



2023-24 Continuous Quality Improvement (CQI) Grant Training and Professional Learning Activities Provider Application

Contracted School Readiness (SR) and/or Voluntary Pre-Kindergarten (VPK) providers with a most recent composite score of 4.5 or higher may apply for a Continuous Quality Improvement Grant (ASQIG) of up to \$30,000 to develop and implement a minimum 24-hour training program for their staff, which includes the director/provider, specific to the needs of their facility. The training program should strengthen the facility's practices and improve the overall quality of the facility.

The 24-hour training program could include but is not limited to:

- training on teacher-child interactions,
- the cost of initial and renewal of first aid and CPR training for staff,
- health and safety training for new and existing staff,
- CDA credentials,
- accreditation fees, etc.

SR and/or VPK contracted providers must strategically target these efforts to support the needs of their programs, families, and staff. If a childcare facility received CQI grant funding during the 2022-23 fiscal year, the facility is NOT eligible to apply for 2023-24 funding. The deadline for submission is December 1, 2023. NO EXCEPTIONS! The training program must be completed by the childcare staff, including the director/provider, between October 2, 2023 and May 31, 2024. NO EXCEPTIONS! **All documents must be submitted to arpagrants@elcduval.org.**

Providers must submit:

- a complete 2023-24 Continuous Quality Improvement (CQI) Grant Training and Professional Learning Activities Provider Application. (This is due by December 1, 2023. NO EXCEPTIONS!)
- certificates of completion for all participants (This is due 15 days after the end date of your training plan. Details to follow.)
- a list of expenditures and receipts of funds that are in alignment with the grant application budget (This is due 15 days at the end of your training plan. Details to follow.)

I. Provider Information

Name of Provider: _____ License #: _____ Provider ID: _____

Mailing Address: _____

City/State/Zip: _____

Director: _____ Email: _____ Phone: _____

Contact Person (if different from Director): _____

Phone: _____ Contact email address: _____

Licensed Family Home

Licensed-Exempt Family Home

Licensed Center

Licensed-Exempt Center

II. Eligibility Criteria

Does your program meet the following eligibility criteria requirements?:

Yes No Are you contracted with a local early learning coalition for SR and/or VPK services?

Yes No Are you under investigation or been convicted of child care fraud?

Yes No Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

Yes No Have you had a contract with an early learning coalition terminated and eligibility revoked within the past five years?

Yes No Have you submitted W-9 and direct deposit forms for payment?

Date Previously Submitted: _____

CLASS Observation Date: _____ **CLASS Composite Score:** _____

III. Training Plan Questions: Please provide a detailed response (minimum of 3 sentences per answer).

1. Why you feel there is a need to implement the 24-hour training plan at your center?

2. What are the goals and objectives you would like your staff to meet with the 24-hour training plan?

3. What behaviors or practices you would like your staff to implement once the 24-hour training plan experience has ended?

Programs must provide a minimum of 24 hours of training time for directors and staff. Training can include live coaching, live or virtual instruction, individual and group instruction, and other competency-based skill development exercises. Please provide the following information about the course/training(s) to be utilized in your training plan.

Course Title	Course Provider/ Vendor	Course Description	Training Format (Live Coaching, Live Instruction, Virtual Coaching, Virtual Instruction, etc.)	Course Cost	Hours
Total Number of Hours (must equal 24 or more hours of training)					

Training Plan Start Date (Must be on or after 10/02/2023): _____

Training Plan End Date (Must be completed by 05/31/2024): _____

Funds will be given in 2 payments.

- Once your funding is approved by the coalition, you will receive the first payment. This payment will be half of the amount requested.
- Once the training plan is complete, the childcare provider will be required to submit all receipts via email to arpagrants@elcduval.org.
- The second payment will be based on the remaining amount approved and the receipts submitted by the provider.
- The total amount awarded to a facility will not exceed \$30,000.

If a provider and their staff do not meet the minimal 24 hours of training that was stated and approved in the training plan by the training end date, the provider will be required to repay all funds received. Please make sure the training plan submitted is training that can be accomplished and achieved by everyone listed on your application.

All documents must be submitted to arpagrants@elcduval.org.

VI. Provider Attestations:

I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Representative:

Name: _____ Email: _____

Signature: _____ Date: _____

I confirm this electronic signature is to be the legally binding equivalent of my handwritten signature and the data on this form is accurate to the best of my knowledge.

VII. Application Information Provided to/Processed by – completed by ELC/RCMA staff:

- Yes No Is this application form complete?
- Yes No Have you verified the provider has a current SR and/or VPK contract?
- Yes No Have you verified the providers current CLASS® score?
- Yes No Have you verified the provider is not under investigation or been convicted of child care fraud?
- Yes No Have you verified the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?
- Yes No Have you verified your entity is the “home” coalition for this provider?

If all above responses are “yes,” this application form can be accepted.

Signature of ELC/RCMA Representative:

Signature: _____

Contact Name: _____ Date: _____

Contact Phone: _____ Email: _____

Contact Entity: Early Learning Coalition RCMA Other _____

CQI Grant Amount \$ _____ (OCA: ADGWF)