Infant-Toddler Educator AWARD$® Application

Please complete this four-page application and sign on page 3.

Infant-Toddler Educator AWARD$®

Application Checklist

○ **Eligibility review**	***To be eligible for Infant-Toddler Educator AWARD$®, applicants must:**** ○ Work at least 35 hours/week with infants, ones or twos. ○ Earn at or below $19 per hour. Bonuses received from the employer will be included in calculations to determine hourly rate. ○ Work in a licensed child care program with at least three stars. ○ Have an associate degree with at least 24 birth to five-focused semester hours or higher. ****If you cannot check every box, you are not eligible for AWARD$ at this time.***
○ **Complete application**	○ All questions must be answered. ○ Applicant must complete pages 1-3. ○ Page 4 must be completed by the director, owner or person authorized to provide employment verifications.
○ **Official transcripts** *Supplements are based on the education documents submitted with your application. Be sure to include official transcripts for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Internet transcripts cannot be accepted unless obtained by the AWARD$ staff. Workshops and training hours are not acceptable documentation.*	**Pick the option that best applies to your application:** ○ Official transcripts are already on file with WAGE$, AWARD$ or Early Educator Certification, and no additional education has been completed. ○ Transcripts are enclosed. ○ Transcripts are being sent directly from college(s). List colleges sending transcripts here: _____ _____ _____ *You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must ask the college to send us your transcripts.*
○ **Income verification** *See Section 3, "Ownership Status," for details.*	**Pick the option that best applies to your application:** ○ Current pay stub (if employee). Pay stub should accurately reflect normal schedule. ○ Schedule C and Family Child Care Provider Schedule Worksheet (if family child care provider) ○ Most recent tax documentation (if center owner); submit 1040 and all supporting documents.
○ **Read the Participant Agreement and sign the Statement of Affirmation**	See page 3 of this application.
○ **Return the application**	Send your completed application and required documentation to: Infant-Toddler Educator AWARD$®, Child Care Services Association, PO Box 901, Chapel HIll, NC, 27514 **Need help? Contact an AWARD$ Counselor at 919-967-3272.**

Applicant's Name _____

CHILD CARE SERVICES Association

NCDHHS Division of Child Development and Early Education

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1. Applicant Information

Indicate correct options with a check. ✓

Date of application	County of residence	Social Security number	
First name	Middle name	Last name	Maiden name (if applicable)
Mailing address	City	State	Zip
Home phone ( )	Cell phone ( )	Email address	
Date of birth ...../...../.....	Gender O Male O Female		

Ethnicity (optional) O Black/African American O Asian American/Pacific Islander O American Indian O White/European American O Hispanic American/Latino/Latina O Biracial O Other

2. Educational Background*

Note: You must have an Associate Degree in Early Childhood Education or higher to be eligible for an AWARD$ supplement.

Degrees earned (check all that apply)	Major	Colleges attended	Year graduated
O AA/AAS			
O BA/BS			
O MA/MS			
O EdD/PhD			

Have you earned any college credits that are not listed above? O Yes O No If yes, please list:

.....

.....

.....

3. Ownership Status

All applicants: please mark the box of the ownership category which best reflects your current situation and follow the instructions listed for the category you choose. Income from ownership and wages will be considered to determine eligibility.

O **Single Family Child Care Home**	I own my child care home and work as teacher/operator. I do not own any other child care facility or home. *Verify your income by submitting the Schedule C from your most recent tax return and complete the Family Child Care Provider Schedule Worksheet.* Date you became owner ...../...../.....
O **Single Child Care Center**	I own my child care center and work as director/teacher or I am listed as an office holder of the incorporated business and work as director/teacher. I do not own or hold an office in any other child care facility. *Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.* Date you became owner ...../...../.....
O **Multiple Site Ownership**	I own more than one child care center or home, and have listed them below. *Please supply your most recent 1040 Tax Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted). Additional business tax documentation may be requested if necessary.* Date you became owner ...../...../..... Please list site names here: ....
O **No Ownership**	I am employed by my child care program. I do not own any child care facility. *If you are not an owner, please supply documentation of your pay rate such as a pay stub or employer wage statement to verify income.*

4. Participant Agreement

Child Care Services Association agrees to:

A. Provide salary supplements to eligible infant-toddler teachers as a special initiative to better compensate and retain well educated teachers and family child care educators working with our youngest children.

B. Provide IRS-1099 forms at the end of the year to recipients as mandated by current tax law.

The Infant-Toddler Educator AWARD$® Recipient agrees to:

A. Acknowledge that receiving the full annual supplement is contingent upon completion of two six-month periods. A payment will be issued after each period, based on the education level and the work schedule of the recipient over the six-month period completed. No portion of the award will be issued if the participant leaves her/his program prior to completing the entire six-month commitment period. Time out for leave, summer breaks, or more than two weeks worked at less than 35 hours with infants, ones or twos cannot be counted toward the completion of a commitment period. New applicants need to be employed at the time of the employment confirmation. Employment is verified after a commitment period is complete and when funding is available. The time of confirmations may be delayed due to funding issues, but the applicant must still be employed when money is available in order to be eligible.

