



# Early Learning Coalition of Osceola County

## Professional Development Reimbursement Grant Program

The Early Learning Coalition of Osceola County (Coalition) is committed to providing quality programs to the children and families in our county's service delivery area. The early education professionals are the key to the success of our quality programs. The Coalition receives grant funds to be allocated to Quality Initiatives that may be used to promote and enhance the early education/care environment. **Participation in the Coalition's Quality Initiatives is contingent upon the participating early learning provider's compliance with the School Readiness Provider Contract and/or the Statewide VPK Provider Agreement.**

The Professional Development Reimbursement Grant Program is designed to assist eligible early educators with the costs associated with enhancing their knowledge in the field of early education. To be eligible, early educators must currently be employed by participating early learning providers. Reimbursement is not applicable to the initial 35 or 40 hour DCF required training. In order for the Coalition to maximize the resources available to early educators, program participants MUST seek additional sources of funding for educational activities, such as the T.E.A.C.H. Scholarship Program or Federal Pell Grant Student Aid. By utilizing other sources of scholarships, the Professional Development Reimbursement Grant Program allocation could potentially serve additional program participants, as well as support other quality initiative programs or the direct services budget. If the T.E.A.C.H. Scholarship Program is not available at the applicant's place of employment due to lack of participation from the program owner/director, the applicant must provide a written statement signed by the program owner/director attesting to such and reimbursement will be limited to 15% of fees paid by participant.

### Approved professional development activities may include:

- Training and/or courses related to early childhood education not sponsored by the Early Learning Coalition of Osceola County (Maximum: \$200.00 per fiscal year)
- Training and/or courses sponsored by the Early Learning Coalition of Osceola County (2015-16 Training Calendar)
- Florida Child Care Professional Certification (FCCPC) courses, including renewal courses (if applicable) **\*subject to additional funding requirement**
- Fees associated with obtaining or renewing National CDA certification (with the exception of membership fees in an early childhood organization) **\*subject to additional funding requirement**

### The following activities are **NOT** eligible for reimbursement:

- Level 2 Background Screening
- 30-clock-hour Family Child Care Home Training
- 40-clock-hour Introductory Child Care Training
- 5-clock-hour Early Literacy and Language Development
- Fees associated with Accreditation
- Membership fees in early childhood associations/organizations
- Coalition Sponsored Early childhood conference registration (ex: Ready, Set, Grow Conference)

*Note: Professional development activities eligible for reimbursement must have taken place between July 1<sup>st</sup> through June 30<sup>th</sup> of the Coalition's current fiscal year. To ensure that the Coalition has adequate time to process payments by the close of the fiscal year, all paperwork submitted by **JUNE 15<sup>th</sup>** of each fiscal year. Other professional development activities may be submitted to the Coalition for review and approval on a case by case basis.*

### **Application and Reimbursement Process:**

1. The applicant is responsible for all registration activities and payment of associated fees.
2. Upon completion of the professional development activity, the applicant must submit a completed Application for Reimbursement form to the Coalition office, including documentation of completion and/or attendance, certificate (if applicable), and receipts for all payments. *If the activity requires submission of an application to other scholarship programs, the applicant must submit proof of status of denied funding or placement on a waiting list and/or a written statement signed by the program owner/director (as applicable) prior to receiving Coalition reimbursement.*

Approved professional development activities requiring proof of submission of an application to other scholarship programs, such the T.E.A.C.H. program:

- Training and/or courses to obtain or renew the Florida Child Care Professional Certification (FCCPC), formerly known as the CDA-E
  - Fees associated with obtaining or renewing a National CDA certification
3. Application MUST include signature of person requesting reimbursement and program director to be eligible for reimbursement.
  4. After review and approval by the Coalition, a reimbursement check will be processed.
  5. All Applications for Reimbursement must be submitted by **JUNE 15<sup>th</sup>** each fiscal year.

Applications are available through the Coalition office or on the Coalition's website at [www.elcoscola.org](http://www.elcoscola.org).

***Please note that reimbursement is not guaranteed and is based on funding availability.*** Any misappropriation of these funds will result in full re-payment of the allocated amount and the forfeiture of future funding opportunities.



# Early Learning Coalition of Osceola County

## Professional Development Reimbursement Program Application for Reimbursement

Participant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Years in Early Childhood: \_\_\_\_\_

DCF Introductory Training (35 or 45 hrs.) complete? YES  NO

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Course, Conference, or Certification: \_\_\_\_\_

Course or Conference Dates: \_\_\_\_\_

Required documentation attached:

- \_\_\_\_\_ Copy of certificate of completion, in-service certificate, or other documentation, as appropriate
- \_\_\_\_\_ Proof of payment of all fees (cancelled check, credit card receipt, invoice Paid in Full, etc.)
- \_\_\_\_\_ Documentation of additional funding (T.E.A.C.H./Pell Grant/etc.), as applicable
- \_\_\_\_\_ W9 Form

Reimbursement amount requested: \_\_\_\_\_

Fees paid by (reimbursement check payable to): \_\_\_\_\_ Participant \_\_\_\_\_ Employer

Mailing address for reimbursement check: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Signature of Program Director, if different than requestor: \_\_\_\_\_

Submit completed application and all supporting documentation to the Coalition office:

Early Learning Coalition of Osceola County  
1631 E. Vine Street, Suite E  
Kissimmee, FL 34744

FOR COALITION USE ONLY:

Documentation verified by: \_\_\_\_\_ Date received: \_\_\_\_\_

Approved:  Yes  No If yes, check number issued: \_\_\_\_\_ Date check mailed: \_\_\_\_\_

If no, why not: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name	
	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"/> Other ▶ _____	
	<input type="checkbox"/> Exempt from backup withholding	
	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. 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. person (including a U.S. resident alien).

**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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### 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.

**U.S. person.** 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.

**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.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 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 recipient 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 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.