



WY QUALITY COUNTS!

AWARENESS & TRAINING FOR QUALITY CHILD CARE

General Instructions for Continuing Education Grant Application

All applications for grants must be completed on the official application form and must be faxed, mailed or hand-delivered to:

Department of Workforce Services
Attn: WY Quality Counts! Program
Herschler Building, 2-East
122 West 25th Street
Cheyenne, WY 82002

Applications may be faxed to 1-866-373-6061.

Applications will only be accepted if faxed, postmarked or hand delivered:

- No more than one hundred ten (110) days before the scheduled training start date, and
- No less than forty-five (45) days before the scheduled training.

Funding Limits.

If the application is approved, the grant applicant will be eligible for a funding limit of no more than one thousand dollars (\$1,000.00) per participant, per state fiscal year (July 1 through June 30). The child care facility shall not substitute funds normally provided for training or funds obtained from another source with Continuing Education Grant Funds.

Assistance is available by contacting the DWS Administrative Office in Cheyenne at (307) 777-2439 or E-mail to: wyqcc@state.wy.us

Please see our website at www.wyqualitycounts.org for WY Quality Counts! Educational Development Program rules, as well as detailed information and application procedures/rules for WY Quality Counts! Continuing Education Grants.

Child Care Business Information

1. Child Care Business Name — The official name used for tax reporting and contracts.
2. Business FEIN or Business Registered SSN — The Federal Employer Identification Number (FEIN) or registered SSN of the child care business as used on tax forms, unless the business is a sole proprietor or legally exempt.
3. Street Address — Physical location of the child care business.
4. Mailing Address — If different from the street address.
5. City — City in which the child care business is located.
6. State — State in which the child care business is located.
7. Zip — Zip code of the address where the child care business is located.

8. Faith-Based Child Care Business — Please mark “yes” or “no”. (For contract purpose only.)
9. Primary Contact — The first and last name, title, e-mail, telephone and fax number of the child care business contact.
10. Secondary Contact: If different from the primary contact, the first and last name, title, e-mail, telephone and fax number.
11. Name of individual who is authorized to sign the contract for the business — The full name of the individual who is accepting legal and fiscal responsibility for the grant on behalf of the business. The person named in this block must personally sign the contract documents. Please include their title, telephone number and e-mail address.
12. Indicate whether you are or may receive funds from another source for this training.
13. If answering “yes” to line 12, state the source and amount of funding you will be receiving.
14. Total Estimated Expense — From line 33.
15. Business Match — From line 34.
16. Total Amount Requested — From line 35.
17. Estimated Amount per Employee — From line 36.

Continuing Education Information

18. Training Start Date — The first day of actual training/coursework.
19. Training End Date — The last day of actual training/coursework.
20. Training City — The city the applied for training will be held.
21. Training State — The state the applied for training will be held.
22. Training Provider — The legal name of the individual or entity providing the training.
23. Training Title — The name of the training event and provide a brochure or other documentation from the training provider.
24. Indicate whether this training is required CORE training by the child care business to be licensed. (CORE training is: Fire Safety, Child Abuse, Sanitation, Blood Borne Pathogens, First Aid, CPR.)
25. Indicate whether this training will upgrade a participant’s current skill level.
26. Indicate whether the training is for STARS credit.
27. Indicate whether the training can be completed in six calendar weeks.
28. Check the competencies, if any, that the training applies.

Continuing Education Budget

29. Registration, tuition, class fees and materials for all participants attending the training event. (Receipt needed.)
30. Participant Travel Expense — Funding of participant travel expenses will be allowed only if the training occurs in a location other than the city where the business is located.

