



County of Los Angeles
Child Care Planning Committee
INVESTING IN EARLY EDUCATORS STIPEND PROGRAM



CYCLE 11A: For Persons Working in Child Development Centers
Instructions and Application

FUNDING FOR CYCLE 11 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

Schedule for Stipend Program – Cycle 11	
Stipend Program Cycle 11 applications posted on the Web site at www.childcare.lacounty.gov	August 2009
Applications with supporting documents due:	Mail in: Thursday, October 22, 2009 (postmarked) Walk in: Thursday, October 29, 2009
Application Disqualification Letters mailed by:	Thursday, January 7, 2010
Appeal Letters for Application Disqualification due:	Thursday, January 21, 2010
Verification Forms mailed to eligible applicants by:	Friday, February 5, 2010
Verification Forms with supporting documents due:	Mail in: Thursday, March 4, 2010 (postmarked) Walk in: Thursday, March 11, 2010
Verification Disqualification Letters mailed by:	Friday, May 7, 2010
Appeal Letters for Verification Disqualification due:	Friday, May 21, 2010
Stipends sent to qualifying applicants:	July/August 2010

READ ALL INSTRUCTIONS CAREFULLY BEFORE AND WHILE COMPLETING THE APPLICATION AND PROVIDE ALL INFORMATION AND DOCUMENTS REQUESTED.

Overview

The *Investing in Early Educators Stipend Program*, funded by the California Department of Education/Child Development Division (CDE/CDD) and developed by the County of Los Angeles Child Care Planning Committee, is designed to increase the retention and academic preparedness of teachers working in child development programs – centers and family child care homes – in which most of the children are subsidized by the CDE/CDD. In addition, the *Stipend Program* helps teachers work towards completing college coursework that informs their work with children and families, and/or contributes to a degree in child development or a closely related field.

The instructions serve as your guide for completing your application to the *Stipend Program*. It is critically important that you **read the instructions** carefully and provide all information and documents as requested. Note that each cycle is separate; therefore, you must submit all supporting documents requested for this cycle. **Applications that have missing information and/or missing documents will be considered incomplete and will not be reviewed.**

The instructions also provide you with information on the process leading up to awarding stipends, including the appeal process and a detailed timeline.

Applying to the *Stipend Program* is a two-part process:

- 1. Application:** determines that you meet the employment eligibility criteria.
- 2. Verification:** verifies that you have met the educational requirements, hold a Child Development Permit, and continue to meet the employment criteria.

If you work in a Los Angeles Universal Preschool (LAUP) classroom only, you may be eligible for their Professional Growth Plan (PGP) Stipend Program. Visit www.laup.net and click on Professional Growth Opportunities for more information.

STEP 1: Determining Eligibility¹ (see note below)

To be eligible to apply for a stipend, you **must**:

1. Work in a California Department of Education/Child Development Division (CDE/CDD)-contracted child development center, **OR**
Work in a licensed center in which the majority (51% or more) of the children receive a child care subsidy from the CDE/CDD-contracted agency at the time you submit your application; **AND**
2. Work directly teaching children as a teacher, teacher/director (those with dual roles), teacher aide/assistant, or substitute in the classroom on a consistent and continual basis at least 20 hours per week (see details in box below for special categories of teachers and exceptions); **AND**
3. Maintain employment at an eligible child development center located in the County of Los Angeles from July 1, 2009 through March 11, 2010; **AND**
4. Hold a Child Development Permit issued by the California Commission on Teacher Credentialing (CTC) to be submitted with the Verification Form (see Schedule). See Step 2, Item 2 under **Eligible Coursework** for more information on obtaining or upgrading a permit.

You may be eligible to apply to the Stipend Program if you meet one of the following relating to Item 2:

- *Teachers, teacher/director (those with dual roles), teacher aide/assistant, or substitute working in **State Preschool** must work directly teaching children at least 15 hours per week.*
- *Aides or assistants working in any child development program must work directly teaching children at least 15 hours per week.*

You must also meet the eligibility criteria as specified in Items 1, 3 and 4.

If you meet the eligibility criteria, then continue to Step 2.

