information. This is your responsibility.*

STEP 5: Application Review

1. Upon receipt of your application, *Stipend Program* staff will screen your application for completeness. Only complete applications will be fully reviewed. **Applications that have missing information and/or missing supporting documents will not be reviewed.**

2. Staff will review your complete application to ensure that you meet the eligibility criteria to participate.

3. **If you are eligible**, your information is entered into the *Stipend Program* database and a **Verification Form with instructions will be sent to you by U.S. mail by Thursday, January 22, 2009**. If you do not receive a Verification Form by early February 2009, contact the Office of Child Care at (213) 974-4674.

4. If your application is incomplete or you are not eligible, you will be notified with an Application Disqualification Letter by U.S. mail in early January 2009. You may appeal this decision. Instructions for submitting a letter of appeal are outlined in Step 6 of these instructions.

***Note**: Due to the anticipated number of applications, the review process can take several weeks. Please **do not** call to ask about your application. Your Verification Form or letter of disqualification will serve as notice regarding your application.*

STEP 6: Submitting a Letter of Appeal

- If you are **DISQUALIFIED,** you may submit a letter of appeal. **Appeals must be submitted in writing.**

An appeal is not *the time to submit new information or supporting documents. Rather, it is an opportunity to prove that your application was complete, included the required supporting documents, was submitted by the due date, and you meet the eligibility criteria based on your original application.*

- Your letter of appeal should include the following information:
  - The date your appeal letter is written
  - Your full name and social security number (SSN) as written on your application
  - Reference to the reason you were disqualified as indicated in the letter you received from the Office of Child Care
  - A brief description of why you think the decision to disqualify your application is incorrect
  - A copy of your application and supporting documents **as submitted** by the due date
  - A copy of the receipt you were provided when you submitted your application in person or a copy of your certified mail receipt

- Make a copy of your letter of appeal and supporting documents for your records.

- Send your **letter of appeal** with supporting documents by Thursday, January 22, 2009 to:

Investing in Early Educators Stipend Program – Cycle 10B
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012

- The Office of Child Care management team reviews appeals, including review of the original application. Decisions to grant or not grant the appeal, based on whether the applicant met the application requirements and deadlines, are made within two (2) weeks of receipt of the letter of appeal. The applicant will be notified by U.S. mail. **ALL DECISIONS ARE FINAL**.

For more information on the *Investing in Early Educators Stipend Program* and to download the instructions and application, visit www.childcare.lacounty.gov. Instructions and application forms are also available by contacting the Office of Child Care at (213) 974-4674.

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County of Los Angeles
Child Care Planning Committee
INVESTING IN EARLY EDUCATORS STIPEND PROGRAM

CYCLE 10B: Application For Persons Working in Licensed Family Child Care Homes

FUNDING FOR CYCLE 10 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

APPLICATIONS WITH SUPPORTING DOCUMENTS DUE: ***BY MAIL: THURSDAY, OCTOBER 23, 2008 (POSTMARKED)***
WALK IN: THURSDAY, OCTOBER 30, 2008

*****IMPORTANT***: Eligibility and education requirements, how to complete the application and timelines, are in the instructions, available for download from www.childcare.lacounty.gov or by calling (213) 974-4674.

Section 1. Applicant Information			License No. _____
Last Name on Social Security:	First Name on Social Security:	Middle Initial/Name on Social Securty Card:	
Is this the name on your Birth Certificate? ❑ Yes ❑ No		Social Security Number: DO NOT LEAVE BLANK	
Last Name on Birth Certificate:	First Name on Birth Certificate:	Middle Initial on Birth Certificate:	
Home Street or Mailing Address:	Apt. #: / City:	Zip Code:	Home Telephone Number: ( ) Cell Telephone Number: ( )
Work Street Address:	City:	Zip Code:	Work Telephone Number: *(of the family child care home)* ( )
Gender: ❑ Female ❑ Male	Place of Birth (State, Country):	Date of Birth:	
Ethnicity: *(Check all that apply)* NOTE: This information is being collected for statistical purposes only. ❑ African American ❑ American Indian/Alaskan Native ❑ Asian/Pacific Islander ❑ Hispanic ❑ White ❑ Other		Are you proficient in English? ❑ Yes ❑ No ➲ Your primary language: _____	

