

***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 2018-2019**

**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\*\**

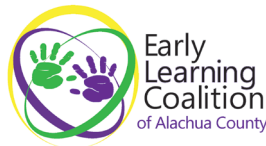
- You have resolved any financial obligations with ELCAC.

**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 2017/2018 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 02/05/19



## Tenure and Professional Development Incentive (TPDI)

### RENEWAL AND EMPLOYMENT VERIFICATION FY 2018-2019

Use this form if you received a TPDI stipend for FY 2017-2018.

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

**\*\*\*DUE in ELCAC's office by 5:00 PM Friday, March 8, 2019\*\*\***

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 13<sup>th</sup> Street #A5  
Gainesville, Florida 32609**

**Attn. Rachel Eubanks**