STEP 2: Meeting the Educational Requirements

To earn a stipend, you **must**:

1. Complete at least three (3) semester units (4.5 quarter units) or a maximum of six (6) semester units (9 quarter units) of eligible coursework at a community college, college, or university; **AND**
2. Complete the class(es) **after** February 27, 2009 and **before** March 1, 2010; **AND**
3. Pass the class(es) with a grade of “C” or better; **AND**
4. Submit your transcript(s) and Child Development Permit when requested with your Verification Form.

Eligible Coursework

All coursework must be unit-bearing and fulfill the requirements for a degree in child development. Extension or continuing education courses are **not** eligible unless the applicant has a Bachelor Degree (BA/BS) or higher. If you have any questions regarding coursework eligible for the Stipend Program, you are encouraged to contact Renatta Cooper by telephone at (213) 974-4453 or by e-mail at rcoper@ceo.lacounty.gov.

¹ State law limits eligibility to the *Investing in Early Educators Stipend Program* to persons serving a majority of children receiving CDE/CDD subsidies. Staff working in Los Angeles Universal Preschool (LAUP) and Head Start Programs **only** are ineligible to apply.

Eligible coursework is limited to the following five categories:

1. If you are not proficient in English as indicated on your application, you may take English-as-a-Second-Language (ESL) classes at a community college if directed to do so by your college. This option is intended for applicants needing to improve their English language skills in order to enroll in college classes toward earning a degree in child development.
2. If you do NOT have a child development permit issued by the California Commission on Teacher Credentialing (CTC), you should take required child development classes, or the required general education courses. If you already have a permit, you may take classes needed to upgrade or renew your permit.

Note: *If you do not have a permit, contact CTC by visiting their Web site at www.ctc.ca.gov or contact the child development department at your community college. Click on “Credentialing”, then “Child Development Permits” and follow the instructions for obtaining or upgrading your permit. Community colleges can often process permit applications more quickly than the CTC. In addition, the Child Development Training Consortium offers support to eligible person applying for, renewing, or upgrading their permits; more information is available at www.childdevelopment.org.*

*You will need a valid permit to qualify for a stipend at the time of verification; it takes approximately **nine months or more** for your permit to be issued.*

3. If you do NOT have an Associate Degree (AA/AS), you should take child development, English, math or general education classes; OR prerequisites to classes that are transferable for a degree in child development at a four year college. Check with an advisor at your college or university before enrolling in a class if you are not sure it is a prerequisite or transferable class.
4. If you have an AA/AS or are working toward a BA/BS, you should take classes that are transferable and are counted as credit toward a four-year college or university degree; OR classes at a four-year college or university that count towards a degree. Acceptable degrees include Early Childhood Education, Early Special Education, Child Psychology, and Child Development.
5. If you have a BA/BS or higher, you should take college or university classes that are directly related to your work with children and families in a child development program. Sample topics include: special needs children, diversity, dual language learners, parent relations, adult supervision, program evaluation, and advanced child development. Unit bearing extension or continuing education courses can be counted as eligible only for individuals who already hold a BA/BS or higher.

If you will meet the eligibility criteria **and** understand the educational requirements, then continue with your application.

STEP 3: Completing the Application

Be sure you have the correct application:

- If you work in a **child development center**, complete the application for **Cycle 11A**.
- If you work in a **family child care home**, complete the application for **Cycle 11B** (see separate instructions and application for Cycle 11B).

Section 1. Applicant Information

- Enter your full name in the appropriate box on the top of each page of your application.
- Fill in every box; do not leave blanks. If the information is not applicable, then write in “N/A”.

- Enter **all** telephone numbers where we can reach you from 9 a.m. to 5:00 p.m. Monday through Friday.

Special instructions:

- Enter your full name **exactly** as it appears on your social security card.
- Enter your social security number (SSN) **exactly** as it appears on your card.
- All SSNs are verified with the Internal Revenue Service (IRS), so accuracy is critical.

Section 2. Applicant Education and Permit Levels

- Check your highest level of education that you have completed.

Note: If you are working toward a degree, **DO NOT** check that you have the degree.

- Check the type of Child Development Permit you currently hold.

Section 3: Continuing Education Requirement

- Check all that apply; indicate major if you have checked that you are working to obtain an AA, BA/BS or MA/MS degree.