- a. Airfare — May be an estimated amount. For airfare over \$500.00, verification of cost is required.
 - b. Mileage — Will be funded at the current state mileage rate found on the Wyoming State Auditor's website at <http://sao.state.wy.us/download.htm#fedrates>, for the use of personal vehicles. Include the total number of miles to be traveled. Use www.mapquest.com to calculate mileage from city to city.
 - c. Travel (Meals & Incidental Expenses) — Funding will be based on the current State M&IE rates which can be found on the Wyoming State Auditor's website at <http://sao.state.wy.us/download.htm#fedrates>.
 - d. Lodging — Will be funded based on the actual rate. Charges for telephone calls, movies and other amenities are not eligible for funding
 - e. Other Travel Expenses — Please provide an explanation for expenses not included above.
31. Instructor Travel – Instructor travel will be considered on the same basis as travel for participants, and only if the instructor is not an employee of the child care business. Do not include if travel is included in the fees listed above.
- a. Instructor Fees — Fees other than those listed above when the instructor is not an employee of the business. Instructor fees, wages or expenses where the instructor is an employee of the business will not be allowed.
 - b. Airfare — May be an estimated amount. For airfare over \$500.00, verification of cost is required.
 - c. Mileage — Will be funded at the current state mileage rate found on the Wyoming State Auditor's website at <http://sao.state.wy.us/download.htm#fedrates>, for the use of personal vehicles. Include the total number of miles to be traveled. Use www.mapquest.com to calculate mileage from city to city.
 - d. Travel (Meals & Incidental Expenses) — Funding will be based on the current State M&IE rates which can be found on the Wyoming State Auditor's website at <http://sao.state.wy.us/download.htm#fedrates>.
 - e. Lodging — Will be funded based on the actual rate. Charges for telephone calls, movies and other amenities are not eligible for funding.
 - f. Other Travel Expenses — Please provide an explanation for expenses not included above.
32. Fees for Continuing Education Units/Certifications — List any fees for continuing education units not already listed in any of the above fields.
33. Total Estimated Expenses — The sum of lines 29 through 32.
34. Less Business Match — The mandatory minimum employer contribution is 10% of allowable expenses. This is the portion of the Total Estimated Expenses for which the business is responsible. To find this amount, multiply line 35 by 0.10.
35. Total Grant Amount Requested — The total estimated expenses, minus the business match. To find this amount, subtract line 34 from line 33.
36. Estimate Grant Amount per Employee — The amount of funding requested for each employee. To find this amount, divide line 35 by the number of participants.

Unallowable Expenses:

- Trainee wages or fringe benefits;
- Administration Costs;
- Travel expenses when the training is held in the employer's town or city; and
- Cost of preparing the grant application.

Participant Information

37. First Name — The official first name of the participant used for tax reporting and contracts.
38. Last Name — The official last name of the participant used for tax reporting and contracts.
39. SSN — The participant's full social security number.
40. STARS ID # - The participant's STARS ID number.
41. Current Rate of Pay — The participant's current rate of pay (hourly or monthly) before the training event, before deductions, as of today's date.
42. Est. Rate of Pay After Training — The participant's estimated rate of pay (hourly or monthly) after the training event, before deductions.
43. Average Number of Hours Worked Weekly — The average number of hours per week the participant works for the child care business.

Checklist

Please check the boxes in the checklist to ensure that the application is complete. **Please note that incomplete applications will be denied.**

Signatures

The application must be signed by an authorized representative of the requesting child care provider. Also enter your current slot and enrollment counts.

Failure to sign will result in rejection of the application.

The completed application, with any supporting documentation or letters, must be faxed, mailed or hand-delivered to the address on the application form. **E-mailed copies will not be accepted. Please only send in your application, keeping instructions for future reference.** Applications may be faxed to 1-866-373-6061.

Thank you for your application



WY QUALITY COUNTS!

AWARENESS & TRAINING FOR QUALITY CHILD CARE

Application for **WY QUALITY COUNTS!** Continuing Education Grant

Child Care Business Information

¹Child Care Business Name: ``

²Business FEIN or Business Registered SSN:

³Street Address:

⁴Mailing Address:

⁵City:

⁶State:

⁷Zip:

⁸Faith-Based Child Care Business: Yes No

⁹Primary Contact:

Mr. Ms. Dr. Last Name, First Name

Title:

Telephone:

Fax:

E-Mail:

¹⁰ Secondary Contact:

Mr. Ms. Dr. Last Name, First Name

Title:

Telephone:

Fax:

E-Mail:

¹¹Name of the individual who is authorized to sign the Contract for the business:

Mr. Ms. Dr. Last Name, First Name

Title:

Telephone:

E-Mail:

¹²Are you receiving or plan to receive funding for this program from any another source? Yes No

¹³If so, please explain briefly explain:

Use amounts from Page 3 worksheet to complete 14 – 17.

