

**Child Care Resource Service (CCRS)**  
**905 S. Goodwin, 314 Bevier Hall, Urbana, IL 61801**  
**217-333-3252 or 1-800-325-5516**



**July 1, 2018 – June 30, 2019**

*Revised July 2018*

Based on available funding, CCRS is offering funds to reimburse child care providers for the costs of taking First Aid & CPR. Funds are provided by the Illinois Department of Human Services (IDHS).

#### **WHO CAN APPLY?**

- Individuals or child care programs receiving Child Care Assistance payments.
- Applicant must be a current member of the Gateways to Opportunity Registry. Practitioners may sign up for the registry at [www.ilgateways.com](http://www.ilgateways.com).
- The child care program/provider must be currently be providing care in one of the following counties or the following county: Champaign, Douglas, Iroquois, Macon, Piatt, or Vermilion.
- The child care program, where the individual works, must currently be caring for children whose care is paid for by the IDHS Child Care Assistance Program (CCAP).

#### **WHAT CAN FUNDS BE REQUESTED FOR?**

- Registration fees associated with First Aid & CPR training.

#### **WHAT SUPPORTING DOCUMENTATION IS NEEDED?**

1. *Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).*
2. *Banner Vendor Add form (the form is available from CCRS).*
3. Receipt/proof of payment for registration fees.
4. Documentation of attendance/completion.

#### **HOW IS PAYMENT MADE?**

- Payments will be made and mailed directly to the individual or the child care program named in Step 2 Payment Information Section of the application.
- Individuals/programs that receive payment will be responsible for Banner Vendor Add form documentation and taxes.
- Payment cannot be made until a complete application and required documentation is received.

#### **WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**

- Applications will be awarded as funding is available.
- Deadline: applications and all supporting documentation must be **received** at CCRS by June 1, 2019.

#### **WHERE ARE APPLICATIONS SUBMITTED?**

- **CCRS, 905 S. Goodwin, 314 Bevier Hall, Urbana, IL 61801**  
Email at [bkellis@illinois.edu](mailto:bkellis@illinois.edu)

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

- **Brenda Eastham at 217-244-7727**

#### **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.

#### **WHAT ELSE DO I NEED TO KNOW?**

- Application and activity must occur within the current funding cycle (7/1/18 – 6/30/19).

First Aid & CPR Application Form

July 1, 2018 – June 30, 2019



<b>STEP 1: Applicant Information</b> (First, Last or Center Program Name)			
Applicant Name:			
Applicant Address:			
City:	State:	Zip Code:	County:
Phone #: (    )	Email (optional):		<input type="radio"/> Personal <input type="radio"/> Program
Program is: <input type="radio"/> Licensed Child Care Center <input type="radio"/> License Exempt Child Care Center <input type="radio"/> Licensed Family Child Care <input type="radio"/> License Exempt Family Child Care			
Program (work site) Name:			
Program (work site) Address:			
City:	State: IL	Zip Code:	County:

Do you (or your child care program) currently have parents enrolled receiving Child Care Assistance (CCAP)? \_\_\_\_\_

<b>STEP 2: Funding Request Information</b>
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Name of event: **FIRST AID & CPR** Date(s) attending: \_\_\_\_\_

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

Requesting payment(s) be made to:     Applicant     Child Care program

Total Amount Requested:    \$ \_\_\_\_\_

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

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

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

<b>STEP 3: Application Checklist and Authorization</b>
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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 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
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**Return application and all required documents to:**  
**Brenda Eastham, Child Care Resource Service**  
**905 S. Goodwin, 314 Bevier Hall**  
**Urbana 61801**

<p><b>CCR&amp;R USE ONLY: Account 1-593999-793002-191200</b></p> <p>Banner ID # _____ Approved Date: _____</p>
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**All completed documents must be received at CCRS no later than June 1st to receive payment.**