



**COUNTY OF LOS ANGELES CHILD CARE PLANNING COMMITTEE**  
**"INVESTING IN EARLY EDUCATORS" STIPEND PROGRAM**



**CYCLE 9A: For Persons Working in Child Development Centers**  
**Instructions and Application**

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

**Overview**

We are delighted that you are interested in applying for a stipend to encourage your educational goals and enhance your work with children and their families. 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 towards 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 before and while filling out the application and provide all information and documents requested, when requested. Note that each cycle is a stand-alone unit; 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 of 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 eligibility criteria.
2. **Verification:** verifies that you have met the educational requirements, hold or have applied for a Child Development Permit, and continue to meet the employment criteria. Verification Forms will be sent to eligible applicants in mid-January 2008.

This packet includes the instructions and application for the first part of the process, determining your eligibility for the *Stipend Program*.

**APPLICATIONS WITH SUPPORTING DOCUMENTS DUE:**  
**BY MAIL: THURSDAY, OCTOBER 25, 2007 (POSTMARKED)**  
**WALK IN: TUESDAY, OCTOBER 30, 2007**  
**APPLICATIONS FOR CYCLE 9 WILL NOT BE ACCEPTED UNTIL AFTER JUNE 1, 2007!!**

**NEW REQUIREMENT FOR CYCLE 9!**

- **To be eligible for a stipend, you will need to hold or have applied for a Child Development Permit awarded by the California Commission on Teacher Credentialing by the time of verification. See Step 2 for more information.**

## STEP 1: Determining Eligibility<sup>1</sup> (see note below)

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

1. Work in a California Department of Education/Child Development Division (CDE/CDD)-contracted child development center,

OR

Work in a licensed center in which the majority (51% or more) of the children receive a child care subsidy from the CDE/CDD at the time you submit your application;

AND

2. Work directly teaching children as a teacher, teacher/director (those with dual roles), or substitute in the classroom on a consistent and continual basis at least 20 hours per week (see details in box below for special categories of teachers and exceptions);

AND

3. Maintain employment at any child development center located in the County of Los Angeles from July 1, 2007 through March 13, 2008;

AND

4. **NEW REQUIREMENT!** Hold or have applied for a Child Development Permit awarded by the California Commission on Teacher Credentialing (CTC). See Step 2, Item 2 under *Eligible Coursework* for more information on obtaining or upgrading a permit.

*You may be eligible to apply to the Stipend Program if you meet one of the following relating to Item 2:*

- *Teachers working in State Preschool must work directly teaching children at least 15 hours per week.*
- *Aides or assistants working in any child development program must work directly teaching children at least 15 hours per week.*

*You must also meet the eligibility criteria as specified in Items 1 and 3.*

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 three (3) semester units (4.5 quarter units) OR six (6) semester units (9 quarter units) of eligible coursework at a community college, college, or university; AND
2. Complete the class(es) after February 28, 2007 and before March 1, 2008; AND
3. Pass the class(es) with a grade of "C" or better; AND
4. Submit your transcript(s) when requested with your Verification Form (do not send with this application).

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<sup>1</sup> 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.

### Eligible Coursework

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. **Extension or continuing education courses are not eligible.**
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, or the required general education courses (for teacher permit level or higher). **If you already have a permit, you may take classes needed to upgrade or renew your permit.**

*Note: If you do not have a permit, contact CTC by visiting their Web site at [www.ctc.ca.gov](http://www.ctc.ca.gov) or Los Angeles City College, Child Development Department at (323) 953-4000, extension 2290. 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, including child development. **Extension or continuing education courses are not eligible.** 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 towards a Bachelor Degree (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. **Extension or continuing education courses are not eligible.**
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 will meet the eligibility criteria and understand the educational requirements, then continue with your application.

### **STEP 3: Completing the Application**

1. Be sure you have the correct application.
  - If you work in a **child development center**, complete the application for **Cycle 9A**.
  - If you work in a **family child care home**, complete the application for **Cycle 9B** (see separate instructions for Cycle 9B).
2. Read all instructions carefully before and while completing your application and follow them.
3. Review the eligibility rules and educational requirements carefully before completing the form.

