Based on available funding, Child Care Resource Service 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 (DCFS). 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 (e.g., cook, driver) when appropriate.
   - Applicant must be current 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 & Referral (CCR&R) referral database and must currently be providing care in one of the following counties: Champaign, Douglas, Iroquois, Macon, Piatt, or Vermilion.
   - The child care program/provider must have no unpaid financial obligation to the CCR&R agency or the IDHS Bureau of Child Care and Development.

2. **WHAT CAN FUNDS BE REQUESTED FOR?**
   - Registration fees associated with conferences/workshops *not required* by ExceleRate Illinois.
   - 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 child care administration/management.
   - Fees associated with webinars/online training that is Illinois Gateways to Opportunity Registry-approved.
   - Travel/Transportation cost.
   - Lodging cost.
   - Costs associated with the following credentials:
     - Child Development Associate (CDA) www.cdacouncil.org 1-800-424-4310
     - Certified Child Care Professional (CCP) www.necpa.net 1-800-458-2644
     - Gateways Credentials (IDC, ECE, ITC) www.ilgateways.com 1-866-697-8278

3. **WHAT CAN’T FUNDS BE REQUESTED FOR?**
   - College tuition assistance. Tuition assistance is available through the Illinois Gateways Scholarship Program. For information on the Gateways tuitions assistance visit www.ilgateways.com or call 866-697-8278.
   - Workshops required under the ExceleRate Bronze, Silver or Gold Circle of Quality. Visit www.excelerateillinois.com for a complete listing.
   - Conference/workshops in which the Child Care Resource Service is the fiscal agent (i.e., registration fees are paid to the University of Illinois).
   - Special events during a conference (e.g., concert, recognition event, reception, etc.).
   - The cost of meals (unless included in basic registration fee).
   - Out of state conferences/workshops.
   - Conferences/workshops in which the primary focus in political advocacy and/or sectarian (religious) instruction.
   - Advisors, Consultants or Mentors.
   - Substitute care.
   - Membership fee to a professional organization.

4. **WHAT ARE FUNDING MINIMUMS/MAXIMUMS?**
   - The minimum request is $15.
   - The maximum funding amount per event/credential is 80% of the actual cost, as funding allows; and
   - The maximum funding amount available per person is up to $700 per fiscal year (July 1 – June 30).
   - Additional information is on the application, Step 2.
5. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit an application along with the required supporting documentation (see question 6).
- As applications are received, priority is given to programs currently caring for children whose care is paid for by the IDHS 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.
- The CCR&R will notify you in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.

6. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

*Italicized items are required at the time of application.* Remaining documentation is to be submitted to CCR&R within 30 days of the event date and/or completion date.

- Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
- Announcement and/or outline and description for conference/workshop/online course. Announcement must include fees/cost and sponsoring entity.
- Banner Vendor Add form – available through CCRS.
- Credentials: written timeline with dates that describes how you will reach your goal of obtaining a credential.
- Receipt/proof of payment for registration and/or credential fees.
- Documentation of attendance/completion.
- If applicable confirmation/receipt for lodging and/or transportation costs (train, bus).
- If applicable printout documenting trip mileage (e.g., Mapquest, Yahoo Maps, etc).

7. 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 conference sponsor, credentialing body or as a reimbursement to the individual or child care program named in Step 3 Payment Information Section of the application.
- Individuals/programs that receive payment will be responsible for Banner Vendor Add form and taxes.
- Payment cannot be made until a complete application and required documentation is received.

8. 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 June 3, 2016.

9. WHERE ARE APPLICATIONS SUBMITTED?

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

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

- Brenda Eastham 217-244-7727

11. 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 conference/workshop, but you or an alternate are unable to attend, the individual/child care program will need to work with the CCR&R regarding the return of funds.
- In the event that payment is made for a credential and the individual withdraws or does not complete the process, the individual/child care program will need to work with the CCR&R regarding the return of funds.
- In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with the CCR&R regarding return of funds.