Section 2. Applicant Education and Permit Levels

Indicate the highest level of education you have completed *(Check one)*:
❑ High School Diploma/GED ❑ Some College ❑ 2-Year College Degree (AA)
❑ 4-Year College Degree (BA/BS) ❑ Graduate Degree (MA/MS)

Indicate the type of Child Development Permit or teaching credential you hold:
❑ None ❑ Assistant Teacher ❑ Associate Teacher ❑ Teacher ❑ Master Teacher
❑ Site Supervisor ❑ Program Director ❑ Early Special Education Credential ❑ Elementary Education Credential

Year began working in the early care and education field: _____

Section 3. Continuing Education Requirement

What are your educational goals? *(Check all that apply)*
❑ To improve my English language skills (speaking, reading, writing)
❑ To develop new skills related to my work with children and families
❑ To obtain my Child Development Permit
❑ To upgrade or renew my Child Development Permit
❑ To obtain an early special education teaching credential
❑ To obtain a 2-Year College Degree (AA) ➲ Major:_____
❑ To obtain a 4-Year College Degree (BA/BS) ➲ Major: _____
To obtain a Graduate Degree (MA/MS) ➲ Major: _____

FUNDING FOR CYCLE 10 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

Name of Applicant_____

Section 4. Applicant Employment Information

FOR LICENSEE/PROVIDER	*FOR ASSISTANTS IN FAMILY CHILD CARE HOME*
Name on License:	Licensee-Owner Name:
Are you part of a Family Child Care Home Education Network? ❑ Yes ❑ No (See definition below)	Is the licensee-owner part of a Family Child Care Home Education Network? ❑ Yes ❑ No (See definition below)
Name of Agency administering the FCCHEN (see Section 4 of instructions for listing of FCCHENs):	If yes, name of Agency administering the FCCHEN (see Section 4 of instructions for listing of FCCHENs):
Name of the Network Coordinator (This is the person who must sign your application):	Leave blank.
Date first licensed: (Attach copy of license) _____/_____ (Month/ Year)	Date of hire with current employer: (Attach copy of license) _____/_____ (Month/Year)
Work Schedule *(Check one)*: ❑ Full-time (30+ hours/week) ❑ Part-time (Less than 30 hours/week)	Work Schedule *(Check one)*: ❑ Full-time (30+ hours/week) ❑ Part-time (Less than 30 hours/week)
Number of hours you spend each week directly teaching children in a family child care home: Is this also a LAUP site? ❑ Yes ❑ No	Number of hours you spend each week directly teaching children in a family child care home: Is this also a LAUP site? ❑ Yes ❑ No

Definition of Family Child Care Home Education Network (FCCHEN): A licensed family child care home is part of a FCCHEN if

1. The home has been evaluated and meets certain qualifications to participate in the FCCHEN (i.e. Family Child Care Environment Rating Scale (FCCERS) has been conducted).
2. The provider is required to attend training scheduled by the administering agency.
3. The provider is required to assist with development assessments for each child.

Section 5. Applicant Wage/Income Information

FOR LICENSEE/PROVIDER	*FOR ASSISTANTS IN FAMILY CHILD CARE HOME*
Net annual earnings *only* from family child care business for 2007: To calculate net earnings: 1. Annual Gross earnings (from income tax return and only related to child care business) $_____ 2. Less Annual Expenses (directly related to child care business) - $_____ 3. Net Earnings for 2007 = $ _____ This information will not affect your stipend award.	Current gross annual income for family child care assistants (not including benefits): To calculate: Multiply your gross monthly salary by the number of months worked per year OR multiply your weekly salary by the number of weeks you worked. Example: $1,000 every 2 weeks x 2 = $2,000 per month, x 9 months = $18,000 per year. $ _____ per year Gross hourly wage for family child care assistants (not including benefits): To calculate: Divide your gross weekly or monthly wage by the number of hours you worked. Example: $350 weekly salary ÷ 35 hours per week = $10.00/hour. $ _____ per hour This information will not affect your stipend award.

Section 6. Children with Whom Applicant is Currently Working

Ages of children with whom you currently work: (*Check all that apply)* ❑ Birth - 23 months ❑ 2 years - 2 years 11 months ❑ 3 years - 5 years ❑ 5 years and older	Are you working with children, ages 0 – 18 years, with disabilities and/or special needs? (See Section 6 of instructions for definitions.) ❑ Yes ❑ No

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Name of Applicant_____

Section 7. Employment and Eligibility Certification

For Applicants (licensee-owner) with Family Child Care Home Education Networks (FCCHENs)

1. I certify that the applicant is a provider in a licensed family child care home that is in a FCCHEN administered by _____. (Agency Name)
2. I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for Cycle 10B, *Investing in Early Educators Stipend Program.*
3. I understand that the stipend he/she receives is in addition to his/her payments for child care services, and I certify that his/her payments for services will not be negatively affected by this incentive.

