Guidelines and Application

SAL Child Care Connection
3425 N. Dries Lane, Peoria, IL 61604
309-686-3750/800-421-4371

July 1, 2023 –June 30, 2024

In partnership with SAL Child Care Connection, the Illinois Department of Human Services' Division of Early Childhood (IDHS-DEC) is providing funds to assist child care practitioners to achieve First Aid (FA)/Cardiopulmonary Resuscitation (CPR) Certification. Below are the guidelines, please read carefully. *For the purpose of this document "program" refers to both child care centers and family child care homes; "provider" is inclusive of all child care practitioners (center staff & family child care).*

1. **Eligibility Criteria:**
- Provider must be employed by a program that is actively providing child care at the time of application.
- Program may be licensed or license exempt.
- Provider must be a current member of the Gateways to Opportunity Registry (applies to individual and group).
- The child care program must be listed on the Child Care Resource & Referral (CCR&R) agency's referral database and must currently be providing care in one of the following Illinois counties: Bureau, Fulton, LaSalle, Marshall, Peoria, Putnam, Stark, Tazewell or Woodford
- The child care program must have no unpaid financial obligation to the CCR&R agency or the IDHS-DEC.
- **Priority is given to programs currently caring for 50% or more children whose care is paid for by the IDHS Child Care Assistance Program (CCAP**).

2. **Funds are available for:**
- FA/CPR training that occurs between July 1, 2023 – June 1, 2024.
- Individual costs associated with Pediatric FA/CPR (registration fee, student workbook, certification card). For school age providers, FA/CPR should be specific to the age served.
- Center staff on-site FA/CPR that is arranged by a child care program (registration fee, student workbook, certification card).
- Initial or renewal certification.
- FA/ CPR curriculum must be from one of the following approved entities:

・American Heart Association	・American Safety & Health Institute (ASHI)
・American Red Cross	・American Trauma Event Management (ATEM)
・Emergency Care and Safety Institute (ECSI)	・Edward Atkinson/Emergency Response Health Network
・Ellis & Associates, Inc.-Orlando, FL	・EMS Safety Services
・Know CPR	・MEDIC FIRST AID
・National Safety Council	・Pacific Medical Training
・Pro-Trainings, LLC	・R.H. Sanders & Associates/Titan CPR Associates

3. **Funds do not cover:**
- Incomplete or failed training/certification.
- Adult only FA/CPR.
- Travel to/from training.
- Out of state training.
- Purchase of CPR manikins, lungs, valves, DVDS, masks, shields, kneeling pads, gloves, or training kits.
- Cost of meals or refreshments.
- Fee for a replacement certification card.
- FA/CPR registration fee for volunteers at a child care program.
- No show and/or penalty fees.

4. **Application process:**
- Submit a completed application along with the required supporting documentation:
  ・Proof of Gateways Registry Membership.
  ・Completed W-9 form.
  ・Proof of enrollment for payment to be made directly to the trainer/entity or
  ・Receipt/proof of payment if requesting reimbursement.
  ・For Center Group Training – an attendance sheet for those attending/completing the course including the Gateways to Opportunity Registry Membership ID.
- The CCR&R will notify you in writing if your application has been approved or denied.

5. **Funding Amount/Payment:**
- The cost of FA/CPR will be funded at 100% up to $125 per participant.
- Funding is limited and is not guaranteed.
- Payment requests can be made to the FA/CPR trainer or entity.
- Reimbursement can be made to an individual or a child care program.

6. **Deadline to apply:**
- Ongoing as funding allows.
- Final date to submit a request for funding is June 10, 2024.

7. **Contact information:**
- Kami McClure
- 309-686-3750 Option 5/kmcclure@salccc.org

8. **Other information:**
- Completion of the FA/CPR training must be documented in the Gateways Registry within 30 days of completing the training. This can be done by
  - o   An individual self-reporting in the Gateways Registry or
  - o   Submitting documentation to the CCRR for data entry into the Gateways Registry
- Incomplete applications will delay the time to process.

Check list – Is your Application Complete?
- All parts of the application are complete. If a question was not applicable, I inserted NA.
- I signed and dated the application.
- I attached the required supporting documentation
  ・Proof of Gateways Registry Membership
  ・Completed W-9 form
  ・Proof of enrollment or Receipt/proof of payment
  ・For Center Group Training – an attendance sheet for those attending/completing the course including Gateways #
- The payment information I have submitted is correct.
- I understand an incomplete application will delay the review process.
- I have made a copy of the application and all supporting documentation for my records.