12. WHAT ELSE DO I NEED TO KNOW?

- Application and activity must occur within the current fiscal year (July 1 – June 30).
- Only completed applications will be considered.
- Applicants must use the provided application for July 2015 – June 2016.
- Faxed/electronic applications will not be accepted
- Funding is limited and not guaranteed.
- Maximums are in place, however partial funding may be awarded.
- Payment cannot be made until a complete application and all required documents are received.
Individual Professional Development Application Form

Child Care Resource Service
905 S. Goodwin, 314 Bevier Hall
Urbana, IL 61801
217-333-3252

July 1, 2015 – June 30, 2016

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 – **do not leave any field blank**
- Refer to the Individual Professional Development Instructions and Requirements
- Be sure to review the checklist in Step 4

**STEP 1: Applicant Information**

<table>
<thead>
<tr>
<th>Applicant First Name:</th>
<th>Applicant Last Name:</th>
</tr>
</thead>
</table>

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

Mailing address (if different):

<table>
<thead>
<tr>
<th>Phone #:</th>
<th>Email (optional):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gateways Registry #</th>
</tr>
</thead>
</table>

Program (work site) Name:

<table>
<thead>
<tr>
<th>Program (work site) Address:</th>
</tr>
</thead>
</table>

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

What date did you begin employment at this site?

<table>
<thead>
<tr>
<th>Month:</th>
<th>Date:</th>
<th>Year:</th>
</tr>
</thead>
</table>

Role: check the one that best describes your current position:

- Director / Administrator
- Assistant Director
- Director / Teacher
- Assistant Teacher
- Substitute / Floater

- Family Child Care (FCC)
- FCC Assistant
- Group FCC Provider
- Group FCC Assistant
- School Age Child Care Teacher
- School Age Child Care Assistant

Age group YOU currently provide care for (center staff, check 1 primary age range; FCC providers check all that apply):

- Infants 0-14 mos.
- Toddlers 15-23 mos.
- Twos 24-35 mos.
- Preschool 3-5 years
- School Age K-12 years
- Not Applicable

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 2: Funding Request Information**

- The minimum request is $15
- The maximum funding amounts per event/credential listed in the charts below, and
- The maximum funding amount available per person is up to $700 per fiscal year (July 1 – June 30)

To be eligible for travel and/or lodging funding:
- Event location must be at least 60 miles (one way) from the individuals place of business
- Travel, when requesting mileage, only applies to the principal driver
- Lodging is available up to 1 night per event.

### 2A: Workshop/On Line Training / Conference

<table>
<thead>
<tr>
<th>Name of event:</th>
<th>Date(s) attending:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>County:</td>
</tr>
</tbody>
</table>

**I am requesting Professional Development Funds to (check all that apply):**

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

**Total Amount(s) Requested**

<table>
<thead>
<tr>
<th></th>
<th>CCR&amp;R MAX</th>
<th>Actual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Workshop /Off-Site Training Registration Fee</td>
<td>80% of the actual cost, as funding allows</td>
<td>$</td>
</tr>
<tr>
<td>❑ Webinars/Online Training Modules Registration Fee</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>❑ Conference Registration Fee</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>❑ Travel/Transportation (mileage / train / bus) Mileage reimbursed @ .50/mile. Actual mileage one way _____ x 2 = _____ x .50 = Actual Cost</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>❑ Lodging: maximum nights, up to 1 per event Cost per night $______ x ____ nights = Actual Cost</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT**

To calculate 80% of the actual cost:

\[
\text{Total Amount} \times 0.80 = \text{Total Requested (2A)}
\]

**TOTAL REQUESTED 2A** (amount entered after calculating 80%) $
### Individual Professional Development Funds

#### 2B: CREDENTIAL

For credential funds request, complete below:

