洛杉磯縣

托兒規劃委員會

培育幼兒教育學家獎勵計劃

第 11B 梯次：為家庭托兒之家工作者設立

指示及申請

11 梯次的經費視加州教育局/兒童發展部門（CDE/CDD）經費多寡而定。

獎勵計畫時間表 – 11 梯次	
獎勵計劃第 11 梯次申請表公布於網址： "http://www.lacountychildcare.gov"	2009 年 8 月
申請表及佐證文件截止日期	**郵寄方式：2009 年 10 月 22 日，星期四（郵戳為憑）** **親自送件：2009 年 10 月 29 日，星期四**
申請資格不符信件寄出期限：	2010 年 1 月 7 日，星期四
申請資格不符上訴信件截止日期：	2010 年 1 月 21 日，星期四
驗證表格寄給合格申請人截止日期：	2010 年 2 月 5 日，星期四
驗證表格及支持文件截止日期：	**郵寄方式：2010 年 3 月 4 日，星期四（郵戳為憑）** **親自送件：2010 年 3 月 11 日，星期四**
驗證資格不符信件寄出期限：	2010 年 5 月 7 日，星期五
驗證資格不符上訴信件截止日期：	2010 年 5 月 21 日，星期五
合格申請人獎金寄出日期：	**2010 年 7 到 8 月**

在填寫申請表格前及填寫中，請先仔細閱讀所有指示並提供所有必要資料及文件。

概觀

加州教育局/兒童發展部門（CDE/CDD）出資，由洛杉磯縣托兒規劃委員會開發的培育幼兒教育學家獎勵計劃，以提高兒童發展計劃中家庭托兒之家及中心的師資學術養成及留任而設計的計劃。兒童發展計劃中大多數的兒童都接受 CDE/CDD 的補助。此外，這項獎勵計劃還會幫助老師完成有助於涉及兒童及家屬的工作、並/或兒童發展學位所包括、或與其密切相關的大學課程。

這份指示是您填寫獎勵計劃申請表的指南。仔細**閱讀這份指示**，以及提供所有必要資料及文件是很重要的。請注意每一梯次都是獨立的；所以您必須送繳本梯次所需之所有文件。**遺漏資料及/或遺漏文件的申請表格，會被視為資料不全且不會被審核。**

這份指示也會提供您直到獎金贈與的各項程序資料，其中包括上訴程序及詳盡的時間表。

獎勵計劃的申請是兩段式程序：

1. **申請：** 決定您是否符合聘雇的資格要求。
2. **驗證：** 查驗您符合教育要求、具備兒童發展許可、及繼續符合聘雇要求。

如果您只在洛杉磯普及幼稚園（Los Angeles Universal Preschool，LAUP）教室工作，您可能符合他們的專業發展計劃（Professional Growth Plan ，PGP）獎勵專案資格要求。預知詳情，請瀏覽 http://www.laup.net 網站，並點選「專業發展機會」。

第一步：資格鑑定[1]（請參考下列註明）

要符合獎勵申請資格，您***必須：***

1. 您必須在參與和加州教育局/兒童發展部門（CDE/CDD）簽約，並經網絡計劃協調專員/行政主管認可的家庭托兒之家教育網的家庭托兒中心工作，**或**

   在持照的家庭托兒之家工作，且在您提出申請時，該中心大多數（51%或更高）兒童從 CDE/CDD 的簽約機構領取托兒補助；**及**

2. 一貫及持續的從事直接教導兒童的工作，每週至少工作 15 小時；**並**

3. 獲得執照並開業一年，或在 2009 年 7 月 1 日到 2010 年 3 月 11 日之間受雇於洛杉磯縣內的家庭托兒之家；**且**

4. 持有加州教師資格委員會（CTC）發行的兒童發展許可，並連同驗證表格（參閱時間表）一起繳上。欲知如何獲得許可或許可升等，請參閱***合格課程***的第二段，項目 2。

如果您符合資格標準，請繼續第二步。

第二步：滿足教育條件

如要獲得獎金，您**必須：**

1. 在社區大學、學院或大學完成至少三（3）個學分（四學期制 4.5 個學分）或最多六（6）個學分（四學期制 9 個學分）的合格課程；**及**

2. 課業需在 2009 年 2 月 27 日**之後**及 2010 年 3 月 1 日**之前**完成；**並**

3. 課業成績不得低於「C」；**且**

4. 當我們要求您送繳驗證表格時須附上您的成績單及兒童發展許可。

[1]加州法律限制*培育兒童教育學家獎勵計劃*的對像必須是為多數接受 CDE/CDD 補助兒童服務的從業人士。僅在洛杉磯普及幼稚園（LAUP）及啟蒙計劃（Head Start Programs）的從業人士不符合申請條件。

