

Failure to submit complete application & supporting documents will prevent the processing of your application & could result in application denial. Applicants will be asked to pick up incomplete applications for re-submission.

TPDI Initial Eligibility Checklist FY 2017-2018

You are eligible to apply if the following are true:

- You are 18 years of age or older.
- Your pay is less than \$13.00 per hour or \$27,040 per year.
- You have continuously worked as a teacher or co-teacher in an eligible child care center for a minimum of 20 hours per week for at least the last 12 months.
- Eligible centers are contracted with ELCAC and must have served at least two school readiness funded children during the past 12 months.
- You have a minimum of an FCCPC or staff credentials matching those listed in the TPDI Incentive Supplement Stipend Scale.

Recipients eligible for TPDI at Level 1 will have to advance to Level 2 by the following year OR have completed MMCI or an ELFL (Early Learning Florida) course in past 12 months in order to continue to receive TPDI stipends

- You have resolved any financial obligations with ELCAC.

Owners of child care centers and family child care homes are not eligible for the TPDI program. The stipend is intended to decrease staff turnover, a concern that does not pertain to owners.

Revised 09/01/2017



Tenure and Professional Development Incentive (TPDI)

NEW PARTICIPANT APPLICATION FY 2017-2018

Use this form if you have never applied for TPDI or If you were denied during a previous stipend period.

Please **PRINT** clearly and **DO NOT STAPLE** (paper clips **only**).

*****DUE in ELCAC's office by 5:00 PM Wednesday, February 28, 2018*****

1. First Name: _____ Middle Initial: _____ Last Name: _____
 - a. If you have applied for an ELCAC quality initiative within the past year (TPDI, stipend, etc.) under another name(s), please list that name(s) here _____
2. Mailing Address: _____
City/State: _____ Zip: _____
3. Home Phone or cell: (_____) _____ E-Mail: _____
4. Are you currently enrolled in any early childhood coursework at a community college, college or university?
 Yes No ****If yes, you must provide proof of current enrollment****
5. Child Care Program Name: _____
(If you work at a multi-site child care program **be specific** as to which site.)
Director/Owner Name: _____
Child care program telephone: (_____) _____
6. Date you began working at this Child Care program: ____/____/____ (Month/Day/Year)
7. Your employment position: (Owners not eligible)
 Teacher Assistant Teacher Family Child Care Teacher
 Director (Director only eligibly if serving regularly as classroom teacher)
 Other _____
8. Current salary or hourly pay rate: Per year: \$_____ OR Per hour: \$_____
9. How often do you get paid? Every week _____ Every 2 weeks _____ Twice a month _____
Other _____
10. How many hours **per week** do you work in the classroom with children ages **birth through five**?
_____ (**Must work in the classroom at least 20 hours per week**)

Please note: Part time teachers (20-34 hours a week) are eligible for 50% of stipend payout on their level.

Full time teachers (35 hours or more a week) are eligible for 100% of their stipend payout on their level. E.g., a teacher qualifying for Level 1 stipend who works 20 hours per week would receive \$50, while the same teacher who works 40 hours per week would receive the full \$100.

Verification to be completed by the owner / director:

Applicant: Please have the Owner / Director complete the following questions. A signature verifying the validity of the information is required.

Employee/Applicant name _____

Child care program name _____

Position of Employment _____
(If applicant fulfills duties of more than one position, please specify this.)

Our center has served at least 2 school readiness children in the last 12 months:

Yes No

Hours worked **per week** in the classroom with children **birth through five**: _____

Current hourly rate \$ _____ or Salary rate \$ _____

Employee start date ____/____/____ (Month/Day/Year)

I am authorized to provide employment verification. The information provided on this form is true and accurate to the best of my knowledge.

 Printed Name (Owner/Director)

 Signed Name (Owner/Director)

 Position

 Date

Statement of Affirmation to be completed by applicant:

Applicant: Please fill out the following section completely.

I, _____ (*Applicant's Name*),
(*please print*)

attest that the information contained in this application and the supporting documentation is true to the best of my knowledge. I understand that if the information I supplied in this application is found to be fraudulent my participation in this program will be terminated at once and that I might be required to reimburse any and all TPDI stipends awarded to me by the Early Learning Coalition of Alachua County.

If I am awarded funding through the TPDI Program offered by the Early Learning Coalition of Alachua County, I understand and agree to the following conditions:

- I meet all criteria for eligibility as outlined in this application.
- I understand the stipend will be awarded once a year if funds are available.
- I understand the stipend may be adjusted based on availability of funding.

Applicant's Signature

Date

New Applicant Checklist

***Please use this to assure you have all of the necessary documents needed to process your application.
Failure to submit supporting documents will prevent the processing of your application &
could result in application denial.***

- Completed TPDI Application with all forms completed (**pages 1-4**).
- Assured that all **ALL** questions were answered truthfully and accurately.
- Attached a copy of transcripts from **EVERY** college attended and/or proof of current enrollment.
- Attached copies of degrees received and/or childcare credentials.
- Attached the most **recent** copy of your DCF transcript.
(www.myflorida.com/childcare/training)
- Attached a copy of your most recent pay stub.
- Attached a completed signed W-9 form.
Exclude No. 2 Business Name & exclude Part. I EIN, only fill out SSN.

****This is the address where your check and tax information will be sent. Please remember to enter your personal information (i.e. social security number and address where *you* receive *your* mail).**** (www.irs.gov)

***Please fax or mail your application and required documents
to:***

**Fax: (352) 335-1429
or
Early Learning Coalition of Alachua County
4424 NW 13th Street #A5
Gainesville, Florida 32609**

Attn. Zoila Jarquin