Preschool Development Grant Birth-5 Education Reimbursement Initiative Frequently Asked Questions (FAQs)

Q. What is the Preschool Development Grant Birth-5 Education Reimbursement Initiative?

A. This initiative is an opportunity for early educators to continue their education and overcome barriers or obstacles to earning their degree or credential. Educators can apply for a maximum of $600 to pay an outstanding balance due to, or can be reimbursed for payment(s) made directly to, an accredited Illinois college or university. Debt owed or payments made to student loans or to collection agencies are not eligible for reimbursement.

Q. Who is eligible to receive funding?

A. Funding will be given to early educators (center director, assistant director, teacher, assistant teacher, family child care provider, family child care assistant, group home provider, group home assistant, Preschool for All teacher, or Preschool for All teacher aide) working directly with children ages birth through five who are employed by an Illinois early childhood program and are currently enrolled in coursework at an accredited Illinois college or university. Illinois early educators who are attempting to enroll in coursework at an accredited Illinois college or university but are blocked from doing so due to a current outstanding balance may also apply. Educators performing other direct services in early childhood settings and educators working in license exempt programs are not being considered for reimbursement through this program at this time.

Q. What happens if the application I submit is incomplete?

A. Incomplete applications will not be reviewed or returned. Those who submit an incomplete application will be notified. Educators may resubmit their application for reimbursement with any previously missing or incomplete information.

Q. Where do I send my completed application?

A. Scan and email your completed application and required documentation to *PDA@ilgateways.com.*

Applications will not be accepted via fax, mail, or drop off.

Q. If I have previously received funds through the Preschool Development Grant Birth-5 Education Reimbursement Initiative, can I apply again?

A. No. Funding will not be issued to anyone who has already received a reimbursement through this initiative.

Q. How will I be notified that my application has been received?

A. Notifications for this program will be sent via email. Due to this, please ensure that your email address is updated in your Gateways to Opportunity Registry account.

Q. If I am not currently working because my site is closed due to COVID-19, can I still apply?

A. Yes, though you may need to submit documentation other than pay stubs to prove employment.

If you work for a child care center that is currently closed due to COVID-19, you must submit a signed letter from your Director on company letterhead noting the following:

- Hire Date
- Position
- Years of Service
- Current rate of pay

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Q. What documentation do I provide to show that I am currently enrolled in coursework at an accredited Illinois college or university?

A. Documentation should be dated within the past 60 days and clearly show the student name, school name, and current balance due. The term for which a balance is owed must be within the last 12 months, and all financial aid received for that term should also be clearly noted.

Examples of acceptable documentation include:

- Current itemized student account ledger
- Student grade report for current term **and** current student account statement

Documentation that does not provide all required items as noted will result in an incomplete application that cannot be processed.

Q. If I am not able to enroll in coursework at an accredited Illinois college or university because of an outstanding balance due, what documentation do I provide to show that I am unable to enroll?

A. Documentation should be dated within the past 60 days and clearly show the student name, school name, and balance due. Confirmation that enrollment is blocked until the balance due has been paid should also be clearly noted.

Examples of acceptable documentation include:

- Signed letter from the Bursar's Office
- Current itemized student account ledger
- Official letter/correspondence from the school

Documentation that does not provide all required items as noted will result in an incomplete application that cannot be processed.

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Preschool Development Grant Birth-5 Education Reimbursement Initiative Application

The Preschool Development Grant Birth-5 Education Reimbursement Initiative is an opportunity for early educators to continue their education and overcome barriers to earning their degree or credential.

Applications will be accepted through December 2021, or until funds run out. Please complete in blue or black ink.

Please read and complete each page of the application. <u>Incomplete applications will not be reviewed or returned</u>.

For questions and additional information about this opportunity, please email us at *PDA@ilgateways.com*.

Name: _____

IDCFS License # *(if applicable)*: _____

A current Gateways membership is required.

Registry Member ID: _____

Do you have a current Registry membership with updated contact information and email address?   Yes   No
If no, sign up or renew online at registry.ilgateways.com.

What is your primary reason for requesting reimbursement?
Debt owed for payments made to student loans or collection agencies is not eligible for reimbursement.