合格課程

所有課程必須拿到學分以及滿足兒童發展學位的要求。延伸或推廣教育課程**不**符合資格要求，除非申請人具備學士（BA/BS）或更高學位。如果您對獎勵計劃合格課程有任何問題，我們鼓勵您撥（213）974-4453 與 Renatta Cooper 聯絡，或將電子郵件寄到 mailto:rcooper@ceo.lacounty.gov。

合格課程只限於下列五類：

1. 如果您在申請表上註明您的英文不流利，如果您接到學院的指示，您可以在社區學院上 ESL 英語課程。這個選項的目的是為了需要改進英語技能的申請人，以便選修大學課程進而拿到兒童發展學位。

2. 如果您沒有加州教師資格委員會（CTC）發的兒童發展許可，您應修所需的兒童發展課程，例如兒童/人類成長及發展、兒童/家庭/社區、或課程。如果您已經有了許可，您可以修些必要課程以便您的許可升等或續新。

請注意：*如果您沒有許可，請上 CTC 的網站 www.ctc.ca.gov 與他們聯絡，或與您社區學院的兒童發展系聯絡。點擊「資格」，再點擊「兒童發展許可」並遵循指示以便獲得或許可或讓許可升等。社區學院往往能比 CTC 更快處理許可申請。此外，兒童發展培訓協會也對許可申請、續新、或升等人士提供協助；預知詳情，請瀏覽網站 www.chlddevelopment.org。在驗證時，您需要具備有效的許可才符合獎勵的資格要求；大約需要**九個月或更長的時間**拿到您的許可。*

3. 如果您沒有副學士學位（AA/AS），您應選修兒童發展、英語、數學或一般教育課程；或修些能被四年制大學兒童發展學系接受轉換的先修課程。如果您不確定是否是先修或可轉換課程，在選修任何課程前，請與您就讀的學院或大學顧問請益。

4. 如果您擁有 AA/AS 學位或正在攻讀 AA/AS 學位時，您應該修些可轉換並算入四年制學院或大學學位學分的課程；或在四年制學院或大學修會算入學位學分的課程。可被接受的學位包括早期幼兒教育、早期特殊教育、兒童心理學、及兒童發展。

5. 如果您擁有 AA/AS 或更高學位，您應在學院或大學修與您在兒童發展計劃中，涉及兒童或家庭的工作直接相關的課程。論題的範例包括：特殊需要兒童、多元化、雙語學生、父母關係、成人督導、計畫評估、以及進階兒童發展。算學分的延伸或推廣教育課程，只對已拿到 AA/AS 或更高學位的個人才算合格。

如果您滿足資格標準**並**明瞭教育要求，請繼續您的申請。

第三步：完成申請

請確定您的申請正確無誤：

- 如果您在一間**兒童發展中心**工作，請填妥 11A 梯次申請表（請參閱 11A 梯次的指示及申請表）。
- 如果您在一間**家庭托兒之家**工作，請填妥 11B 梯次申請表。

第 1 部分. 申請辦法

- 請在申請表的每頁上方適當空格內填寫您的全名。
- 填寫每個空格；請勿留空白。如果資料不適用，請填入「N/A」。
- 填寫我們在週一到週五早上 9 點到下午 5 點，能與您聯絡上的**所有**電話號碼。

特別指示：

- *請填寫與您社會福利卡**完全相同**的全名。*
- *請填寫與您社會福利卡**完全相同**的社會福利號碼（SSN）。*
- *所有的 SSN 號碼會與國稅局（IRS）查驗，所以精確至為重要。*

第 2 部分. 申請人教育及許可程度

- 標記您完成的最高教育學位

***請注意：**如果您正在攻讀學位，**請勿**標記您獲得學位。*

- 標記您現在所持兒童發展許可的種類。

第 3 部分. 推廣教育要求

- 標記所有適用項目；如果您已經標記您正在攻讀 AA、BA/BS 或 MA/MS 學位，請註明您主攻的科目。

第 4 部分. 申請人聘雇資料

- 如果您的家庭托兒之家是家庭托兒教育網（FCCHEN）的成員，請在適當的空格內填寫行政機構的名稱及教育網的協調專員/管理主任的名字。**請確定將教育網的協調專員/管理主任的名片附在您的申請表內。**

家庭托兒之家教育網包括：

- 加州州立大學北嶺分校兒童中心
- 社區及家庭服務中心
- 洛杉磯兒童發展協會
- 托兒資源中心
- 加州兒童之家協會
- Children's Institute, Inc
- 嘉甸那市兒童發展局
- 聖塔菲泉市
- 克萊蒙學區
- 社區發展中心
- Comprehensive Child Development, Inc.
- Estrada Courts
- 希望街家庭中心
- 洛杉磯國際協會
- Kids First Learning Center
- 小東京社區發展服務中心
- Los Angeles Mission College
- Mexican American Opportunity Foundation (MAOF)
- Options – 一個托兒及社會服務機構
- Pathways
- 威尼斯家庭診所
- 運河社區/家庭安全（Vista del Mar/Home Safe）
- 西區兒童中心

