Oregon's Quality Rating and Improvement System **Request for Support Form**



Support Funds are available to child care programs participating in Spark to help pay for costs associated with increasing quality to achieve a star rating. Programs may apply for these funds after achieving a Commitment to Quality designation. Because Spark funds are limited, programs who participate in the following state or federally funded initiatives are <u>not</u> eligible for Spark support funds:

- Preschool Promise Baby Promise
- Head Start & Early Head Start
- Oregon Pre Kindergarten (OPK)
- This is not an all-inclusive list and is only provided as an example. For more information, contact the Spark Helpline at 877-768-8290 or qrishelp@wou.edu.

Migrant and Seasonal Head Start

To apply for Support Funds, complete the following:

License #:	Date:			
Program Name:				
Director/Provider/Owner Name:			hone: ()	
Is this person the main contac	t for the QRIS? \Box YES \Box NO			
If no, who? (Name)				
Email Address: (of contact			hone: ()	
Program Mailing Address:	Street Address			
County:	City	State	Zip	
Check size of program based on licensed capacity			Amount of support funds	
🗆 Small Program (C)-20 Licensed Capacity)		\$1,000	
Medium Program (21-49 Licensed Capacity)			\$1,500	
□ Large Program (50 + Licensed Capacity)			\$2,000	

Funds must be used in ways that will lead to increased quality and links to the Quality Improvement Plan.

Appropriate uses for support funds include:	Inappropriate uses for support funds include:			
 Curricula Equipment Supplies & classroom materials Computers needed to access internet supports Training 	 Capital improvements Sectarian materials (e.g. religious texts) Personal use not related to program improvements Operating costs (electric bill, water, rent, etc.) 			
For Office Use Only:				

TRI



Support Funds Budget Table

QRIS Standard #	What are funds being requested for?	Estimated cost

(Attach additional sheets if necessary)

I hereby attest that support funds received by me or my program will be used in for the purpose of increasing quality in the program, increasing compensation to the provider(s), or for professional development. I will use our completed Self-Assessment/Quality Improvement Plan as a guide to plan how these dollars will be most effectively spent. I agree to keep my receipts for a minimum of 7 years in the event of an audit to verify how the funds were spent. I also agree to be subject to such audit if chosen on a random basis or as a result of an investigation.

I will not use funds received in any way listed in this document as inappropriate or otherwise reasonably understood to be inappropriate. If I have any questions as to the appropriateness of any expenditure, I will contact a Quality Improvement Specialist at the local Child Care Resource and Referral Agency/Hub or The Research Institute at Western Oregon University at 877-768-8290 or QRISHelp@wou.edu. By receiving these funds we commit to making program improvements and submitting a complete portfolio. I also understand there could be tax consequences by accepting these funds and I may want to consult with a tax professional.

I verify that the information submitted is accurate and I agree to the above statements.

(Print Full Name)

(Title)

(Signature)

(Date)

Send this Request for Support form <u>with a WOU Substitute W-9</u> to:

Oregon's QRIS/Spark The Research Institute / Western Oregon University 345 N. Monmouth Ave / Monmouth, OR 97361

For Office Use Only:

			TRI
			28636
			Amount
			Requesting: \$
Eligible for Support Funds	Date	QRIS staff name	QRIS staff signature
🗆 Yes 🗆 No			
If no, reason:			