Reason	Amount of Funding Requested
Pay current outstanding debt for degree completion *Please select one:* Associate's Bachelor's Graduate	
Coursework to complete a Gateways Credential	+
Coursework to complete an ISBE Professional Educator Licensure	+
Obtain official transcripts *Must be owed or paid directly to an accredited Illinois college or university*	+
Reimbursement for debt incurred from paying for coursework	+
Other *(please specify)*:	+
Total amount being requested (cannot exceed $600 total)	=

Please note that additional documentation submitted with application must show that the above amounts are owed as current/ existing debt or as payments made directly to an accredited Illinois college and/or university. Please see FAQs for examples of acceptable documentation.

Limited time only, dependent on funding.

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APPLICANT SIGNATURE

I verify that I have read this page and the Frequently Asked Questions, 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 dependent on funds available.

I understand that I must ensure my employment and contact information is updated as needed to indicate any changes as a result of participation in this initiative.

Print Name: _____

Applicant Signature: _____ **Date:** _____

Survey Questions

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 complete a degree at an Illinois college or 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

Email completed application and required documentation to: PDA@ilgateways.com

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

Limited time only, dependent on funding.

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Preschool Development Education Reimbursement Initiative Application

Preschool Development Grant Birth-5 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.

Completed applications must be received no later than December 2021 to be considered.

Any missing documentation will cause the application to not be reviewed or returned.

Required Documentation

Enclosed

All Applicants

Completed and Signed Gateways Registry Membership Form **OR** copy of current Registry membership card

Completed and Signed Preschool Development Grant Education Reimbursement Initiative Application

Documentation of balance due *(see FAQ for details)*

Signed W-9 *(IRS Form)*

– AND –

Community/Center Based Applicants

*4 weeks of most recent pay stubs **or** letter from center director (see FAQ for details)*

– OR –

Family Child Care Home Applicants

*Current Proof of Care Form **or** completed IDHS child care assistance billing certificates*

For questions and additional information about the Preschool Development Grant Birth-5 Education Reimbursement Initiative, please email *PDA@ilgateways.com.*

Email completed application and required documentation to: *PDA@ilgateways.com*

Limited time only, dependent on funding.

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Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

► Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type.
See **Specific Instructions** *on page 3.*

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 of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II **Certification**

Under penalties of perjury, I certify that:

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.

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 for Part II, later.

Sign Here

Signature of U.S. person ►

Date ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

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, later.*

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

Gateways to Opportunity
Proof of Care

Parent/Guardian Statement

Your Family Child Care Provider is applying for a Gateways to Opportunity program and must provide proof of caring for children. Thank you for taking the time to complete this form to support your Family Child Care Provider. If you have any questions while completing this form, please call the Gateways to Opportunity office at (866) 697-8278 and ask to speak with a Professional Development Counselor.

This form verifies that: (Name Of Provider) _____
is the Family Child Care Provider for my child(ren).

Parent/Guardian Contact Information

First Name: _____ Last Name: _____

Address: _____ City:_____

State: _____ Zip Code: _____ Phone Number: _____

Please complete the following chart for your child(ren) (one row per child in care):

Name of Child	Current age of Child	Hours Per Week Child is in the Care of this Family Child Care Provider	Weeks Per Year Child is in the Care of this Family Child Care Provider	Number of Years Child has been in the care of this Family Child Care Provider
Jane Doe (sample)	5	20	40	3

Days of care *(select all that apply)*: ○ Monday ○ Tuesday ○ Wednesday ○ Thursday ○ Friday ○ Saturday ○ Sunday

Drop off time:_____:_____am/pm

Pick up time:_____:_____am/pm

Do your child(ren) still attend this program? Yes _____ No _____

If no, when did they stop attending? _____

Parent/Guardian Signature: _____ **Date:** _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge.

You may receive a phone call from our office to verify the information provided.

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Gateways to Opportunity® Registry Membership Form Instructions

For questions please call 1.866.697.8278 or visit us at www.ilgateways.com.

Before you begin, please read these important notes and instructions about the Gateways Registry Membership Form. A Gateways Registry Membership, will track your education, credentials, and trainings in the Registry database. You can access this information at any time by viewing your Professional Development Record (PDR) online through a secure section of the Gateways website.

