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

July 1, 2018 –June 30, 2019
Revised September 2018

Based on available funding, SAL Child Care Connection is offering funds to assist individual pursuit of professional development in early care and education and school-age care. Funds are provided by the Illinois Department of Human Services (IDHS). *For the purposes of this document the term "child care program" includes child care centers and family child care.*

1. **WHO CAN APPLY?**
   - Individual practitioners currently employed by center-based programs or family home programs (licensed or license exempt) that provide care as defined by the Illinois Department of Children and Family Services (DCFS). Individual practitioners include child care center directors, early childhood teachers/assistant teachers, school age teachers/assistant teachers, family home providers and assistants. In addition, child care center support staff (e.g., cook, driver) when appropriate.
   - Applicant must be a current member of the Gateways to Opportunity Registry. Registry membership is free. Practitioners may sign up for the registry at www.ilgateways.com.
   - The child care program/provider must be listed on the Child Care Resource & Referral (CCR&R) referral database and must currently be providing care in one of the following counties: Bureau, Fulton, LaSalle, Marshall, Peoria, Putnam, Stark, Tazewell, or Woodford.
   - The child care program/provider must have no unpaid financial obligation to the CCR&R agency or the IDHS Bureau of Child Care and Development.
   - The child care program, where the individual works, must currently be caring for children whose care is paid for by the IDHS Child Care Assistance Program (CCAP).

2. **ARE THERE PRIORITY PROGRAMS?**
   - While it is a requirement for the applicant's child care program to currently be caring for children whose care is paid for the IDHS CCAP, as applications are received, priority is given to programs currently caring for 50% or more children whose care is paid for by the IDHS CCAP.
   - Programs that are full year (at least 47 weeks)/full day (at least 8 hours).
   - Programs that are currently caring for infants and toddlers.

3. **WHAT CAN FUNDS BE REQUESTED FOR?**
   - Individual registration fees associated with conferences/workshops **not required** by ExceleRate Illinois.
   - The conference/workshop must be off-site from your place of employment and must be related to early care and education, school-age care or child care administration/management.
   - Fees associated with webinars/online training that is Illinois Gateways to Opportunity Registry-approved.
   - Travel/Transportation cost.
   - Lodging cost.
   - Costs associated with the following credentials:
     - Child Development Associate (CDA)   www.cdacouncil.org   1-800-424-4310
     - Certified Child Care Professional (CCP)   www.necpa.net   1-800-458-2644
     - Gateways Credentials (IDC, ECE, ITC, SA, FCC, FSC)   www.ilgateways.com   1-866-697-8278

4. **WHAT *CAN'T* FUNDS BE REQUESTED FOR?**
   - College tuition assistance. Tuition assistance is available through the Illinois Gateways Scholarship Program. For information on the Gateways tuitions assistance visit www.ilgateways.com or call 866-697-8278.
   - Workshops required under the ExceleRate Bronze, Silver or Gold Circle of Quality. Visit www.excelerateillinois.com for a complete listing.
   - Conference/workshops in which SAL Child Care Connection is the fiscal agent (i.e., registration fees are paid to the CCR&R).
   - Special events during a conference (e.g., concert, recognition event, reception, etc.).
   - The cost of meals (unless included in basic registration fee).

- Group/staff training – on-site or off site – arranged by a provider group or child care program.
- Out of state conferences/workshops.
- Conferences/workshops in which the primary focus in political advocacy and/or sectarian (religious) instruction.
- Advisors, Consultants or Mentors.
- Substitute care.
- Membership fee to a professional organization.

5. **WHAT ARE FUNDING MINIMUMS/MAXIMUMS?**
   - The minimum request is $15.
   - The maximum funding amount per event/credential is 80% of the actual cost, as funding allows; and
   - The maximum funding amount available per person is up to $500 per fiscal year (July 1 – June 30).
   - Additional information is on the application, Step 2.

6. **WHAT IS THE APPLICATION PROCESS?**
   - Individuals complete and submit an application along with the required supporting documentation (see question 7).
   - As applications are received, 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).
   - The CCR&R will notify you in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.

7. **WHAT SUPPORTING DOCUMENTATION IS NEEDED?**
   Italicized items are required at the time of application. Remaining documentation is to be submitted to CCR&R within 30 days of the event date and/or completion date.
   - *Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).*
   - *Announcement and/or outline and description for conference/workshop/online course. Announcement must include fees/cost and sponsoring entity.*
   - *W-9 form (the form is available at www.irs.gov).*
   - *Credentials: written estimated timeline with dates that describes how you will reach your goal of obtaining a credential.*
   - Receipt/proof of payment for registration and/or credential fees.
   - Documentation of attendance/completion.
   - If applicable confirmation/receipt for lodging and/or transportation costs (train, bus).
   - If applicable printout documenting trip mileage (e.g., Mapquest, Yahoo Maps, etc).

