

# PROFESSIONAL DEVELOPMENT FUNDS INSTRUCTIONS & REQUIREMENTS July 2012 – June 2013



Child Care Resource Service



Based on available funding, **CCRS** is offering funds to support 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).

## 1. WHO CAN APPLY?

- Individual practitioners currently employed by center based programs and family home programs that provide care as defined by the Illinois Department of Children and Family Services (IDCFS). 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 (cook and driver) when appropriate (e.g., food sanitation course, first aid).
- The individual practitioner must be a member of the Gateways to Opportunity Registry. Registry membership is free. Practitioners may sign up for the registry at [www.ilgateways.com](http://www.ilgateways.com).
- The child care program/provider must be listed on the Child Care Resource and Referral (CCR&R) referral database and must currently provide services in one of the following Illinois counties: **Champaign, Douglas, Iroquois, Macon, Piatt, and Vermilion.**

## 2. WHAT CAN FUNDING BE REQUESTED FOR?

- Costs associated with conference/workshops: registration fees, lodging, transportation and mileage as outlined in Step 3A of the application. 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 management.
- Fees associated with the credential processes as outlined in Step 3b of the application. If you are applying for assistance with Advisor Fees, please note the advisor must meet the credentialing body's requirements. Requirements can be found at the credentialing body's website.

## 3. WHAT CREDENTIALS ARE APPROVED FOR FUNDING? WHERE CAN I FIND MORE INFORMATION ABOUT CREDENTIALS?

- |  |  |                |
|--|--|----------------|
| • Child Development Associate (CDA)            | <a href="http://www.cdacouncil.org">www.cdacouncil.org</a> | 1-800-424-4310 |
| • Certified Child Care Professional (CCP)      | <a href="http://www.nccanet.org">www.nccanet.org</a>       | 1-800-543-7161 |
| • Gateways Illinois Directors Credential (IDC) | <a href="http://www.ilgateways.com">www.ilgateways.com</a> | 1-866-697-8278 |
| • Gateways ECE Credential                      | <a href="http://www.ilgateways.com">www.ilgateways.com</a> | 1-866-697-8278 |
| • Gateways Infant/Toddler Credential           | <a href="http://www.ilgateways.com">www.ilgateways.com</a> | 1-866-697-8278 |

## 4. WHAT CAN'T FUNDING BE REQUESTED FOR?

- College tuition assistance is not available through Professional Development Funds. Tuition assistance is available through the Illinois Gateways Scholarship Program. Our CCR&R staff can assist you with information regarding college course offerings and Gateways tuition assistance. Information is also available at [www.ilgateways.com](http://www.ilgateways.com) or call 866-697-8278.
- Conferences/workshops in which the **Child Care Resource Service** is the fiscal agent (i.e., registration fees are collected by the **Child Care Resource Service**).
- Special events during a conference (e.g., concert, recognition event, etc) or the cost of meals (unless included in basic conference fee).
- Out of state conferences/workshops beyond 50 miles from any Illinois border.
- Conferences/workshops in which the primary focus is political advocacy and/or sectarian (religious) instruction.
- Consultants or mentors with the exception of CDA advisors (see Section 3B of application).

## 5. WHAT ARE FUNDING MAXIMUMS?

- The maximum funding amount available per person is \$700 per fiscal year.
- Additional funding maximums are detailed in Step 3 of the application.

## 6. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit a Professional Development Funds application, proof of Gateways Registry membership (a copy of membership ID, Professional Development Record or Registry Certificate) and other required supporting documentation.
- As applications are received, priority is given to programs currently caring for children whose care is paid for by the Illinois Department of Human Services Child Care Assistance Program (CCAP), with greater priority given to those with 25% or more of their enrollment consisting of IDHS funded children. **However, you do not have to serve IDHS funded children to apply.**

## 7. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?

- Ongoing as funds allow. Year end deadline: applications and all supporting documentation must be received at **Child Care Resource Service** by **Friday June 7, 2013**.

## 8. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

- After funding approval, all required supporting documentation must be submitted to **CCRS** within 30 days of the event date to be eligible for future funding.

