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.
   - 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, or 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 webinars/online training that is Illinois Gateways to Opportunity Registry-approved. A list of approved online training sources is available at http://ilearning.inccrra.org/providers/additional-trainings.html.
   - 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) www.cdacouncil.org 1-800-424-4310
   - Certified Child Care Professional (CCP) www.nccanet.org 1-800-543-7161
   - Gateways Illinois Directors Credential (IDC) www.ilgateways.com 1-866-697-8278
   - Gateways ECE Credential www.ilgateways.com 1-866-697-8278
   - Gateways Infant/Toddler Credential www.ilgateways.com 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 or call 866-697-8278.
   - Conferences/workshops in which the CCRS is the fiscal agent (i.e., registration fees are collected by the CCRS).
   - 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 CCRS by Friday May 30, 2014.

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 or completion date to be eligible for future funding.
     
     Workshop/Conferences/Webinars/Online Training Modules
     o Conference/workshop announcement and/or outline and description.
     o Receipt/proof of payment for registration fees, lodging, transportation and mileage.
     o Documentation of attendance/completion.
     o Banner Vendor Add form (University of Illinois)

     Credentials
     o Receipt/proof of payment (e.g., cashier’s check, cancelled check).
     o Timeline (see Step 3B on application).
     o Banner Vendor Add form (University of Illinois)
     o Credential advisor’s resume.
     o Documentation of hours for credential advisor (to be submitted upon completion of hours).
     o 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 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 form and taxes.

10. WHERE ARE APPLICATIONS SUBMITTED?
    • CCRS, Attention: Brenda, 905 S. Goodwin, 314 Bevier Hall, Urbana, IL 61801

11. FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:
    • CCRS at 217-333-3252 or 1-800-325-5516

12. DO THE FUNDS NEED TO BE REPAID?
    • 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 CCRS regarding the return of funds.
    • In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with the CCRS 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 2013 – June 2014.
    • 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.
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

STEP 1: Personal Information (home contact information)

Applicant First Name: ___________________________ Applicant Last Name: ___________________________
Applicant Address: _______________________________ City: ___________________________
State: ______________________ Zip Code: __________
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: __________
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)

\[
\frac{\text{# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 = \text{Percentage of Children Receiving IDHS Assistance.}
\]

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):

<table>
<thead>
<tr>
<th>Conference/Workshop</th>
<th>Credential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement better practices/program improvements</td>
<td></td>
</tr>
<tr>
<td>Meet DCFS training requirements</td>
<td></td>
</tr>
<tr>
<td>Obtain qualifications for a new position</td>
<td></td>
</tr>
<tr>
<td>To obtain a credential (new or renewal)</td>
<td></td>
</tr>
<tr>
<td>To meet Quality Counts – Quality Rating System certification</td>
<td></td>
</tr>
<tr>
<td>Meet accreditation standards</td>
<td></td>
</tr>
<tr>
<td>Other (list):</td>
<td></td>
</tr>
</tbody>
</table>

Training Hours and type of credit (check all that apply):

<table>
<thead>
<tr>
<th>Check Type</th>
<th># of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCFS clock hours</td>
<td></td>
</tr>
<tr>
<td>Continuing Education Units (CEUs)</td>
<td></td>
</tr>
<tr>
<td>Child Development Associate (CDA) clock hours</td>
<td></td>
</tr>
<tr>
<td>Continuing Professional Development Units (CPDU)</td>
<td></td>
</tr>
<tr>
<td>Other (list):</td>
<td></td>
</tr>
</tbody>
</table>

A. WORKSHOP/CONFERENCE:

Name of event: ____________________________  Date(s) attending: ____________________________

Location: ____________________________  City: ____________________________  State: ____________________________  County: ____________________________

The maximums listed in the table below are per individual per year.

<table>
<thead>
<tr>
<th>Total Amount(s) Requested</th>
<th>MAX</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop/Off-Site Training Registration Fee/Webinars/Online Training Modules</td>
<td>$700</td>
<td>$</td>
</tr>
<tr>
<td>Conference Registration Fee</td>
<td>$700</td>
<td>$</td>
</tr>
<tr>
<td>Lodging *</td>
<td>$500</td>
<td>$</td>
</tr>
<tr>
<td>Transportation (train, bus, airfare, cabs)</td>
<td>$300</td>
<td>$</td>
</tr>
<tr>
<td>Mileage: reimbursed at $0.50/mile</td>
<td>$300</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$700</td>
<td>$</td>
</tr>
</tbody>
</table>

* Lodging: For conferences/workshops that have a special hotel rate, individuals staying at the conference hotel will be reimbursed up to the conference rate.
B. CREDENTIAL:

1. For credential funds request, complete below:

<table>
<thead>
<tr>
<th>Child Development Associate (CDA)</th>
<th>Max</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Packet</td>
<td>$25</td>
<td>$</td>
</tr>
<tr>
<td>Assessment Fee</td>
<td>$325</td>
<td>$</td>
</tr>
<tr>
<td>Second Setting Fee</td>
<td>$225</td>
<td>$</td>
</tr>
<tr>
<td>Membership Fee (limited to CDA renewal candidates)</td>
<td>$78</td>
<td>$</td>
</tr>
<tr>
<td>Credential Renewal Fee</td>
<td>$50</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Childcare Professional (CCP)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Credential Fee</td>
<td>$495</td>
<td>$</td>
</tr>
<tr>
<td>Credential Renewal Fee</td>
<td>$35</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gateways Credentials</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Director Credential (IDC)</td>
<td>I</td>
<td>II</td>
</tr>
<tr>
<td>ECE Credential (circle level)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Infant/Toddler Credential (circle level)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Application Fee</td>
<td>$30</td>
<td>$</td>
</tr>
<tr>
<td>Transcript Evaluation/Review Fee</td>
<td>$170</td>
<td>$</td>
</tr>
<tr>
<td>Portfolio Assessment Fee</td>
<td>$100</td>
<td>$</td>
</tr>
<tr>
<td>Level Advancement Fee</td>
<td>$75</td>
<td>$</td>
</tr>
<tr>
<td>Add-on Credential Fee</td>
<td>$100</td>
<td>$</td>
</tr>
<tr>
<td>Credential Renewal Fee</td>
<td>$75</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE Courses</td>
<td>$400</td>
<td>$</td>
</tr>
<tr>
<td>CDA Online Training Course</td>
<td>$500</td>
<td>$</td>
</tr>
<tr>
<td>CCP Online Training Course</td>
<td>$500</td>
<td>$</td>
</tr>
<tr>
<td>Credential Advisor Fees</td>
<td>$500</td>
<td>$</td>
</tr>
<tr>
<td>Credentialing Information Packet</td>
<td>$30</td>
<td>$</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Address</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

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 (Banner Vendor Add form University of Illinois)
- 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 instructions and requirements. 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 May 30, 2014.

Return application and all required documents to: Brenda Eastham
Child Care Resource Service
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: _____________

Banner Vendor Number: ________________________________________________

Fund Number: ________________________________________________________