***請注意：**由教育網協調專員/管理主任鑑定申請人參與 FCCHEN 是必要的。（請參閱第 7 段。）*

- 申請獎勵計劃的持照者/業主及助理**必須**在申請表內附上一份家庭托兒之家的執照。

- 標示您工作的家庭托兒之家，除了參與 FCCHEN 或所服務的兒童中大多數接受與 CDE/CDD 簽約機構補助之外，是否還是洛杉磯普及幼稚園（LAUP）的場所。

- 標示家庭托兒之家是否參與 Steps to Excellence Project（STEP）。

第 5 部分. 申請人薪資/收入資料

- 請確定填妥適當的空格。

第 6 部分. 申請人工作上涉及的兒童

- 選擇所有適用的項目。

定義 – 殘障或有特殊需要的兒童：

- □被美國殘障人士法案（ADA）保護的兒童；或
- □依早期干預法案定義，具發展性殘障風險的兒童；或
- □行為及/或健康原因，造成家人無法找到或維持托兒服務的兒童。
- □個人化家庭服務計劃（IFSP）或個人化教育計劃（IEP）裏的兒童。

第 7 部分. 聘雇及資格條件

- 身為申請人有責任確定您的教育網協調專員/管理主任或持照者–業主，填妥此段、簽名並註明日期**以及附上他們的名片。**

- 本段含有 3 個選項，視家庭托兒之家是否是屬於 FCCHEN，以及如果屬於 FCCHEN，申請人是否是持照者–業主或助理而定。請確定您的教育網協調專員/管理主任或持照者–業主僅填妥本段的一部份：

  - 屬於 FCCHEN 的申請人（持照者–業主），或
  - 在隸屬於 FCCHN 的持照家庭托兒之家當助理的申請人，或
  - 為低收入兒童服務及非隸屬 FCCHN 的申請人（持照者或助理）。

隸屬 FCCHEN 業者的特殊指示：

- *□根據要求，在線上列出 FCCHEN 的名稱（請參閱本指示第 4 頁）。*
- *教育網協調專員/管理主任**必須**在本段簽名。*
- *參與 FCCHEN 的提供者不需要提供他們為接受補助兒童服務的證明。*

未參與 FCCHEN 的家庭托兒計劃的特殊指示：

- *列出家庭托兒之家的名稱。*
- *列出目前參加的兒童總數，以及其中**接受補貼**的兒童總數。*
- *標記提供您所看護兒童補助金的機構。*
- *隨申請表附上列出**所有**接受補助兒童的發票或合約文件。應使用提供資金機構給您的最新印表當作文件，列表尚須有該機構的名稱以及兒童的姓名，可以塗掉支付款額。在文件的右上角列出獎勵申請人的姓名。*
- *持照者–業主為他們的員工簽名。申請獎勵的持照者–業主可以自我鑑定。*

第 8 部分. 申請人鑑定及簽名

- 請閱讀 8 項鑑定聲明並草簽姓名首字母。
- 請確定在本段簽名及註記日期。

第四步：送繳您的申請表

1. 請確定您完成申請表的每一段落，並在每一頁的上方填寫您的姓名。**我們極力建議您，在寄出申請表之前請別人幫您檢查您的申請表格。**
2. 請確定在佐證文件的上方列出您的姓名。
3. 檢查以便確定您的教育網管理主任或持照者–業主，在第 7 部分填妥、簽名並註記日期，以及附上他們的名片。
4. 如果您經營或工作的家庭托兒之家不隸屬 FCCHEN，請您務必確定附上列出**所有**參與本計劃並接受補助兒童的最新發票/合約文件。這份發票/合約應是從提供資金機構收到，列有該機構名稱的印表副本。沒有發票/合約文件，您**不能**符合獎勵的資格要求。
5. **請將整份申請表及佐證文件複製一份，當作您的紀錄。**
6. 將完整的申請表原本及佐證文件，親自送達或以郵件、掛號郵件或國內掛號收件回執寄至：

Investing in Early Educators Stipend Program – Cycle 11B
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012
辦公時間：早上 8 點 – 下午 5 點

申請截止日期：

郵寄方式：2009 年 10 月 22 日，星期四（郵戳為憑）

親自送件：2009 年 10 月 29 日，星期四 ***切勿等到截止當天再申請！***

- *我們鼓勵申請人**趁早申請**。如果您親自將申請表送到托兒辦公室，您將收到蓋有日期並列出所有文件的收據。*
- *代表同事親自送件人士，應為每一位申請人要求個別的收據。*
- ***請勿將多份申請表放入同一資料帶內寄回。***
- *如果您選擇寄回您的申請表，請用掛號信或掛號收件回執寄出。*
- *傳真、遲交、或不全的申請表概不受理。*
- *獎勵計劃員工不會打電話提醒您補寄短缺的資料。這是您自己的責任。*