If you are applying for the Gateways Registry only, you can apply online at www.ilgateways.com and membership is immediate. If you apply for the Gateways Registry using this paper application, please anticipate a 30 day processing time.

The Gateways Registry Membership is your first step to access all programs and services offered through Gateways. The Gateways Registry Membership Form must be completed by any person who chooses to apply for any INCCRRA administered, Illinois Department of Human Services funded, professional development program. For questions please call 1.866.697.8278 or visit www.ilgateways.com

SECTION 1 – CONTACT / PERSONAL INFORMATION

Please complete all required information in this section. The choice you make under "Please contact me at my," is where we will send all program communications, certificates, checks, etc.

SECTION 2 – IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Person ID that is used in our tracking systems and on all communications from INCCRRA. We use that Person ID to ensure that we are entering the correct information into the correct person's record. **Please complete these questions as they will be used to verify and protect your identity should you ever lose your Person ID.**

SECTION 3 – CURRENT EMPLOYMENT

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.

When asked on page 2 for the Position Code, please refer to the box below and write in the **one number** of the position code that best reflects your current job.

Position Codes *(to be used in Section 3)*

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 Visitor
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	

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SECTION 4 – EDUCATION, CREDENTIALS AND CERTIFICATIONS

Please enter the requested information about any educational degrees you have completed, as well as current and valid professional credentials or certifications you have been awarded.

SECTION 5 – GATEWAYS TO OPPORTUNITY PROGRAMS

Do you want the Gateways Registry to perform a Basic Transcript Review?
A Basic Transcript Review categorizes the college coursework you have taken and will appear on your Professional Development Record as the total number of credit hours you have completed as well as the number of credit hours in ECE/CD, ECE Related, School-Age and Youth Development, and Business/Administration you have completed. **If you check yes, please include your official college transcript(s) in a sealed envelope from the college or university or request official electronic transcript(s) to be sent from your college or university to transcripts@inccrra.org.**

If you are applying for any additional programs the Registry Membership Form must be completed and submitted with a Program Supplement Application for the specific program for which you are applying. **This question allows you to note which program**(s) **you are applying for and to ensure you submit the correct applications**. **If the correct program application is not completed it will delay the processing of your application.**

Additional applications are not needed for Registry Membership only.

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Gateways to Opportunity® Registry Membership Form

A Gateways Registry Membership will track your education, credentials, and training. You can access this information at any time by viewing your Professional Development Record (PDR) through the Gateways website. Gateways Registry Membership is also the first step to access all programs/services offered through Gateways. This Membership Form must be completed by any person who chooses to apply for any INCCRRA-administered, Illinois Department of Human Services funded, professional development program. For questions, please call 1.866.697.8278 or visit www.ilgateways.com.

SECTION 1 - CONTACT / PERSONAL INFORMATION

First Name: [ ] **Middle Initial:** [ ] **Last Name:** [ ]

Previous Last Name: [ ]

Gender: *(optional)* ○ **Female** ○ **Male**

Race/Ethnicity: *(optional)*
○ African American/Black ○ Hispanic/Latino
○ Caucasian/White ○ Pacific Islander
○ Native American/Alaskan ○ Multi-Racial
○ Asian ○ Other

Primary Language: [ ]

Secondary Language: [ ]

Home Address: [ ]

City: [ ] **State:** [ ] **Zip:** [ ] **County:** [ ]

Home Phone: [ ] **Email Address:** [ ]

Cell Phone: [ ] Please contact me at my: ○ Home Address/Phone (above) ○ Work Address/Phone (Section 3)

SECTION 2 - IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Registry Member ID that will be used on all communications from Gateways. Should you lose your ID, please answer the following questions to help us verify and protect your identification and provide you with your ID.

Date of Birth: [ ] **Mother's Maiden Name:** [ ]

City and State Where You Were Born: [ ]

SECTION 3 - 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, skip this section and continue to Section 4.