### Workshop/Conferences

- Conference/workshop announcement and/or outline and description.
- Receipt/proof of payment for registration fees, lodging, transportation and mileage.
- Documentation of attendance.
- W-9 form (the form is available at [www.irs.gov](http://www.irs.gov)).

### Credentials

- Receipt/proof of payment (e.g., cashier's check, cancelled check).
- Timeline (see Step 3B on application).
- W-9 form (the form is available at [www.irs.gov](http://www.irs.gov)).
- Credential advisor's resume.
- Documentation of hours for credential advisor (to be submitted upon completion of hours).
- Membership receipt/proof of payment.

## 9. 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 individual, credentialing body, or child care program named in Step 4 Payment Information Section of the application.
- Individuals/programs that receive payment will be responsible for Banner vendor add documentation and taxes.

## 10. WHERE ARE APPLICATIONS SUBMITTED?

- **Child Care Resource Service, Attention Valerie. 905 S. Goodwin, 314 Bevier Hall, Urbana, IL 61801**

## 11. FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:

- **1-800-325-5516 or 333-3252**

## 12. DO THE FUNDS NEED TO BE REPAYED?

- 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 credential and the individual withdraws from the process, the individual/child care program will need to work with **the Child Care Resource Service** regarding the return of funds.
- In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with **the Child Care Resource Service** regarding return of funds.

## 13. WHAT ELSE DO I NEED TO KNOW?

- Only completed applications will be considered.
- Applicants must use the provided application for July 2012 – June 2013.
- Faxed/electronic applications will not be accepted.
- Funding is limited and not guaranteed.
- Partial funding may be awarded.
- Payment cannot be made until a complete application and all required documents are received.

# PROFESSIONAL DEVELOPMENT FUNDS APPLICATION FORM

## July 2012 – June 2013



Child Care Resource Service  
905 S. Goodwin, 314 Bevier Hall  
Urbana, IL 61801



- ➔ 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
- ➔ Please refer to the Professional Development Funds Instructions and Requirements

I am applying for Professional Development Funds for

- ☐ Workshop/Conference Related Costs  
☐ Credentialing Costs: ☐ New ☐ Renewal

### STEP 1: Personal Information (home contact information)

Applicant First Name: \_\_\_\_\_ Applicant Last Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email (optional): \_\_\_\_\_

I am a member of the Gateways Registry : ☐ Yes ☐ No *Required to apply for funds*

Role: ☐ Director/Administrator ☐ Assistant Director ☐ Director/Teacher ☐ Teacher ☐ Assistant Teacher ☐ Substitute/Floater ☐ Family Child Care Provider  
☐ Family Child Care Assistant ☐ Group Family Child Care Provider ☐ Group Family Child Care Assistant ☐ School-age Child Care Teacher ☐ School-age Child Care Assistant ☐ Other

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

- ☐ Infants (6 wks. -14 mos.) ☐ Toddlers (15-23 mos.) ☐ Twos (24-35 mos.) ☐ Preschool (3-5 yrs.) ☐ School-age (K-12 yrs.) ☐ N/A

### STEP 2: Work Site Information (complete the following for your current place of employment or family child care business)

Program Name: (If licensed, use the name as it appears on your license): \_\_\_\_\_

Work Site Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address Preference: ☐ Use personal address ☐ Use program address

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_ ☐ Personal ☐ Program

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

Program Type: ☐ Center ☐ Family Child Care ☐ Group Family Child Care ☐ School-age Program ☐ Head Start ☐ Preschool for All

What age groups does your program care for (check all that apply): ☐ Infants (6 wks.-14 mos.) ☐ Toddlers (15-23 mos.) ☐ Twos (24-35 mos.) ☐ Pre-School (3-5 yrs.) ☐ School-age (K-12 yrs.)

Does the program you work for currently care for children whose care is paid for by the IDHS Child Care Assistance Program?

☐ Yes ☐ No

If yes, 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)

$$\frac{\text{\# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 = \text{Percentage of IDHS Children} \%$$

### STEP 3: Funding Request Information

**The total funds requested in sections A and B below cannot exceed \$700 per year.**

Complete both tables.

