

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



New Employee Sign-on Grant \$500

REQUIREMENTS

- The applicant must reside in one of the following counties: Champaign, Clark, Coles, Cumberland, Douglas, Edgar, Ford, Iroquois, Kankakee, Macon, Moultrie, Piatt, Shelby, or Vermilion.
- The applicant must start employment between July 1st and December 31st and be employed for at least 45 days in a licensed or license exempt child care center, newly licensed family child care home, Head Start, Pre-K or home visiting program.
- Applicant must be newly hired into the early childhood education field with a minimum of 6 months absence.
- A complete application and required documentation must be received to have a payment processed.
- Grant is available as funding allows.

SUPPORTING DOCUMENTATION

- Banner Vendor Add form (payment comes from the University of Illinois). Applicant is responsible for taxes.
- Copy of PDR showing completed trainings required by employer.
- Application and required documents must be received at CCRS by December 31, 2022 to be eligible for review and possible approval/payment. Return information to:

Child Care Resource Service
905 S. Goodwin, 314 Bevier Hall
Urbana, IL 61801
Or email ccrs@illinois.edu

- For questions, call Brenda at 217-333-3252 or 1-800-325-5516

PLEASE COMPLETE ALL INFORMATION BELOW.

Applicant Name: _____

Address: _____ City: _____ Zip: _____

County of Residence _____ Gateways Registry # _____

Center/Program Name: _____

Date applicant began at program: _____ Previous Employer: _____

Applicant Social Security Number / FEIN number (Required): _____

Make Check Payable To (if different from above): _____

Application Authorization

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 is not listed on the child abuse tracking system.

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 are Not listed on the child abuse tracking system.

Applicant Signature Date

Director / Administrator Signature Date

Phone: _____

Email: _____

CCRS USE ONLY: 1-----793002-186505-191200 Banner id#: _____ Approval Date: _____