8. **HOW IS PAYMENT MADE?**
   - You will be notified in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.
   - Payments can be made and mailed directly to the conference sponsor, individual, credentialing body or the child care program named in Step 3 Payment Information Section of the application.
   - Individuals/programs that receive payment will be responsible for W-9 documentation and taxes.
   - Payment cannot be made until a complete application and required documentation is received.

9. **WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**
   - Ongoing as funds allow.
   - Year End Deadline: applications and all supporting documentation must be **received** at **SAL Child Care Connection** by **June 1, 2019.**

10. **WHERE ARE APPLICATIONS SUBMITTED?**
    - **SAL Child Care Connection / 3425 N. Dries Lane / Peoria, IL 61604**
      fax 309-686-3850 / kmcclure@salccc.org

11. **FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:**
    - **Kami McClure 309-686-3750 x2111**

12. **DO THE FUNDS NEED TO BE REPAID?**
    - This is a grant program, which means funds do not generally need to be paid back. However, the grant funds come from the State of Illinois, and certain policies and procedures must be followed.
    - In the event that payment is made for a conference/workshop, but you or an alternate are unable to attend, the individual/child care program will need to work with the CCR&R regarding the return of funds.

- In the event that payment is made for a credential and the individual withdraws or does not complete the process, the individual/child care program will need to work with the CCR&R regarding the return of funds.
- In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with the CCR&R regarding return of funds.

13. **WHAT ELSE DO I NEED TO KNOW?**
- Application and activity must occur within the current funding cycle (7/1/18-6/30/19).
- Only completed applications will be considered.
- Applicants must use the provided application for July 2018-June 2019.
- Faxed/electronic applications will be accepted.
- Funding is limited and not guaranteed.
- Maximums are in place; however partial funding may be awarded.
- Payment cannot be made until a complete application and all required documents are received.

Individual Professional Development Application Form

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

July 1, 2018 – June 30, 2019

The current year application form must be used. This application may not be reformatted.
➔ Please type or print using black or blue ink
➔ Complete _all fields_; use "NA" if not applicable – **do not leave any field blank**
➔ Refer to the Individual Professional Development Instructions and Requirements
➔ Be sure to review the checklist in Step 4

STEP 1: Applicant Information

Applicant First Name:	Applicant Last Name:

Applicant Address:

City:	State:	Zip Code:	County:

Mailing address (if different):

Phone #: ( )	Email (optional): O Personal OProgram
Gateways Registry #	

Program is: OLicensed Child Care Center   O License Exempt Child Care Center   OLicensed Family Child Care OLicense Exempt Family Child Care

Program (work site) Name:

Program (work site) Address:

City:	State: IL	Zip Code:	County:

What date did you begin employment at this site?	Month:	Date:	Year:

Role: check the one that best describes your current position:

O Director / Administrator	O Assistant Director	O Director / Teacher	O Teacher	O Assistant Teacher	O Substitute / Floater	O Other: _____
O Family Child Care (FCC)	O FCC Assistant	O Group FCC Provider	O Group FCC Assistant	O School Age Child Care Teacher	O School Age Child Care Assistant	

Age group YOU currently provide care for (center staff, check 1 primary age range; FCC providers check all that apply):

O Infants 6 wks – 14 mos	O Toddlers 15-23 mos.	O Twos 24-35 mos	O Preschool 3-5 years	O School Age K-12 years	O Not Applicable

Please have the _Program Administrator_ complete the following formula to determine the percentage of children in your program receiving IDHS child care financial assistance.

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: Funding Request Information

- The minimum request is $15
- The maximum funding amounts per event/credential listed in the charts below, and
- The maximum funding amount available per person is up to $500 per fiscal year (July 1 – June 30)

To be eligible for travel and/or lodging funding:
- Event location must be at least 60 miles (one way) from the individuals place of business
- Travel, when requesting mileage, only applies to the principal driver
- Lodging is available up to 1 night

2A: Workshop/On Line Training / Conference

Name of event: _____ Date(s) attending: _____

Location: _____ City: _____ State: _____ County: _____

I am requesting Professional Development Funds to (check all that apply):	Conference/ Workshop	Credential
Implement better practices/program improvements		
Meet DCFS training requirements		
Meet CCAP Health & Safety training requirements		
Obtain qualifications for a new position		
To obtain a credential (new or renewal)		
Meet accreditation standards		
Other (list):		
Training Hours and type of credit (check all that apply):	Check Type	# of hours
DCFS clock hours		
Continuing Education Units (CEUs)		
Child Development Associate (CDA) clock hours		
Continuing Professional Development Units (CPDU)		
Other (list):		