I am requesting Professional Development Funds to (check all that apply):	Conference/ Workshop	Credential
Implement better practices/program improvements		
Meet DCFS training requirements		
Obtain qualifications for a new position		
To obtain a credential (new or renewal)		
To meet Quality Counts – Quality Rating System certification		
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):		

#### A. WORKSHOP/CONFERENCE:

Name of event: \_\_\_\_\_ Date(s) attending: \_\_\_\_\_

Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

**The maximums listed in the table below are per event; however, one individual cannot go over \$700 per year.**

Total Amount(s) Requested	MAX	Amount Requested
<input type="checkbox"/> Workshop /Off-Site Training Registration Fee	\$500.00	\$
<input type="checkbox"/> Conference Registration Fee	\$500.00	\$
<input type="checkbox"/> Lodging *	\$300.00	\$
<input type="checkbox"/> Transportation (train, bus, airfare, cabs)	\$200.00	\$
<input type="checkbox"/> Mileage: reimbursed at \$0.50/mile	\$200.00	\$
<input type="checkbox"/> <b>TOTAL</b>	<b>\$700.00</b>	<b>\$</b>

\*Lodging: For conferences/workshops that have a special hotel rate, individuals will be reimbursed up to that rate.

**B. CREDENTIAL:**

1. For credential funds request, complete below:

	Max	Amount Requested
<i>Child Development Associate (CDA)</i>		
<input type="checkbox"/> Application Packet	\$25	\$
<input type="checkbox"/> Assessment Fee	\$325	\$
<input type="checkbox"/> Second Setting Fee	\$225	\$
<input type="checkbox"/> Membership Fee (limited to CDA renewal candidates)	\$78	\$
<input type="checkbox"/> Credential Renewal Fee	\$50	
<i>Certified Childcare Professional (CCP)</i>		
<input type="checkbox"/> Credential Fee	\$495	\$
<input type="checkbox"/> Credential Renewal Fee	\$35	\$
<i>Gateways Credentials</i>		
<input type="checkbox"/> Illinois Director Credential (IDC) I II III		
<input type="checkbox"/> ECE Credential (circle level) 2 3 4 5		
<input type="checkbox"/> Infant/Toddler Credential (circle level) 2 3 4 5		
<input type="checkbox"/> Application Fee	\$30	\$
<input type="checkbox"/> Transcript Evaluation/Review Fee	\$170	\$
<input type="checkbox"/> Portfolio Assessment Fee	\$100	\$
<input type="checkbox"/> Level Advancement Fee	\$75	\$
<input type="checkbox"/> Add-on Credential Fee	\$100	\$
<input type="checkbox"/> Credential Renewal Fee	\$75	\$
<i>Other</i>		
<input type="checkbox"/> CARE Courses	\$400	\$
<input type="checkbox"/> CDA Online Training Course	\$500	\$
<input type="checkbox"/> CCP Online Training Course	\$500	\$
<input type="checkbox"/> Credential Advisor Fees	\$500	\$
<input type="checkbox"/> Credentialing Information Packet	\$30	\$

2. Additional Instruction for Credential:

**Attach a written timeline, with dates, that describes how you will reach your goal of obtaining the credential.****STEP 4: Payment Information**

Total Amount Requested: \$\_\_\_\_\_ (Total amount requested for the fiscal year cannot exceed \$700)

If only partial funds are available will you complete the activity? ☐ Yes ☐ No

Requesting payment(s) be made to:

☐ Applicant ☐ Child care program ☐ Credentialing body

Make Check Payable To: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

## STEP 5: 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 a copy of my Gateways Registry membership ID, Professional Development Record or Registry Certificate.
- ☐ I attached required documentation (including the Banner Vendor add form).
- ☐ 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 guidelines. 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 center 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.**

**Year end deadline:** Applications and all supporting documentation must be received at **CCRS** by **Friday June 7, 2013**

**Return application and all required documents to:**      **Child Care Resource Service, Attn: Brenda**  
   **905 S. Goodwin, 314 Bevier Hall**  
   **Urbana, IL 61801**

### Office Use Only:

Received by Name: \_\_\_\_\_

Date Received: \_\_\_\_\_ ☐ First time application for current FY

☐ Pending      Date: \_\_\_\_\_

☐ Denied      Date: \_\_\_\_\_      Reason: \_\_\_\_\_

☐ Approved      Date: \_\_\_\_\_