

Race-to-the-Top Education Reimbursement Application

January 2017 to April 2017

The Race to the Top Education Reimbursement initiative is being offered to assist ECE professionals to overcome barriers that are preventing college enrollment, to advance or complete a Gateways Credential, and support those pursuing an ESL or Bilingual endorsement.

For questions and additional information about this opportunity please visit us at www.ilgateways.com. **Please read and complete each page of the application for consideration, incomplete applications will not be reviewed.** Applications will be accepted beginning January 2017 through April 20, 2017. Please complete in blue or black ink.

Name: _____

SSN or ITIN: _____ - _____ - _____

Hourly Pay / Salary: \$ _____ per hour / per year (circle one)

Hours worked per week: _____ Weeks worked per year: _____

Position: _____

Are you currently attending an Illinois community college or university? Yes No

If yes, which one? _____

What is or was your major?

Child Development Early Childhood Education Other (specify major) _____

What is your anticipated graduation date? ____ / ____ / ____

What is/was your primary reason for requesting reimbursement?

- Associates Degree Completion Gateways Infant Toddler Credential Completion
 Bachelors Degree Completion Pursue Professional Educator Licensure Early Childhood (Former Type 04 Certification)
 Masters Degree Completion Pursue English as a Second Language (ESL) or Bilingual Endorsement
 Advance my Gateways Credential level

Limited time only, dependent on funding.

ADDITIONAL PROGRAM INFORMATION (TO BE COMPLETED BY PROGRAM DIRECTOR, ADMINISTRATOR OR OWNER)

Director/Administrator/Owner Name: _____

Current Enrollment: _____ # IDHS CCAP children currently in care (if applicable): _____

Program is: *(check all that apply)*

- Full Day *(8 or more consecutive hours serving children)*
- Full Year *(program must serve children at least 47 weeks)*
- School-Age Program *(operates a minimum of 9 months, 38 weeks)*
- ISBE Funded Preschool For All *(operates one full school year)*
- Head START
- Early Head START

Hours of Operation: ____:____ am/pm ____:____ am/pm

Type of Program Funding: Profit Non-Profit *(check all that apply below)*

- Chicago Department of Family Support Services (DFSS)
- Chicago Public School
- Community College
- Corporate Sponsored
- Government Sponsored
- Head START
- Early Head START
- Hospital Sponsored
- IDCFS Voucher/Certificate
- IDHS Site Contract
- IDHS Voucher/Certificate
- ISBE Funded Preschool For All
- Religious Affiliation/Faith Based
- Tuition Based *(parent fees)*

EMPLOYER SIGNATURE

I verify that the above program and employment information is accurate. I also certify that I will not manipulate wages or job titles in order for an employee to qualify. I understand that additional information may be asked of me.

Print Name: _____

Employer Signature: _____ **Date:** _____

Limited time only, dependent on funding.

APPLICANT SIGNATURE

I verify that I have read this page and completed the entire application. I further verify that all information provided is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that my name and application information may be used for research/evaluation purposes. I understand that any false or misleading statements or subsequent documentation may constitute ground for denial.

I understand that by participating in this program I may not receive a reimbursement, as reimbursements are dependant on funds available.

I understand that I must remain an active Registry Member and update employment information as needed to indicate any changes as a result of participation in this initiative (e.g. wage increase).

I understand that by participating in this program I am making a work commitment to the field of early care and education or school-age care upon completion of coursework, a degree, certificate, or Credential. (I further understand that failure to complete my work commitment will result in reimbursing INCCRRA for the cost of my last contract.)

I authorize the higher education institution I indicated on page 1 and as proven in my supporting documents to disclose to INCCRRA grade reports for terms completed and/or official transcripts upon graduation, completion of a certificate, approval, or endorsement.

Print Name: _____

Applicant Signature: _____ Date: _____

This document serves as the contract for participation in the Race-to-the-Top Education Reimbursement Initiative offer.

For questions and additional information visit us at www.ilgateways.com.

Mail completed application and required documentation to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

Survey Questions

- Are you currently participating in a structured cohort sponsored by an institution or local collaboration? Yes No

If you receive this reimbursement, will you:

- Be able to (re)enroll in ECE/CD coursework? Yes No
 - At a community college? Yes No
 - At a university? Yes No
- Be able to advance your Gateways Credential? Yes No
- Be able to move up on the Great START Wage Supplement Scale? Yes No
- Be able to receive your official transcript? Yes No

Limited time only, dependent on funding.

Race-to-the-Top Education Reimbursement Initiative Checklist & Required Documentation

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. **Any missing documentation will cause the application to not be reviewed, and returned.** Upon review of your application additional documentation may be required. Completed applicants must be received between January 2017 to April 20, 2017, to be considered. Eligible applicants will receive payment, depending on availability of funds, as early as June 2017.