Section 4. Applicant Employment Information

- For **Name of the Child Care Center**, enter the name of the site where you work.
- For **Administered by**, enter the agency name, school district or company.
- The **Program Manager** is the manager overseeing the child development program, NOT the site supervisor. **Be sure to attach the Program Manager’s business card to your application.**
- Your **Job Title** must have the word “teacher” in it, such as Preschool Teacher, Assistant Teacher, Associate Teacher, or Substitute Teacher. If your job title is “coordinator”, “supervisor, or “director”, you probably do not qualify for a stipend. However, job titles such as “teacher/supervisor” are permissible. **If you work in a State Preschool, add “State Preschool” to your title.**
- Indicate if the classroom in which you work is a Los Angeles Universal Program (LAUP) classroom as well as a CDE/CDD-contracted classroom or a classroom in which the majority of children are subsidized by the CDE/CDD-contracted agency.
- Indicate if the center in which you work is participating in the Steps to Excellence Project (STEP).

Section 5. Applicant Salary Information

- Complete information for your gross annual salary or gross monthly salary, whichever you can most accurately calculate.

Section 6. Employer-provided Benefit Information

- Check all that apply.

Section 7. Children with Whom Applicant is Currently Working

- Check all that apply.

Section 8. Program Manager's Certification

- It is your responsibility as the applicant to make sure that your Program Manager of the child development program completes this section, signs and dates it and matches the name that you entered in Section 4. **Be sure the Program Manager provides you with their business card to attach to your application.**
- There are two options to this section, depending on whether or not your program has a CDE/CDD-contract. Be sure your Child Development Program Manager completes only one portion of this section:
 - For programs that do not hold a contract with the CDE/CDD, **OR**
 - For CDE/CDD-contracted programs

Special instructions for programs that do not hold a contract with the CDE/CDD:

- *Enter the total number of children currently enrolled and of those children, the total number of **subsidized** children.*
- **Attach** to the application a copy of the invoice or contract documents listing **all** of the subsidized children. The documents should be copies of the most current printout(s) you received from the funding agency(ies) with the agency's(ies') name on it and list the children's names; the payment amounts may be blocked out. Write the stipend applicant's name on the upper right hand side of the document(s).

Section 9. Applicant Certification and Signature

- Read and initial each of the eight statements of certification.
- Be sure to sign and date this section.

STEP 4: Submitting Your Application

1. Be sure that you have completed every section of the application and your name is entered at the top of each page. **It is highly recommended that you have someone review your application for you before you submit it.**
2. Be sure that your name is included at the top of the supporting documents.
3. Check to make sure that your Program Manager has completed, signed, and dated Section 8 and attached their business card.
4. If you work in a program that does not hold a contract with the CDE/CDD, be sure that you have attached a copy of the most current invoice/contract documents listing **all** of the subsidized children enrolled in your program. The invoice/contract documents should be a copy of the printout(s) received from the funding agency(ies) with their name on it. You will **not** be eligible for a stipend without the invoice/contract documents.
5. **Make a copy of your completed application, including supporting documents, for your records.**
6. Submit your completed original application, with supporting documents if applicable, in person or by U.S. mail, certified mail or Domestic Return Receipt, to:

Investing in Early Educators Stipend Program – Cycle 11A
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012
Office Hours: 8:00 a.m. – 5:00 p.m.

Application due dates:

Mail in: Thursday, October 22, 2009 (postmarked)

Walk in: Thursday, October 29, 2009

DO NOT WAIT UNTIL THE DEADLINE TO APPLY!

- Applicants are encouraged to **apply early**. If you walk your application into the Office of Child Care, you will receive a stamp-dated receipt with all documents noted on the receipt.
- Persons submitting applications in person on behalf of several colleagues should request individual receipts per applicant.
- **Do not mail groups of applications in same packet.**
- If you choose to mail your application, send it certified mail or Domestic Return Receipt.
- Faxed, late, or incomplete applications will not be considered.
- Stipend Program staff will not call to remind you to send missing information. This is your responsibility.

STEP 5: Application Review

1. Upon receipt of your application, *Stipend Program* staff will screen your application for completeness. Only complete applications will be fully reviewed. Applications that have missing information and/or missing supporting documents will not be reviewed.
2. Staff will review your complete application to ensure that you meet the eligibility criteria to participate.
3. If you are eligible, your information is entered into the *Stipend Program* database and a Verification Form with instructions will be sent to you by U.S. mail by Friday, February 5, 2010. If you do not receive a Verification Form by mid-February 2010, contact the Office of Child Care at (213) 974-4674.
4. If your application is incomplete or you are not eligible, you will be notified with an Application Disqualification Letter by U.S. mail in early January 2010. You may appeal this decision. Instructions for submitting a letter of appeal are outlined in Step 6 of these instructions.