第五步：申請表審核

1. 一旦收到您的申請表，獎勵計劃員工會篩檢您的申請表是否完整。只有完整的申請表才會被受理。我們不會審核資料及/或佐證文件短缺的申請表。
2. 員工會審核您整個申請表，以便確保您滿足參與的資格要求。
3. 如果您合格，您的資料會被輸入獎勵計劃的資料庫內，我們會在 2010 年 2 月 5 日星期五之前將驗證表格及指示郵寄給您。如果您在 2010 年 2 月中旬仍未收到驗證表，請撥（213）9744674 與托兒辦公室洽詢。
4. 如果您的申請表不完整或您資格不符，您會在 2010 年 1 月初收到郵寄的申請資格不符信件。您可以對此項決定提出上訴。提出上訴信件的指示列於第 6 步。

***請注意：**因為預期會收到眾多申請表，審核程序可能會延續數星期。請**勿**打電話詢問您的申請事宜。您的驗證表或資格不符信件會當作您的申請結果通知。*

第六步：提出上訴信件

- 如果您被判定資格不符，您可以提出上訴信件。**必須以書面方式提出上訴。**

*上訴**並非**是提出新的資料或佐證文件的時機。而是給您機會證明您的申請表是完整的，包括所需佐證文件都在截止日期前送出，而且在您最初申請時，您滿足資格要求。*

- 您的上訴信件應包括下列資料：
  - 您寫上訴信件的日期
  - 在您申請表中填寫全名及社會福利號碼 (SSN)
  - 請舉列您收到托兒辦公室信件中所列出資格不符的原因
  - 簡單敘述為什麼您認為判定您的申請表資格不符的決定是不正確的
  - 在截止日期之前**送繳**的申請表及佐證文件副本
  - 您親自送繳申請表時收到的收據或您的掛號信收據副本

- 請講整份上訴信件及佐證文件複製一份，當作您的紀錄。

- 上訴信件及佐證文件的截止日期是 2010 年 1 月 21 日星期四，請寄到：

Investing in Early Educators Stipend Program – Cycle 11B
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012

- 托兒辦公室管理團隊會審查上訴，包括審核原先的申請表。上訴核准或拒絕的決定是根據申請人士否滿足申請資格要求及在截止日期前送繳， 會在收到上訴信件的兩星期內做出。申請人會收到美國郵寄通知。**所有決定是最終決定。**

欲知更多培育幼兒教育學家獎勵計劃以及下載指示與申請表格的資料，請瀏覽www.childcare.lacounty.gov網站。指示及申請表也可致電 (213) 974-4674 托兒辦公室索取。

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

CYCLE 11B: Application For Persons Working in Licensed Family Child Care Homes

FUNDING FOR CYCLE 11 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 22, 2009 (POSTMARKED)* *WALK IN: THURSDAY, OCTOBER 29, 2009*

***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 *(NOTE: The information in this section is being collected for statistical purposes only.)*

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 *(NOTE: The information in this section is being collected for statistical purposes only.)*

What are your educational goals? *(Check all that apply)*

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

FUNDING FOR CYCLE 11 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; be sure to attach their business card):	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.

Is your Family Child Care Home participating in the Steps to Excellence Project (STEP)? ❑ Yes ❑ No

Section 5. Applicant Wage/Income Information (*NOTE: The information in this section is being collected for statistical purposes only.)*

FOR LICENSEE/PROVIDER	*FOR ASSISTANTS IN FAMILY CHILD CARE HOME*
Net annual earnings *only* from family child care business for 2008: 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 2008 = $ _____ 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 (*NOTE: The information in this section is being collected for statistical purposes only.)*

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

FUNDING FOR CYCLE 11 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

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 11B, *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 (attach your business card) 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 11B, *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)	❑ Department of Children and Family Services (DCFS)
❑ Child Care Information Service (CCIS)	❑ Drew Child Development Corporation
❑ Child Care Resource Center (CCRC)	❑ International Institute of Los Angeles
❑ Children's Home Society of California (CHS)	❑ Mexican American Opportunity Foundation (MAOF)
❑ City of Norwalk	❑ Options
❑ Connections for Children	❑ Pathways
❑ Crystal Stairs, Inc.	❑ 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

FUNDING FOR CYCLE 11 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

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 2010 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, 2009 through March 11, 2010 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 Office of Child Care may share information about my application with the staff of Los Angeles Universal Preschool (LAUP). _____ (initial)

7. 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.

8. 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, 2010 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 11B instructions, Step 4: Submitting Your Application

Investing in Early Educators Stipend Program – Cycle 11B
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:			