¹⁴ Total Estimated Expense:	\$	¹⁵ Business Match (10%):	\$	¹⁶ Total Amount Requested	\$	¹⁷ Estimated Amount per Employee:	\$
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Office Use ONLY

Date Postmark:

Date Received:

Application/Contract No.:

Date Approved:

NOTE on STARS Credit:

Please understand it is your responsibility to ensure that the planned coursework is eligible for STARS credit.

Continuing Education Information

¹⁸ Training Start Date:	¹⁹ Training End Date: (Training must be completed in 6 weeks or less.)
²⁰ Training City:	²¹ Training State:
²² Training Provider:	
²³ Training Title (Please <u>provide</u> a brochure or other documentation from the training provider):	
²⁴ Is this training CORE training for your child care business to be licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
²⁵ Will this training upgrade a participant's skill level? <input type="checkbox"/> Yes <input type="checkbox"/> No	
²⁶ Are participants taking this training for STARS credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
²⁷ Can this training be completed in a maximum of six weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
²⁸ Please list what competencies this proposed training will apply to:	
<input type="checkbox"/> Health, Nutrition and Safety	<input type="checkbox"/> Family Relationships
<input type="checkbox"/> The active learning environment	<input type="checkbox"/> Program Management
<input type="checkbox"/> Child growth and development	<input type="checkbox"/> Professionalism
<input type="checkbox"/> Guidance and Discipline	<input type="checkbox"/> Uniqueness and Cultural Diversity

Continuing Education Budget

<u>Allowable Expenses (for all proposed trainees)</u>	Estimated Amount (Use exact change)
**Business may request funds for Instructor Travel, or Trainee Travel Expenses, but not both.	
²⁹ Registration, Tuition, Class Fees and Class Materials (receipt needed)	\$
³⁰Participant Travel Expenses:	
^a Air Fare (Receipt Needed)	\$
^b Mileage (miles @ .55 each) www.mapquest.com shall be used to calculate mileage from city to city)	\$
^c Travel (Meals & Incidental Expenses) (Please refer to the Application Instructions)(Rates may be found at: http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC) Number of Travel Days @ \$ per day = Number of Training Days @ \$ per day =	\$
^d Lodging (nights @ \$ /per night) (Receipt needed)	\$
^e Other Travel Expenses:	\$
<i>If paying for instruction use Instructor Travel Expense Section</i>	
³¹Instructor Travel Expenses:	
^a Instructor Fees	\$
^b Air Fare (Receipt needed)	\$
^c Mileage (miles @ .55 each) (www.mapquest.com shall be used to calculate mileage from city to city)	\$

^d Travel (Meals & Incidental Expenses) (Please refer to the Application Instructions)(Rates may be found at http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC) Number of Travel Days @ \$ per day = Number of Training Days @ \$ per day =	\$
^e Lodging (nights @ \$ /per night) (Receipt needed)	\$
^f Other Travel Expenses:	\$
³² Fees for Continuing Education Units/Certifications	\$
³³ Total Estimated Expenses	\$
³⁴ Less Business Match (Total Estimated Expenses x .10 for 10% matching contribution)	\$
³⁵ Total Grant Amount Requested	\$
³⁶ Estimated Grant Amount per Employee	\$

Checklist:

Please check to ensure you have completed each of the following. If you are unable to check yes on any of the following items, your application will be denied.

Application for WY Quality Counts! Services submitted no less than 45 days and not more than 110 days prior to beginning of coursework / training event: Application Due Date Calculator at: http://wyqualitycounts.org/providers/forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brochure or advertisement for the requested training attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application complete.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature(s)

Child Care Provider Owner/Director Signature

I certify that the employee(s), on page 4, is/are:

- Employed for a minimum of 15 hours per week.
- I also certify that the employee(s), on page 4, are all 18 years of age or older. (If under 18 years of age signature of parent will be required.)
- That the information in this application is true and accurate to the best of my knowledge.
- The current Wyoming Department of Family Services approved capacity in my program is _____, and my current enrollment count is _____.

I am aware that any false information or intended omissions may subject me or my company to civil or criminal penalties for filing false public records, and may result in forfeiture of any grant award approved through this program.

Child Care Provider Owner /Director Signature

Date

Printed Name