Note: Due to the anticipated number of applications, the review process can take several weeks. Please **do not** call to ask about your application. Your Verification Form or letter of disqualification will serve as notice regarding your application.

STEP 6: Submitting a Letter of Appeal

- If you are disqualified, you may submit a letter of appeal. **Appeals must be submitted in writing.**

An appeal is **not** the time to submit new information or supporting documents. Rather, it is an opportunity to prove that your application was complete, included the required supporting documents, was submitted by the due date, and you meet the eligibility criteria based on your original application.

- Your letter of appeal should include the following information:
 - The date your appeal letter is written
 - Your full name and social security number (SSN) as written on your application
 - Reference to the reason you were disqualified as indicated in the letter you received from the Office of Child Care
 - A brief description of why you think the decision to disqualify your application is incorrect
 - A copy of your application and supporting documents **as submitted** by the due date
 - A copy of the receipt you were provided when you submitted your application in person or a copy of your certified mail receipt
- Make a copy of your letter of appeal and supporting documents for your records.
- Letters of appeal with supporting documents are due by Thursday, January 21, 2010 to:

Investing in Early Educators Stipend Program – Cycle 11A
Office of Child Care, SIB/CEO
County of Los Angeles
222 South Hill Street, 5th Floor
Los Angeles, CA 90012

- The Office of Child Care management team reviews appeals, including review of the original application. Decisions to grant or not grant the appeal, based on whether the applicant met the application requirements and deadlines, are made within two (2) weeks of receipt of the letter of appeal. The applicant will be notified of the decision by U.S. mail. **ALL DECISIONS ARE FINAL.**

For more information on the *Investing in Early Educators Stipend Program* and to download the instructions and application, visit www.childcare.lacounty.gov. Instructions and application forms are also available by contacting the Office of Child Care at (213) 974-4674.

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Child Care Planning Committee
INVESTING IN EARLY EDUCATORS STIPEND PROGRAM



CYCLE 11A: Application For Persons Working in Child Development Centers

FUNDING FOR CYCLE 11 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

APPLICATIONS WITH SUPPORTING DOCUMENTS DUE:

BY MAIL: THURSDAY, OCTOBER 22, 2009 (POSTMARKED)

WALK IN: THURSDAY, OCTOBER 29, 2009

****IMPORTANT:** Eligibility and education requirements, how to complete the application and timelines are in the instructions, available for download from www.childcare.lacounty.gov or by calling (213) 974-4674.

Section 1. Applicant Information				
Last Name on Social Security Card:		First Name on Social Security Card:		Middle Initial/Name on Social Security Card:
Is this the name on your Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number: DO NOT LEAVE BLANK	
Last Name on Birth Certificate:		First Name on Birth Certificate:		Middle Initial/Name on Birth Certificate:
Home Street Address or P.O. Box:		Apt. #:	City:	Zip Code:
Work Street Address:		City:		Home Telephone Number: () () ()
				Work Telephone Number: () () ()
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Place of Birth (State, Country):		Date of Birth:
Ethnicity (Check all that apply): <small>NOTE: This information is being collected for statistical purposes only.</small> <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other			Are you proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Your primary language: _____	
Section 2. Applicant Education and Permit Levels <small>(NOTE: The information in this section is being collected for statistical purposes only.)</small>				
Indicate the highest level of education you have completed (Check one):				
<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year College Degree (AA) <input type="checkbox"/> 4-Year College Degree (BA/BS) <input type="checkbox"/> Graduate Degree (MA/MS)				
Indicate the type of Child Development Permit or teaching credential you hold:				
<input type="checkbox"/> None <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> Early Special Education Credential <input type="checkbox"/> Elementary Education Credential				
Year you began working in the early care and education field: _____				
Section 3. Continuing Education Requirement <small>(NOTE: The information in this section is being collected for statistical purposes only.)</small>				
What are your educational goals? (Check all that apply)				
<input type="checkbox"/> To improve my English language skills (speaking, reading, writing) <input type="checkbox"/> To obtain an early special education teaching credential <input type="checkbox"/> To develop new skills related to my work with children and families <input type="checkbox"/> To obtain a 2-Year College Degree (AA) ➔ Major: _____ <input type="checkbox"/> To obtain my Child Development Permit <input type="checkbox"/> To obtain a 4-Year College Degree (BA/BS) ➔ Major: _____ <input type="checkbox"/> To upgrade or renew my Child Development Permit <input type="checkbox"/> To obtain a Graduate Degree (MA/MS) ➔ Major: _____				