<table>
<thead>
<tr>
<th>Credential Funds</th>
<th>Actual Cost</th>
<th>CCR&amp;R Max 80%</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Development Associate (CDA)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Application Packet</td>
<td>$25</td>
<td>$20</td>
<td>$</td>
</tr>
<tr>
<td>❑ Assessment Fee</td>
<td>$425</td>
<td>$340</td>
<td>$</td>
</tr>
<tr>
<td>❑ Credential Renewal Fee ❑ Online / ❑ By Mail</td>
<td>$125/$150</td>
<td>$100/$120</td>
<td>$</td>
</tr>
<tr>
<td><strong>Certified Childcare Professional (CCP)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Application Packet</td>
<td>$25</td>
<td>$20</td>
<td>$</td>
</tr>
<tr>
<td>❑ Credential Fee</td>
<td>$495</td>
<td>$396</td>
<td>$</td>
</tr>
<tr>
<td>❑ Credential Renewal Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gateways Credentials**

<table>
<thead>
<tr>
<th>Credential Type</th>
<th>Level</th>
<th>Cost</th>
<th>CCR&amp;R Max 80%</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Director Credential (IDC)</td>
<td>I II III</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECE Credential (circle level)</td>
<td>2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant/Toddler Credential (circle level)</td>
<td>2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**School Age Credential in the Pilot stage through December 2015**

<table>
<thead>
<tr>
<th>Credential Type</th>
<th>Cost</th>
<th>CCR&amp;R Max 80%</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td>$30</td>
<td>$24</td>
<td>$</td>
</tr>
<tr>
<td>Level Advancement Fee</td>
<td>$30</td>
<td>$24</td>
<td>$</td>
</tr>
<tr>
<td>Credential Renewal Fee</td>
<td>$30</td>
<td>$24</td>
<td>$</td>
</tr>
</tbody>
</table>

**Other** (to calculate 80%, multiply the actual cost by 0.80)

<table>
<thead>
<tr>
<th>Course Type</th>
<th>Cost</th>
<th>CCR&amp;R Max 80%</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE Courses</td>
<td>varies</td>
<td>80%</td>
<td>$</td>
</tr>
<tr>
<td>CDA Online Training Course</td>
<td>varies</td>
<td>80%</td>
<td>$</td>
</tr>
<tr>
<td>CCP Online Training</td>
<td>varies</td>
<td>80%</td>
<td>$</td>
</tr>
</tbody>
</table>

**Care Course** ❑ CDA Online ❑ CCP Online

**Course Title(s):**

**TOTAL AMOUNT REQUESTED 2B**

$ 

### STEP 3: Payment Information

Request is being made for (check all that apply):

❑ Workshop ❑ Online ❑ Conference ❑ Credential

If requesting funding for travel/transportation and/or lodging, provide the following information:

- Mode of transportation: ❑ Car ❑ Train ❑ Bus ❑ Other __________________________
- Did you/will you ride with someone? ❑ NO ❑ YES If yes, who ________________________
- Did you/will you share a room with someone? ❑ NO ❑ YES If yes, who ________________________

**TOTAL AMOUNT REQUESTED (2A + 2B) $**

Requesting payment(s) be made to:

❑ Workshop/Conference/On-Line Sponsor ❑ 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):
Individually Professional Development Funds

STEP 4: 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 all required supporting documentation as noted in Question #6
  • Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
  • Announcement and/or outline and description for conference/workshop/online course. Announcement must include registration fees/cost.
  • Banner Vendor Add form – available through CCRS.
  • Credentials: written timeline with dates that describes how you will reach your goal of obtaining a credential.
  • Receipt/proof of payment for registration and/or credential fees.
  • Documentation of attendance/completion.
  • If applicable confirmation/receipt for lodging and/or transportation costs (train, bus).
  • If applicable printout documenting trip mileage (e.g., Mapquest, Yahoo Maps, etc.)

☐ 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 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 Child Care Resource Service by June 3, 2016.

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

CCR&R USE ONLY:

Received by: ___________________________
Date received: ___________________________
First time application for current FY? Yes / No
☐ Pending Date ___________________________ / Reason: ___________________________
☐ Denied Date ___________________________ / Reason: ___________________________
☐ Approved Date ___________________________ / Amount $ ___________________________

Banner ID ___________________________ Fund: 1-594561-793002-186505-191200