Total Amount(s) Requested	CCR&R MAX	Actual Cost
☐ Workshop /Off-Site Training Registration Fee	80% of the actual cost, as funding allows	$
☐ Webinars/Online Training Modules Registration Fee		$
☐ Conference Registration Fee		$
☐ Travel/Transportation (mileage / train / bus) Mileage reimbursed @ ___/mile. Actual mileage one way ____ x 2= _____ x .53 = Actual Cost		$
☐ Lodging: maximum nights, up to 1 per event Cost per night $_____ = Actual Cost		$
TOTAL AMOUNT		$
To calculate 80% of the actual cost: Total Amount _____ X 0.80 = Total Requested (2A) _____		
TOTAL REQUESTED 2A (amount entered after calculating 80%)		$

2B: CREDENTIAL

For credential funds request, complete below:	Actual Cost	CCR&R Max 80%	Amount Requested
Child Development Associate (CDA)	*Cost are as of June 1, 2016 per respective websites*		
❑ Application Packet	$25	$20	$
❑ Assessment Fee	$425	$340	$
❑ Credential Renewal Fee ($150 for paper / $125 for online)	$150/$125	$120/$100	$
Certified Childcare Professional (CCP)			
❑ Enrollment Packet	$25	$20	$
❑ Credential Fee	$495	$396	$
❑ Credential Renewal Fee	$34.95	$28	$
Gateways Credentials			
Indicate Credential and level:			
❑ Illinois Director Credential I II III ❑ School Age Youth Development Credential 2 3 4 5			
❑ ECE Credential 2 3 4 5 ❑ Family Child Care Credential 2 3 4 5			
❑ Infant/Toddler Credential 2 3 4 5 ❑ Family Specialist Credential 2 3 4 5			
❑ Application Fee	$65	$52	$
❑ Level Advancement Fee	$65	$52	$
❑ Credential Renewal Fee	$65	$52	$
Other (to calculate 80%, multiple the actual cost by 0.80)			
CARE Courses	varies	80%	$
CDA Online Training Course	varies	80%	$
CCP Online Training	varies	80%	$
❑ Care Course ❑ CDA Online ❑ CCP Online Course Title(s):			
TOTAL AMOUNT REQUESTED 2B			$

STEP 3: Payment Information

Request is being made for (check all that applies):

☐ Workshop ☐ On-line ☐ Conference ☐ Credential

If requesting funding for travel/transportation and or lodging, provide the following information:

- Mode of transportation: ☐ Car   ☐ Train   ☐ Bus   ☐ Other _____
- Did you/will you ride with someone?   ☐ NO   ☐ YES If yes, who _____
- Did you/will you share a room with someone?   ☐ NO   ☐ YES If yes, who _____

TOTAL AMOUNT REQUESTED (2A + 2B) $ _____

Requesting payment(s) be made to:

☐ Workshop/Conference/On-Line Sponsor   ☐ Applicant   ☐ Child Care program   ☐ Credentialing body

Make Check Payable To: _____

Address _____ City: _____ State: _____ Zip Code: _____

Applicant ☐ Social Security Number/ or ☐ FEIN Number (REQUIRED): _____

STEP 4: Application Checklist and Authorization

☐ I completed all areas of the current application. If a question was not applicable I inserted N/A.
☐ I signed and dated my application.
☐ I attached all required supporting documentation as noted in Question #6
- Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
- Announcement and/or outline and description for conference/workshop/online course. Announcement must include registration fees/ cost.
- W-9 form (the form is available at www.irs.gov).
- Credentials: written estimated timeline with dates that describes how you will reach your goal of obtaining a credential.
- Receipt/proof of payment for registration and/or credential fees.
- Documentation of attendance/completion.
- If applicable confirmation/receipt for lodging and/or transportation costs (train, bus).
- If applicable printout documenting trip mileage (e.g., Mapquest, Yahoo Maps, etc.)

☐ The payment information I have submitted is correct.
☐ I have made a copy of this application for my records.

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 Signature   Date   Administrator Signature   Date

➔**Payment cannot be made until a complete application and required documents are received.**

➔ **Deadline**: Applications and all supporting documentation must be received at **SAL Child Care Connection** by **June 1, 2019.**

Return application and all required documents to: **Kami McClure**
SAL Child Care Connection
3425 N. Dries Lane, Peoria, IL 61604
Fax 309-686-3850 / kmcclure@salccc.org

CCR&R USE ONLY:

Received by: _____

Date received:_____   First time application for current FY? Yes / No

☐ Pending   Date _____ / Reason: _____

☐ Denied   Date/_____ / Reason: _____

☐ Approved Date/_____ / Amount $ _____