

Program Guidance 240.21 COVID-19 Crisis
Emergency Funding for Early Learning/Child Care Providers
Attachment 7



Early Learning/Child Care Provider Eligibility Form – Phase IV Grants

Please print and fill out completely.

Early Learning/Child Care Provider

1. Provider Information

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable):

DELRAY BEACH COMMUNITY CENTER

Physical Address: 50 NW 1ST AVENUE

City/State/Zip: DELRAY BEACH, FL 33444 County PALM BEACH

Contact Person TONYA SMITH Phone 5612437000

License or Exemption # 505100345 Provider email address SMITHTC@MYDELRAYBEACH.COM

Provider Type (check all that apply): Licensed Center License-exempt Center Public/Non-Public School Licensed/Registered Home

Please check all forms of funding your location receives:

Head Start Early Head Start Migrant Head Start None

Title I IDEA CCAMPIS

Number of children licensed for 75 Number of children enrolled 0

2. Eligibility Criteria for each Early Learning/Child Care Provider

Does your program meet the following eligibility criteria requirements?

ALL PROVIDERS:

Yes No Were you operational/open and providing on-site¹ early learning services at time of application?

Yes No Have you submitted an Expenditure Plan Narrative and Budget (may be completed below or included as separate attachment)?

¹ In accordance with local ordinances or restrictions, if applicable

NON-CONTRACTED PROVIDERS ONLY:

Yes No Have you completed a Child Care Resource and Referral (CCR&R) profile in the Florida Early Learning Provider Services Portal?

Yes No Are you under investigation or been convicted of child care fraud?

Yes No Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

Yes No Have you had a contract with an early learning coalition terminated for cause within the past five years?

Yes No Have you had any Class I DCF violations since July 1, 2019?

Yes No Have you submitted W-9 and direct deposit forms for payment, if not previously completed?

SCHOOL DISTRICT PROVIDERS ONLY:

Yes No Are you contracted with a local early learning coalition for SR and/or VPK services at time of application?

Responses to the above questions will determine provider eligibility for Phase IV CARES grant funding, based on eligibility criteria as defined in OEL Program Guidance 240.21.

C.C.

3. Expenditure Plan Information (check here if submitting separate document)

Expenditure Plan Narrative:

Grant allocation will be used for Health and Safety Supply Expenses.

Budget:

Category	
Operations	
Salaries/Benefits	
Mortgage, Rent, etc.	
Minor Repairs	
Insurance	
Health and Safety Supplies	\$2,500
Equipment	
Other (List)	

NOTE: Food is an unallowable expense for purposes of these grants and cannot be included.

Early Learning/Child Care Provider Attestations

I am submitting this application to qualify for and receive the above-listed emergency/enhanced quality grant and understand all monies received must be used for the items/activities noted. I attest to the fact that the information I provide in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me.

I have read this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative

DocuSigned by:
 Name TAMIA SMITH Date 12/4/2020
644A564920724FB
 Phone 5612437000 Email SMITHTC@MYDELRAYBEACH.COM

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Sections below – for ELC/RCMA use only

4. Application Information Provided to/Processed by – completed by ELC/RCMA staff

- Yes No Is this application form complete?
- Yes No Does the provider meet the listed eligibility criteria?
- Yes No Is the provider not under investigation or been convicted of child care fraud?
- Yes No Did the provider submit or have a completed IRS Form W-9 on file?
- Yes No Have you verified your entity is the “home” coalition for this provider?

If all above responses are “yes,” this application form can be accepted.

Signature of Coalition/RCMA Representative

DocuSigned by:
Name Gina Carello Date 12/16/2020
2AF7234789C942F
Contact Phone 561-214-7451 Email GINA.CARELLO@ELCPALMBEACH.ORG

Contact Entity Early Learning Coalition RCMA Other _____

Grant Award Amount \$2,500

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Early Learning/Child Care Provider

1. Provider Information

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable):

POMPEY PARK COMMUNITY CENTER

Physical Address: 1101 NW 2ND ST

City/State/Zip: DELRAY BEACH, FL 33444-1616 County PALM BEACH

Contact Person TONYA SMITH Phone 5612437000

License or Exemption # 505101097 Provider email address smithtc@mydelraybeach.com

Provider Type (check all that apply): Licensed Center License-exempt Center Public/Non-Public School Licensed/Registered Home

Please check all forms of funding your location receives:

- Head Start Early Head Start Migrant Head Start None
- Title I IDEA CCAMPIS

Number of children licensed for 150 Number of children enrolled 10

2. Eligibility Criteria for each Early Learning/Child Care Provider

Does your program meet the following eligibility criteria requirements?

ALL PROVIDERS:

- Yes No Were you operational/open and providing on-site¹ early learning services at time of application?
- Yes No Have you submitted an Expenditure Plan Narrative and Budget (may be completed below or included as separate attachment)?

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K.P.

3. Expenditure Plan Information (check here if submitting separate document)

Expenditure Plan Narrative:

Grant allocation will be used for Health and Safety Supply Expenses.

Budget:

Category	
Operations	
Salaries/Benefits	
Mortgage, Rent, etc.	
Minor Repairs	
Insurance	
Health and Safety Supplies	\$3,250
Equipment	
Other (List)	

NOTE: Food is an unallowable expense for purposes of these grants and cannot be included.

Early Learning/Child Care Provider Attestations

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Signature of Authorized Provider Representative

Name *TOMIA SMITH* Date 12/4/2020
644A564920724FB
 Phone 5612437000 Email smithtc@mydelraybeach.com

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

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If all above responses are "yes," this application form can be accepted.

Signature of Coalition/RCMA Representative

DocuSigned by:
Name Gina Carello Date 12/16/2020

2AF7234769C642F
Contact Phone 561-214-7451 Email GINA.CARELLO@ELCPALMBEACH.ORG

Contact Entity Early Learning Coalition RCMA Other _____

Grant Award Amount \$3,250