SAL CHILD CARE CONNECTION
A program of SAL Family and Community Services

STEP 1: Applicant Information

Requesting funds as: ☐ An individual ☐ Group Training (child care centers only)

Applicant First Name:	Applicant Last Name:

Applicant Address:

City:	State:	Zip Code:	County:

Mailing address (if different):

Program Phone #: ( )	Alternate phone #: ( )
Gateways Registry #:	Email: ☐ Personal ☐ Program

Program is: ☐ Licensed Child Care Center ☐ License Exempt Child Care Center
☐ Licensed Family Child Care ☐ License Exempt Family Child Care

Program (work site) Name:

Program (work site) Address:

City:	State: IL	Zip Code:	County:

Percentage of IDHS CCAP Children: To calculate: Total Number of children with IDHS Financial Assistance **DIVIDED** by Current total Enrollment **MULTIPLIED** by 100 **EQUALS** Percentage of Children Receiving IDHS Assistance. (FCC providers: include your own children, under age 13, in enrollment)

_____ ÷ _____ X 100 = _____%
   # of IDHS Children   *Current Total Enrollment*   *Percentage of IDHS Children*

STEP 2: Training Information

Date(s) of Training:	Name of Trainer:

Location of Training: (list address, city, IL, zip, county):

☐ CPR ☐ First Aid ☐ Combination FA/CPR	☐ Initial ☐ Renewal	☐ Face to face ☐ Hybrid

Length of training: Face to Face_____   Hybrid: on line component_____ / face to face component _____

Entity (<u>check one</u>)

☐ American Heart Association	☐ American Safety & Health Institute (ASHI)
☐ American Red Cross	☐ American Trauma Event Management (ATEM)
☐ Emergency Care and Safety Institute (ECSI)	☐ Edward Atkinson/Emergency Response Health Network
☐ Ellis & Associates, Inc.-Orlando, FL	☐ EMS Safety Services
☐ Know CPR	☐ MEDIC FIRST AID
☐ National Safety Council	☐ Pacific Medical Training
☐ Pro-Trainings, LLC	☐ R.H. Sanders & Associates/Titan CPR Associates

Amount Requested	**Funding Maximum**	**Actual Cost**
Individual FA/CPR Cost per person $ _____	100% of the actual cost	$
Center Group FA/CPR Cost per person $_____ x_____ total attendees = Actual cost		$
TOTAL AMOUNT		$

STEP 3: Payment Information

Requesting payment be made/mailed to: ☐ Individual   ☐ Child Care Center   ☐ First Aid/CPR Trainer/Entity

Make check payable to: _____

Mail check to: _____
Address / City / State / Zip Code

Applicant ☐ Social Security # ☐FEIN # _____ *required*

STEP 4: Authorization

I have completed all documentation that was requested in the instructions and requirements. I certify that the above information is true and accurate, that I have not been indicated of child abuse and neglect and that my name or the names of my employees (if applicable) are not listed on the child abuse tracking system. Further, I grant permission for a representative of the Illinois Department of Children and Family Services or their agent to release information about my pending or current Day Care Home, Day Care Group Home or Day Care Center license if applicable to my application.

_____   _____

Applicant Printed Name   Date   Applicant Signature   Date

Return a complete application and all required supporting documentation (see #4 + checklist) to:

SAL Child Care Connection

Kami McClure

3425 N. Dries Lane

Peoria, IL 61604

Fax: 309-686-3850

kmcclure@salccc.org

CCR&R USE ONLY:		
Date Received:	Reviewed by:	Complete? ☐Yes ☐No
☐ Approved Date / Amount $		
☐ Pending Date/Reason		
☐ Communicated with applicant Date / Message		
☐ Denied Date / Reason		

Form **W-9**	**Request for Taxpayer**	Give Form to the
(Rev. October 2018) Department of the Treasury Internal Revenue Service	**Identification Number and Certification** ▶ Go to *www.irs.gov/FormW9* for Instructions and the latest Information.	requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC   ☐ C Corporation   ☐ S Corporation   ☐ Partnership   ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

Part I   Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X   Form **W-9** (Rev. 10-2018)