4. Enter your full name in the appropriate box on the top of each page of your application.

### Section 1. Applicant Information

- Fill in every box; do not leave blanks. If the information is not applicable, then write in "N/A".
- Enter all telephone numbers (work, home, and cellular) where we can reach you.

#### *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

- Read the instructions carefully and provide the requested information by checking the appropriate boxes and filling in the blank.

*Note: Check your highest level of education that you have COMPLETED. If you are working toward a degree, DO NOT check that you have the degree.*

### Section 3: Continuing Education Requirement

- Check all that apply; indicate major, if applicable.

### Section 4. Applicant Employment Information

- Read the instructions carefully and provide the requested information.

#### *Notes of clarification:*

- *For Name of the Child Care Center, enter the name of the site where you work.*
- *For Administered by, enter the agency name, school district or company.*
- *The Program Director/Administrator is the manager overseeing the program, NOT the site supervisor.*
- *Your Job Title must have the word "teacher" in it, such as Preschool Teacher, Assistant Teacher, Associate Teacher, or Substitute Teacher. If your job title is "coordinator", "supervisor, or "director", you probably do not qualify for a stipend. However, job titles such as "teacher/supervisor" are permissible. If you work in a State Preschool, add "State Preschool" to your title.*

### Section 5. Applicant Salary Informaiton

- Read the instructions carefully and provide the requested information.

### Section 6. Employer-provided Benefit Information

- Check all that apply.

### Section 7. 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 8. Director/Administrator's Certification**

- It is your responsibility as the applicant to make sure that your Program Director or Administrator completes this section, signs and dates it. (See Section 4 on previous page for the definition of Program Director/Administrator.)
- There are two options to this section, depending on whether or not your program has a CDE/CDD-contract. Be sure your Program Director or Administrator completes only one portion of this section:
  - For non-CDE/CDD-contracted programs, OR
  - For CDE/CDD-contracted programs

*Special instructions for non-CDE/CDD-contracted programs:*

- *Enter the total number of children currently enrolled and of those children, the total number of subsidized children.*
- *Attach to the application a copy of the invoice or contract documents listing all of the subsidized children. The documents should be a copy 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; however, the payment amounts may be blocked out. Write the stipend applicant's name on the upper right hand side of the document(s).*

**Section 9. 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 you write your name and social security number as it appears on your social security card when entering in Section 1 of your application and that your name is included at the top of the supporting documents.

3. Check to make sure that your Director/Administrator has completed, signed and dated Section 8 and, if a non-CDE/CDD-contracted center provided you with a copy of the most current invoice/contract documents listing all of the subsidized children enrolled in your program. The invoice/contract documents 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.
4. Sign and date your application as requested in Section 9.
5. Make a copy of your completed application, including supporting documents, for your records.
6. Organize your application and supporting documents in the following order and staple in the upper left hand corner:
  - o Cycle 9A Application (do not include the instructions with your application)
  - o For non-CDE/CDD-contracted programs, a copy of the invoice or contract documents listing all of the subsidized children served at your center
7. Submit your completed application, including supporting documents, in person or by U.S. mail, certified or Domestic Return Receipt, to:

Investing in Early Educators Stipend Program - Cycle 9A  
 Office of Child Care, SIB/CAO  
 County of Los Angeles  
 222 South Hill Street, 5<sup>th</sup> Floor  
 Los Angeles, CA 90012  
 Office Hours: 8:00 a.m. - 5:00 p.m.

