

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.
- 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 within Alachua county 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

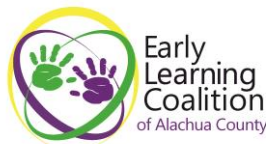
- You have resolved any financial obligations with ELCAC.

You must submit proof of new supporting documents if:

- Submit new W-9 form if there has been a name change or address change since FY 2016/2017 TPDI period.
Exclude No. 2 Business Name & exclude Part. I EIN, only fill out SSN.
- You had a pay increase or change of employer (submit pay check stub).
- You have furthered your education and/or changed degrees (submit new transcripts).
- Level 1 applicants must submit MMCI and/or ELFL completion certificate if you previously qualified at a level 1 the previous FY.

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)

RENEWAL AND EMPLOYMENT VERIFICATION FY 2017-2018

Use this form if you received a TPDI stipend for FY 2016-2017.

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 & prev. level qualified

2. Mailing Address: _____
City/State: _____ Zip: _____
If you have moved since the last stipend period please turn in a W-9 with your application
3. Home Phone or cell: (____) _____ E-Mail: _____
4. 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: (____) _____
5. Date you began working at this program: ____/____/____ (Month/Day/Year)
6. Your employment position: (Owners not eligible)
 - Teacher Assistant Teacher Family Child Care Teacher
 - Director (Director only eligibly if serving regularly as classroom teacher)
 - Other _____
7. Current salary or hourly pay rate: Per year: \$_____ OR Per hour: \$_____
8. How often do you get paid? Every week _____ Every 2 weeks _____ Twice a month _____
Other _____
9. 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 _____

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

I verify that the above name(s) applicant has remained continually employed with our child care program from the date of verification during 2016.

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

***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