B. Continue employment in a licensed program with at least three stars for the entire commitment period and notify Infant-Toddler Educator AWARD$® of any change in licensure. AWARD$ only funds sites with at least three stars. If the license status falls below a three-star during a six-month commitment period, participation and supplement amount may be impacted.

C. Allow her/his employer to release employment information including date of employment, position in center, age level of children in care, current salary or hourly rate (including bonuses received) and the number of hours worked each week.

D. Allow Infant-Toddler Educator AWARD$® staff to release information about participation, including education, to director and/or owner.

E. Acknowledge that the funding for this project is provided by the Division of Child Development and Early Education. Payments will depend on available funding and the recipient's employer is not responsible for providing the supplement should funds no longer be available.

F. Report and pay any personal income taxes due on annual supplements as required by current tax law.

G. Acknowledge that Child Care Services Association reserves the right to adjust commitment periods and policies based on administration and/or fiscal needs.

H. Acknowledge that reimbursement to Infant-Toddler Educator AWARD$® will be required by the recipient should a salary supplement be issued incorrectly for any reason.

I. Acknowledge that falsifying application information or documentation may result in the inability to be a participant on this program and the recipient consents to employer and program funder notification if participation is terminated due to failure to comply with documentation requirements.

5. Statement of Affirmation

I, ...(applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I have read and understand the Participant Agreement.

*I understand that I am requesting to be considered for AWARD$ and acknowledge that I must continue to meet the eligibility requirements of that program in order to receive ongoing supplements. I acknowledge that I may only participate in **one** salary supplement initiative for my early childhood position. I understand that if I am participating in WAGE$ or another local program, my current program administrator will be notified that I have applied to AWARD$. I acknowledge that supplement amounts may be higher or lower than those offered by WAGE$ or another local program in my county. By submitting this application, I am choosing to participate only in AWARD$ if I am eligible. (Note to applicant: If you are on the WAGE$ waiting list for your county, you will be moved to AWARD$ following program policy. If you are currently receiving WAGE$ or a local supplement and a waiting list exists for AWARD$, you may continue to be paid by your current program until funding is available for AWARD$. If your current initiative provides higher payments, consider continuing on that program.)*

To be considered for an AWARD$ supplement, I understand that my contact and participation information may be released to the Division of Child Development and Early Education, Smart Start partnerships or other partners. Information may also be shared with the T.E.A.C.H. Early Childhood® Scholarship Program and/or Early Educator Certification as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by Child Care Services Association to the third parties described. I hereby release Child Care Services Association from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

Signature ..... *Date* .....

Printed name ..... *County where you work* .....

Send your completed application and required documentation to:

Infant-Toddler Educator AWARD$®
Child Care Services Association
P.O. Box 901
Chapel Hill, NC 27514

Phone 919-967-3272
Fax 919-967-2945
www.childcareservices.org

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6. Employment Information and Verification

This section must be completed by the director, owner or person authorized to provide employment verifications. A signature confirming the information's validity is required.

Applicant name	County
DCDEE facility license number	Child care program name
Program mailing address	
Program phone	Program email address
Position of employment	O Assistant Teacher/Aide O Teacher/Lead Teacher O Assistant Director O Director O Owner/Director O Family Child Care Provider O Other (please give full position title): ..... **If the applicant fulfills duties of more than one position, please specify this.*
Ages of children in care of this applicant (if applicable): O Infants O Ones O Twos O Other: ..... *(If not working 35 or more hours with infants, ones or twos, you will not be eligible for AWARD$ supplements.)*	
Date of hire ...../...../.....	Date started working with infants, ones or twos? ...../...../.....
Total hours worked per week	How many hours per week are spent directly with infants, ones or twos?
If the applicant fulfills duties of more than one position, please state how many hours are worked in each.	Does the applicant work in an Early Head Start classroom? O Yes O No
Months per year your program is in operation O 12 months O 10 months O Other	
How often is the applicant paid? O weekly O biweekly (every two weeks) O semi-monthly (two times a month) O monthly (10 months) O monthly (12 months) How many months per year is the applicant paid? O 9 months/year O 10 months/year O 12 months/year O Other ..... How many months per year does the applicant work? O 9 months/year O 10 months/year O 12 months/year O Other	
Current annual gross salary	Current hourly rate
Star rating (circle one) 3 4 5	*For Internal Use Only:*

In addition to the employment verification above, please verify that you have read and understand the expectations below. Your signature on this application indicates your agreement to:

- Provide Child Care Services Association with information on teachers and directors employed who have applied for a salary supplement. This information shall include: date employment began, employee's position in center, status of employee (full or part-time, permanent or temporary), age level of children in employee's care, the employee's current salary or hourly pay rate and the number of hours worked each week.
- Continue to give all staff any regularly scheduled raises regardless of whether or not they receive a salary supplement. Infant-Toddler Educator AWARD$® will not be used as the reason to withhold an otherwise scheduled raise.

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge:

Signature of director, owner or person authorized to provide employment verifications .....

Printed name ..... Position ..... Date .....