**Application due dates:**

**Mail in: Thursday, October 25, 2007 (postmarked)**

**Walk in: Tuesday, October 30, 2007**

**DO NOT WAIT UNTIL THE DEADLINE TO APPLY!**

- Applicants are encouraged to apply early and to walk-in their applications to receive a stamp-dated receipt with all documents noted on the receipt.
- Have a colleague or family member review your application prior to dropping it off or mailing it.
- If sending application by mail, send separately (do not mail groups of applications in same packet).
- Persons submitting applications in person on behalf of several colleagues should request individual receipts per applicant.
- If you choose to mail your application, send certified or Domestic Return Receipt.
- Faxed, late, or incomplete applications, including supporting documents, will not be considered.
- Stipend Program staff will not call you to remind you to send in any 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 be considered incomplete and therefore will not be reviewed.**
2. Staff will review your 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 17, 2008. IF YOU DO NOT RECEIVE A VERIFICATION FORM BY EARLY FEBRUARY 2008, YOU MAY REQUEST ONE BY CONTACTING THE OFFICE OF CHILD CARE AT (213) 974-4674.**
4. If your application is incomplete or you are not eligible, you will be notified by U.S. mail in early January 2008. 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. DO NOT call to ask about your application. Your Verification Form or letter of disqualification will serve as status 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 submit proof that your application was complete and you included the required supporting documents 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 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 17, 2008 to:

Investing in Early Educators Stipend Program - Cycle 9A  
 Office of Child Care, SIB/CAO  
 County of Los Angeles  
 222 South Hill Street, 5<sup>th</sup> 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 of the decision by U.S. mail. **ALL DECISIONS ARE FINAL.**

Schedule for Stipend Program - Cycle 9	
Stipend Program Cycle 9 applications posted on the Web site at <a href="http://www.lacountychildcare.gov">www.lacountychildcare.gov</a> by:	July 2007
Applications for Cycle 9 will <b>NOT</b> be accepted until after:	June 1, 2007
<b>Applications with supporting documents due:</b>	<b>Mail in: Thursday, October 25, 2007 (postmarked) Walk in: Tuesday, October 30, 2007</b>
Letters to applicants submitting incomplete applications or not meeting the eligibility criteria mailed by:	Friday, January 4, 2008
Letters of appeal due:	Thursday, January 17, 2008
Verification Forms mailed to eligible applicants by:	Thursday, January 17, 2008
<b>Verification Forms with supporting documents due:</b>	<b>Mail in: Thursday, March 6, 2008 (postmarked) Walk in: Tuesday, March 13, 2008</b>
Letters to applicants submitting insufficient verification materials or not meeting the educational requirements mailed by:	Thursday, May 1, 2008
Letters of appeal due:	Thursday, May 15, 2008
Stipends sent to qualifying applicants:	July/August 2008

For more information on the "Investing in Early Educators" Stipend Program and to download the instructions and application, visit [www.lacountychildcare.gov](http://www.lacountychildcare.gov). Instructions and application forms are also available by contacting the Office of Child Care at (213) 974-4674.



**COUNTY OF LOS ANGELES CHILD CARE PLANNING COMMITTEE**  
**"INVESTING IN EARLY EDUCATORS" STIPEND PROGRAM**  
**CYCLE 9A: For Persons Working in Child Development Centers**



**Applications for  
 Cycle 9 will NOT be  
 accepted until after  
 June 1, 2007!!**

**APPLICATIONS WITH SUPPORTING DOCUMENTS DUE:**  
**BY MAIL: THURSDAY, OCTOBER 25, 2007 (POSTMARKED)**  
**WALK IN: TUESDAY, OCTOBER 30, 2007**

Read all instructions carefully and provide all information as requested. Instructions are available for download from [www.lacountychildcare.gov](http://www.lacountychildcare.gov) or by calling (213) 974-4674.

Section 1. Applicant Information				
Last Name on Social Security Card:		First Name on Social Security Card:		Middle Initial/Name on Social Security Card:
Is this the name on your Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number: DO NOT LEAVE BLANK	
Last Name on Birth Certificate:		First Name on Birth Certificate:		Middle Initial/Name on Birth Certificate:
Home Street Address or P.O. Box:		Apt. #:	City:	Zip Code:
Work Street Address:		City:		Zip Code:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Place of Birth (State, Country):		Date of Birth:
<b>Ethnicity (Check all that apply):</b> <small>NOTE: This information is being collected for statistical purposes only.</small> <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other				<b>Are you proficient in English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Your primary language: _____
Section 2. Applicant Education and Permit Levels				
Indicate the highest level of education you <u>have completed</u> (Check one):				
<input type="checkbox"/> High School Diploma/GED		<input type="checkbox"/> Some College		<input type="checkbox"/> 2-Year College Degree (AA)
<input type="checkbox"/> 4-Year College Degree (BA/BS)		<input type="checkbox"/> Graduate Degree (MA/MS)		
Indicate the type of Child Development Permit or teaching credential you hold:				
<input type="checkbox"/> None		<input type="checkbox"/> Assistant Teacher		<input type="checkbox"/> Associate Teacher
<input type="checkbox"/> Site Supervisor		<input type="checkbox"/> Program Director		<input type="checkbox"/> Early Special Education Credential
				<input type="checkbox"/> Teacher
				<input type="checkbox"/> Master Teacher
				<input type="checkbox"/> Elementary Education Credential
Year you began working in the early care and education field: _____				