Required Documentation

Enclosed On File at INCCRRA

All Applicants

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Completed and Signed Gateways Registry Membership Form |
| <input type="radio"/> | | If on file, submit Information Update Form |
| <input type="radio"/> | | Completed and Signed RTT Education Reimbursement Initiative Application |
| <input type="radio"/> | <input type="radio"/> | Copy of receipt(s) of payment(s) made to an Illinois college/university |
| <input type="radio"/> | | Copy of invoice from an Illinois college/university for a current outstanding balance OR copy of your receipt for payment paid to an Illinois college/university for your coursework taken |

– AND –

Center Based Staff Applicants

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | | Income Verification (<i>4 weeks of most recent pay stubs</i>) |
| <input type="radio"/> | <input type="radio"/> | Signed W-9 (<i>IRS Form</i>) |

– OR –

Family/Group Child Care Home Applicants

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Signed W-9 (<i>IRS Form</i>) |
| <input type="radio"/> | | Verification of children currently being served (<i>proof of care form, copy of checks paid to provider for child care services, or completed IDHS child care assistance billing certificates/program verification</i>) |

– OR –

Full Time ECE Student Applicants

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | | Proof of completion of 3 credits in ECE/CD coursework (<i>Grade report</i>) |
| <input type="radio"/> | <input type="radio"/> | Signed W-9 (<i>IRS Form</i>) |

For questions and additional information about the Race-to-the-Top Education Reimbursement Initiative please call 866.697.8278 or visit us at www.ilgateways.com.

Mail completed application and required documentation to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

In order to process this application, all sections must be completed, and required documentation must be included.

Limited time only, dependent on funding.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	INCCRRA 1226 Towanda Ave Bloomington, IL 61701
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																													
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table> <p style="text-align: center; padding: 2px;">OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>	Social security number																				-				-						Employer identification number																				-									
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Part II Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 	
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.</p>	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Information Update Form

SECTION 1 - CONTACT / PERSONAL INFORMATION

The Information Update form is used to update your information. Please fill out the Information Update Form and the corresponding program supplement to participate in a Gateways program. For questions and additional information please call (866) 697-8278 or visit us at www.ilgateways.com.

First Name: _____ Middle Initial: _____

Last Name: _____

Has your name changed in the last 12 months? Yes No If yes, list previous name: _____

Person ID/Registry Member ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Please contact me at my: Home Address/Phone Work Address/Phone (if completing section 2)

SECTION 2 – CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support. **If this does not apply to you, please skip this section.**

Employer Business Name: _____

Work Site Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Work Phone: _____ Work Fax: _____

Type of Program: (check only one)

- | | |
|--|---|
| <input type="radio"/> Child Care Center | <input type="radio"/> School-Age/Youth Development Program Only |
| <input type="radio"/> Family Child Care Home | <input type="radio"/> Public or Private School |
| <input type="radio"/> Group Family Child Care Home | <input type="radio"/> Child Care Resource & Referral (CCR&R) |
| <input type="radio"/> Head Start | <input type="radio"/> Other _____ |

This program is: Licensed by Illinois Department of Children and Family Services* License-Exempt N/A

*If Licensed, License ID number: _____ Licensed Capacity: _____

Date Employment Began: *(with this employer)* _____

Current Position Title: _____ Position Code: _____

Current Position Start Date: _____ *(refer to below)*

Hours worked per week: _____ Weeks worked per year: _____

Position Codes *(to be used above)*

Direct Services to Children

- | | |
|---|---|
| 1. Director and/or Administrator (one-site) | 10. Group Family Child Care Provider |
| 2. Assistant Director | 11. Group Family Child Care Assistant |
| 3. Director/Teacher | 12. School-Age Child Care Teacher |
| 4. Teacher | 13. School-Age Child Care Assistant |
| 5. Assistant Teacher | 14. Youth Development Practitioner |
| 6. Teacher Aide (Preschool for All) | 15. Other Direct Service |
| 7. Substitute/Floater | 23. Home Visitors |
| 8. Family Child Care Provider | 24. Home Visitor Supervisor |
| 9. Family Child Care Assistant | 25. Family, Friend, or Neighbor Caregiver |

Indirect Services

- | | |
|---|--------------------------------------|
| 16. Director/Administrator (multi-site) | 20. Education/Curriculum Coordinator |
| 17. CCR&R Staff | 21. Consultant |
| 18. Higher Education Faculty/Staff | 22. Other Indirect Services |
| 19. Trainer | |

Ages of Children You Currently Work With *(Family Child Care check all that apply, others check only one.)*

- | | |
|---|--|
| <input type="radio"/> Infant <i>(6 wks-14 months)</i> | <input type="radio"/> School-Age <i>(K-12 years)</i> |
| <input type="radio"/> Toddler <i>(15-23 months)</i> | <input type="radio"/> Youth <i>(13-21 years)</i> |
| <input type="radio"/> Twos <i>(24-35 months)</i> | <input type="radio"/> Not Applicable <i>(N/A)</i> |
| <input type="radio"/> Preschool <i>(3-5 years)</i> | |

SECTION 3 – APPLICANT SIGNATURE

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at: www.ilgateways.com. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a **limited** amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.

Print Name: _____

Applicant Signature: _____ Date: _____

If applicant is under the age of 18, a parent or legal guardian signature is required below.

Print Name: _____

Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701