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

_____ _____

Network Coordinator/Administrator's Signature Date

OR

For applicants who are assistants in licensed family child care homes that are with a FCCHEN

1. I certify that the applicant is an employee of _____ (name of family child care home); and that the family child care home is in a Family Child Care Home Education Network administered by _____. (Agency Name)
2. I certify that the applicant is currently working directly with children at least 15 hours a week. To the best of my knowledge, the applicant meets the eligibility requirements for Cycle 10B, *Investing in Early Educators Stipend Program.*
3. I understand that the stipend he/she receives is in addition to his/her payments for child care services, and I certify that his/her payments for services will not be negatively affected by this incentive.

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

_____ _____

Family Child Care Licensee-Owner Signature Date

OR

For applicants serving low-income children and who are not working in a family child care home that is part of a FCCHEN

1. Check one only:

❑ I certify that I am the applicant and the family child care home licensee-owner of _____
Name of family child care home

❑ I certify that the applicant is an employee of my licensed family child care home _____
Name of family child care home

2. I certify that the above named home is serving a majority of children paid for by the agency(ies) checked below.
3. I certify that as of the date of application, the enrollment in the family child care home is _____ children, of which _____ children are subsidized. Attached are current printouts of payment invoices or listings of the children subsidized by the following agencies (check all that apply):

- ❑ Center for Community and Family Services (CCFS)
- ❑ Child Care Information Service (CCIS)
- ❑ Child Care Resource Center (CCRC)
- ❑ Children's Home Society of California (CHS)
- ❑ City of Norwalk
- ❑ Connections for Children
- ❑ Crystal Stairs, Inc.
- ❑ Department of Children and Family Services (DCFS)
- ❑ Drew Child Development Corporation
- ❑ International Institute of Los Angeles
- ❑ Mexican American Opportunity Foundation (MAOF)
- ❑ Options
- ❑ Pathways
- ❑ Pomona USD Child Development

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

_____ _____

Family Child Care Licensee-Owner Signature Date

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Name of Applicant_____

Section 8.	Applicant Certification and Signature

Sign your initials to each statement and sign and date where requested.

1. I certify that I meet **all of the eligibility requirements** and that all of the information and attachments provided in this application are true and correct. I understand that falsifying information may require the return of all stipend monies, with penalties, to the County of Los Angeles. _____ (initial)

2. I understand that I must declare any stipend award I receive on my 2009 tax return. _____ (initial)

3. I understand that I will be required to verify my continuous employment in a family child care home located in the County of Los Angeles from July 1, 2008 through March 12, 2009 and verify completion of my coursework before a stipend can be issued. _____ (initial)

4. I understand that there is NO GUARANTEE that I will be awarded a stipend. Stipends will be granted depending on the continued availability of State funding and my ability to meet all of the requirements of the program. _____ (initial)

5. The licensee-owner or Network Coordinator/Administrator has completed and signed Section 7 of this application. _____ (initial)

6. I understand that the *Investing in Early Educators Stipend Program* will be evaluated, and that aggregated applicant data will be considered in that process. Some stipend recipients may be randomly selected to participate in a telephone interview. _____ (initial)
   ❑ I am not willing to participate in a telephone interview.

7. I understand that it is my responsibility to inform the Office of Child Care of any changes to my address from the time of application through June 30, 2009 and to provide information and documentation as requested. _____ (initial)

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

_____ _____

Applicant's Signature Date

The Office of Child Care reserves the right to verify that the information provided in this application is true.

Refer to Cycle 10B instructions, Step 4: Submitting Your Application

Investing in Early Educators Stipend Program – Cycle 10B
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012

For office use only			
Received/initially screened by:		Date received/initially screened:	
Received via:	❑ Walk-in ❑ Certified or Domestic Return Receipt ❑ U.S. Mail		
Status:	❑ Complete ❑ Incomplete		
Notes/Action:			

Reviewed by:		Date reviewed:	
Status:	❑ Pending ❑ Rejected		
Notes/Action:			