Section 3. Continuing Education Requirement
What are your educational goals? (Check all that apply)
<input type="checkbox"/> To improve my English language skills (speaking, reading, writing) <input type="checkbox"/> To develop new skills related to my work with children and families <input type="checkbox"/> To obtain my Child Development Permit <input type="checkbox"/> To upgrade or renew my Child Development Permit <input type="checkbox"/> To obtain an early special education teaching credential <input type="checkbox"/> To obtain a 2-Year College Degree (AA)      ➔ Major: _____ <input type="checkbox"/> To obtain a 4-Year College Degree (BA/BS)      ➔ Major: _____ <input type="checkbox"/> To obtain a Graduate Degree (MA/MS)      ➔ Major: _____

**STIPEND APPLICATION - CYCLE 9A**

Name of Applicant \_\_\_\_\_

Section 4. Applicant Employment Information	
Name of Child Development Center:	Program Director/Administrator's Name and Phone Number: ( )
Administered by (Name of agency, organization, or school district):	
Your Job Title:	Number of <u>hours</u> you spend each <u>week</u> directly teaching children in a classroom:
Date of hire with your current employer: _____/_____/____ (Month/Year)	Employment Status (Check one): <input type="checkbox"/> Full-time (30+ hours/week) <input type="checkbox"/> Part-time (Less than 30 hours/week)

Section 5. Applicant Salary Information	
<b>Gross Annual Salary (Not including benefits):</b> To calculate: Multiply your gross monthly salary by the # of months worked per year OR multiply your weekly salary by the # 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 This information will not affect your stipend award.	<b>Gross Hourly Wage (Not including benefits):</b> To calculate: Divide your gross weekly or monthly wage by the number of hours you worked. Example: \$500 weekly salary ÷ 40 hours per week = \$12.50/hour.  \$ _____ per hour This information will not affect your stipend award.

Section 6. Employer-provided Benefit Information (Please identify all benefits paid by your employer)			
<b>Medical Coverage</b> (Check all that apply)  <input type="checkbox"/> Not offered <input type="checkbox"/> Partial coverage <input type="checkbox"/> Full coverage  <input type="checkbox"/> Includes dependents <input type="checkbox"/> Dependents not included	<b>Dental Coverage</b> (Check all that apply)  <input type="checkbox"/> Not offered <input type="checkbox"/> Partial coverage <input type="checkbox"/> Full coverage  <input type="checkbox"/> Includes dependents <input type="checkbox"/> Dependents not included	<b>Discounted Child Care</b> (Check all that apply)  <input type="checkbox"/> Not offered <input type="checkbox"/> Free services  <input type="checkbox"/> 25% discount <input type="checkbox"/> 50% discount <input type="checkbox"/> Other discount	<b>Other Benefits</b> (Check all that apply)  <input type="checkbox"/> Vision Plan <input type="checkbox"/> Retirement <input type="checkbox"/> Other

Section 7. Children with Whom Applicant is Currently Working	
<b>Ages of children with whom you currently work</b> (Check all that apply):  <input type="checkbox"/> Birth - 23 months <input type="checkbox"/> 2 years - 2 years 11 months <input type="checkbox"/> 3 years - 5 years <input type="checkbox"/> 5 years and older	<b>Are you working with children, ages 0 - 18 years, with disabilities and/or special needs?</b> (See definitions below)  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>DEFINITIONS:</b> 1. Children protected by the Americans with Disabilities Act; OR 2. Children at-risk of a developmental disability as defined by the Early Intervention Act; OR 3. Children whose behavior and/or health affect the family's ability to find and maintain child care services.