FUNDING FOR CYCLE 11 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

Name of Applicant _____

Section 4. Applicant Employment Information	
Name of Child Development Center:	Child Development Program Manager's Name and Phone Number (be sure to attach the Program Manager's business card): ()
Administered by (Name of agency, organization, or school district):	
Applicant's Job Title:	Number of <u>hours</u> you spend each <u>week</u> directly teaching children in a classroom: Is this also a LAUP classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of hire with your current employer: _____/_____/_____(Month/Year)	Employment Status (Check one): <input type="checkbox"/> Full-time (30+ hours/week) <input type="checkbox"/> Part-time (Less than 30 hours/week)
Is your Center participating in the Steps to Excellence Project (STEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5. Applicant Salary Information (NOTE: The information in this section is being collected for statistical purposes only.)	
Gross Annual Salary (Not including benefits): To calculate: Multiply your gross monthly salary by the # of months worked per year OR multiply your weekly salary by the # of weeks you worked. Example: \$1,000 every 2 weeks x 2 = \$2,000 per month, x 9 months = \$18,000 per year. \$ _____ per year This information will not affect your stipend award.	Gross Hourly Wage (Not including benefits): To calculate: Divide your gross weekly or monthly wage by the number of hours you worked. Example: \$500 weekly salary ÷ 40 hours per week = \$12.50/hour. \$ _____ per hour This information will not affect your stipend award.

Section 6. Employer-provided Benefit Information (Please identify all benefits paid by your employer.)			
<i>NOTE: The information in this section is being collected for statistical purposes only.</i>			
Medical Coverage (Check all that apply) <input type="checkbox"/> Not offered <input type="checkbox"/> Partial coverage <input type="checkbox"/> Full coverage <input type="checkbox"/> Includes dependents <input type="checkbox"/> Dependents not included	Dental Coverage (Check all that apply) <input type="checkbox"/> Not offered <input type="checkbox"/> Partial coverage <input type="checkbox"/> Full coverage <input type="checkbox"/> Includes dependents <input type="checkbox"/> Dependents not included	Discounted Child Care (Check all that apply) <input type="checkbox"/> Not offered <input type="checkbox"/> Free services <input type="checkbox"/> 25% discount <input type="checkbox"/> 50% discount <input type="checkbox"/> Other discount	Other Benefits (Check all that apply) <input type="checkbox"/> Vision Plan <input type="checkbox"/> Retirement <input type="checkbox"/> Other

Section 7. Children with Whom Applicant is Currently Working (NOTE: The information in this section is being collected for statistical purposes only.)	
Ages of children with whom you currently work (Check all that apply): <input type="checkbox"/> Birth - 23 months <input type="checkbox"/> 2 years - 2 years 11 months <input type="checkbox"/> 3 years - 5 years <input type="checkbox"/> 5 years and older	Are you working with children, ages 0 - 18 years, with disabilities and/or special needs? (See definitions below) <input type="checkbox"/> Yes <input type="checkbox"/> No DEFINITIONS: 1. Children protected by the Americans with Disabilities Act; OR 2. Children at-risk of a developmental disability as defined by the Early Intervention Act; OR 3. Children whose behavior and/or health affect the family's ability to find and maintain child care services. 4. Children with Individual Family Service Plan (IFSP) or Individualized Education Program (IEP)

FUNDING FOR CYCLE 11 IS DEPENDENT ON THE AVAILABILITY OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF EDUCATION/CHILD DEVELOPMENT DIVISION (CDE/CDD).