○ *I am choosing to skip this section because I am currently not working full-time or part-time in the fields stated above.*

Employer Business Name: [ ]

Work Site Name: [ ]

Work Address: [ ]

City: [ ] **State:** [ ] **Zip:** [ ] **County:** [ ]

Work Phone: [ ] **Work Fax:** [ ]

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Type of Program: *(check only one)*

◯ Child Care Center ◯ Family Child Care Home ◯ Group Family Child Care Home
◯ Head Start ◯ School-Age/Youth Development Program ◯ Public or Private School
◯ Child Care Resource & Referral *(CCR&R)* ◯ Other [_____]

This program is: *(check only one)*

◯ Licensed by IDCFS License Number: [_____] ◯ License-Exempt ◯ Not Applicable

Date Employment Began: *(with this employer)* [_____] **Current Position Start Date:** [_____]

Current Position Title: [_____]

Position Code: [_____] **Hours Worked per Week:** [____] **Weeks Worked per Year:** [____]
(see instructions)

Hourly Wage: [_____] - *OR* - **Annual Salary:** [_____]

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

◯ Infant *(6 wks – 14 months)* ◯ Toddler *(15-23 months)* ◯ Twos *(24-35 months)* ◯ Preschool *(3-5 years)*
◯ School-Age *(K-12 years)* ◯ Youth *(13-21 years)* ◯ Not Applicable

SECTION 4 - EDUCATION, CREDENTIALS AND CERTIFICATIONS

Educational Degrees Completed

Type of Degree	Name and Location of Awarding Institution	Major	Month/Year Awarded
High School or GED		Not Applicable	
Associate's Degree			
Bachelor's Degree			
Master's Degree			

Current Valid Professional Credentials and Certifications *(check all that apply)*

Please note that all Gateways to Opportunity Credentials are already on file and do not need to be reported here.

◯ **Child Development Associate (CDA)** **Date Awarded:** [_____] **Expiration Date:** [_____]

◯ **Certified Child Care Professional (CCP)** **Date Awarded:** [_____] **Expiration Date:** [_____]

◯ **Illinois Type 04 Certification** **Date Awarded:** [_____] **Expiration Date:** [_____]

◯ **Montessori Credential** **Date Awarded:** [_____] **Expiration Date:** [_____]

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SECTION 5 - GATEWAYS TO OPPORTUNITY PROGRAMS

Do you want the Gateways Registry to perform a Basic Transcript Review?

A Basic Transcript Review categorizes the college coursework you have taken and will appear on your PDR as the total number of credit hours you have completed, as well as the number of credit hours in ECE/CD, ECE Related, School-Age and Youth Development, and Business/Administration you have completed.

If you would like Gateways to perform a free Basic Transcript Review please send official college transcript[s] in a sealed envelope from the college or university, or request official electronic transcripts to be sent from your college or university to transcripts@inccrra.org. Once we receive your transcripts your Basic Transcript Review will be completed and updated on your PDR.

If you are applying for any additional Gateways programs, the matching supplement application (*indicated in parentheses*) **must also be included with the Gateways Registry Membership Form.**

❍ Gateways to Opportunity Credential *(ECE Level 1, ECE, Infant Toddler and Illinois Director Credentials)*
   ❍ Direct Route *(Direct Route Credentials Supplement Application)*
   ❍ Entitled Route *(Entitled Route Credentials Supplement Application)*
❍ Illinois Trainers Network *(Illinois Trainers Network Supplement Application)*
❍ Registry Trainer Approval *(Registry Trainer Approval Supplement Application)*
❍ Gateways Scholarship Program *(Scholarship Program Supplement Application)*
❍ Great START *(Great START Supplement Application)*
❍ Gateways Professional Development Advisor Program *(no supplement application needed)*

How did you first learn about the Registry? *(check only one)*

❍ Center Director   ❍ Local Child Care Resource & Referral   ❍ Conference/Presentation

❍ Mailing   ❍ Co-Worker   ❍ Professional Development Advisor

❍ Provider Association   ❍ Website/Social Networking   ❍ DCFS

❍ Other _____

SECTION 6 - 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 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:** _____

❍ *Check here if you do not wish for your name to be released for recognition of your participation in Gateways programs.*

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

Print Name: _____

Guardian Signature: _____ **Date:** _____

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete this membership form.

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

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