**STIPEND APPLICATION - CYCLE 9A**

Name of Applicant \_\_\_\_\_

**Section 8. Director/Administrator's Certification**

*For non-California Department of Education/Child Development Division (CDE/CDD-contracted programs*

I certify that the applicant is an employee of \_\_\_\_\_ center/agency. I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 20 hours a week (or 15 hours a week if an aide or assistant). To the best of my knowledge, the applicant meets the requirements of participation in Cycle 9A of the "Investing in Early Educators" Stipend Program. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

*For non-CDE/CDD-contracted programs: As of the date of application, the enrollment in the center is \_\_\_\_\_ children, of which \_\_\_\_\_ children are subsidized. I have attached a current printout of payment invoices or summary listing(s) the subsidized children from the following agencies:*

- |  |  |
|--|--|
| <input type="checkbox"/> Center for Community and Family Services (CCFS) | <input type="checkbox"/> Department of Children and Family Services (DCFS) |
| <input type="checkbox"/> Child Care Information Service (CCIS)           | <input type="checkbox"/> Drew Child Development Corporation                |
| <input type="checkbox"/> Child Care Resource Center (CCRC)               | <input type="checkbox"/> International Institute of Los Angeles            |
| <input type="checkbox"/> Children's Home Society of California (CHS)     | <input type="checkbox"/> Mexican American Opportunity Foundation (MAOF)    |
| <input type="checkbox"/> City of Norwalk                                 | <input type="checkbox"/> Options   |
| <input type="checkbox"/> Connections for Children                        | <input type="checkbox"/> Pathways  |
| <input type="checkbox"/> Crystal Stairs, Inc.                            | <input type="checkbox"/> 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.*

\_\_\_\_\_  
Director/Administrator's Signature

\_\_\_\_\_  
Date

**OR**

*For CDE/CDD-contracted programs*

I certify that the applicant is an employee of \_\_\_\_\_ center/agency. I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 20 hours a week (or 15 hours a week if an aide, assistant or working in a State Preschool program). To the best of my knowledge, the applicant meets the requirements of participation in Cycle 9A of the "Investing in Early Educators" Stipend Program. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

*For CDE/CDD-funded programs: The applicant is employed in the following (CDE/CDD)-contracted program type:*

- |  |   |
|--|---|
| <input type="checkbox"/> General Child Care (GCTR Contract)                  | <input type="checkbox"/> Cal Safe       |
| <input type="checkbox"/> State Preschool (full-day)                          | <input type="checkbox"/> Latchkey       |
| <input type="checkbox"/> State Preschool (part-day)                          | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Prekindergarten and Family Literacy Program (PKFLP) |   |

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

\_\_\_\_\_  
Director/Administrator's Signature

\_\_\_\_\_  
Date

**STIPEND APPLICATION - CYCLE 9A**

Name of Applicant \_\_\_\_\_

**Section 9.**

**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 documentation provided in this application is true and correct. I understand that falsification of any information and/or documentation may require the return of all stipend monies, with penalties, to the County of Los Angeles. \_\_\_\_\_ (initial)
2. I understand that I will be obligated to declare any stipend award I receive on my 2008 tax return. \_\_\_\_\_ (initial)
3. I understand that, prior to the release of my stipend, I may be required to verify my continuous employment in a child development center located in the County of Los Angeles from July 1, 2007 through March 13, 2008 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. My Director/Administrator has completed and signed Section 8 on page 3 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, 2008, 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 9A instructions, Step 4: Submitting Your Application**

Investing in Early Educators Stipend Program - Cycle 9A  
Office of Child Care, SIB/CAO  
County of Los Angeles  
222 South Hill Street, 5<sup>th</sup> Floor  
Los Angeles, CA 90012

For office use only			
Received/initially screened by:		Date received/initially screened:	
Received via:	<input type="radio"/> Walk-in	<input type="radio"/> Certified or Domestic Return Receipt	<input type="radio"/> U.S. Mail
Status:	<input type="radio"/> Complete	<input type="radio"/> Incomplete	
Notes/Action:			
Reviewed by:		Date reviewed:	
Status:	<input type="radio"/> Pending	<input type="radio"/> Rejected	
Notes/Action:			