Name of Applicant _____

Section 8. Program Manager's Certification

For programs that do not hold a California Department of Education/Child Development Division (CDE/CDD) contract

I certify that the applicant is an employee of _____ center/agency. I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 20 hours a week (or 15 hours a week if an aide or assistant). To the best of my knowledge, the applicant meets the requirements of participation in Cycle 11A of the *Investing in Early Educators Stipend Program*. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

For programs that do not hold a CDE/CDD contract: As of the date of application, the enrollment in the center is _____ children, of which _____ children are subsidized. I have attached a current printout of payment invoices or summary listing(s) the subsidized children from the following agencies (check all that apply):

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Center for Community and Family Services (CCFS) | <input type="checkbox"/> Department of Children and Family Services (DCFS) |
| <input type="checkbox"/> Child Care Information Service (CCIS) | <input type="checkbox"/> Drew Child Development Corporation |
| <input type="checkbox"/> Child Care Resource Center (CCRC) | <input type="checkbox"/> International Institute of Los Angeles |
| <input type="checkbox"/> Children's Home Society of California (CHS) | <input type="checkbox"/> Mexican American Opportunity Foundation (MAOF) |
| <input type="checkbox"/> City of Norwalk | <input type="checkbox"/> Options |
| <input type="checkbox"/> Connections for Children | <input type="checkbox"/> Pathways |
| <input type="checkbox"/> Crystal Stairs, Inc. | <input type="checkbox"/> Pomona USD Child Development |

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Child Development Program Manager's Signature (attach your business card)

Date

OR

For CDE/CDD-contracted programs

I certify that the applicant is an employee of _____ center/agency. I certify that the applicant is currently working directly with children in a classroom on a consistent and continual basis at least 20 hours a week (or 15 hours a week if an aide, assistant or working in a State Preschool program). To the best of my knowledge, the applicant meets the requirements of participation in Cycle 11A of the *Investing in Early Educators Stipend Program*. I understand that the stipend he/she receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by this incentive.

For CDE/CDD-contracted programs: The applicant is employed in the following CDE/CDD-contracted program type:

- | | |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> General Child Care (GCTR Contract) | <input type="checkbox"/> California School Age Families Education (Cal-Safe) |
| <input type="checkbox"/> State Preschool Full-Day | <input type="checkbox"/> School Age Community Child Care/Latchkey |
| <input type="checkbox"/> State Preschool Part-Day | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Prekindergarten and Family Literacy (PKFL) Program Full-Day | |
| <input type="checkbox"/> Prekindergarten and Family Literacy (PKFL) Program Part-Day | |

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Child Development Program Manager's Signature

Date

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Name of Applicant _____

Section 9. Applicant Certification and Signature

Sign your initials to each statement and sign and date where requested.

1. I certify that I meet **all of the eligibility requirements** and that all of the information and documentation provided in this application is true and correct. I understand that falsification of any information and/or documentation may require the return of all stipend monies, with penalties, to the County of Los Angeles. _____ (initial)
2. I understand that I will be obligated to declare any stipend award I receive on my 2010 tax return. _____ (initial)
3. I understand that I may be required to verify my continuous employment in a child development center located in the County of Los Angeles from July 1, 2009 through March 11, 2010 and verify completion of my coursework before a stipend can be issued. _____ (initial)
4. I understand that there is **NO GUARANTEE** that I will be awarded a stipend. Stipends will be granted depending on the continued availability of State funding and my ability to meet all of the requirements of the program. _____ (initial)
5. My Program Manager has completed and signed Section 8 of this application. _____ (initial)
6. I understand that the Office of Child Care may share information about my application with the staff of Los Angeles Universal Preschool (LAUP). _____ (initial)
7. I understand that the *Investing in Early Educators Stipend Program* will be evaluated, and that aggregated applicant data will be considered in that process. Some stipend recipients may be randomly selected to participate in a telephone interview. _____ (initial)
 I am not willing to participate in a telephone interview.
8. I understand that it is my responsibility to inform the Office of Child Care of any changes to my address from the time of application through June 30, 2010, and to provide information and documentation as requested. _____ (initial)

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

The Office of Child Care reserves the right to verify that the information provided in this application is true.

Refer to Cycle 11A instructions, Step 4: Submitting Your Application

Investing in Early Educators Stipend Program – Cycle 11A
 Office of Child Care, SIB/CEO
 County of Los Angeles
 222 South Hill Street, 5th Floor
 Los Angeles, CA 90012

For office use only

Received/initially screened by:		Date received/initially screened:	
Received via:	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Certified or Domestic Return Receipt	<input type="checkbox"/> U.S. Mail
Status:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	
Notes/Action:			
Reviewed by:		Date reviewed:	
Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Rejected	
Notes/Action:			