

## Focused Child Care Network Participation Funds Application

### Terms for Receiving FCCN Participation Funds

**Who is eligible?** Licensed and license exempt early learning programs and providers participating in a Focused Child Care Network (FCCN) starting January 1, 2021. Some publicly funded programs may not be eligible to receive funds.

**How much can programs receive?** Total amounts range from \$2,500 - \$3,500 depending on capacity and are split equally in 2 annual payments. Continued funding is dependent upon satisfactory participation in FCCN.

**Is Spark participation required?** No, but if a program chooses to participate in Spark, it may be eligible to apply for additional Spark funding and a separate Spark application is required.

**What level of network participation is required?** You must have a signed FCCN Participation Memorandum of Understanding (MOU) with the CCR&R and actively participate *fully for the duration of the network*. Active participation means:

- Attending at least 10 of the 12 monthly in-person meetings
- Actively participating in goal setting, reflection, homework and 1:1 follow-up with your QIS
- Participating in the peer discussions
- Working towards increasing program quality and professional development

**How do programs receive payment?** Complete and submit this form with a signature from the Quality Improvement Specialist. Forms should be completed legibly or as a fillable form then mailed or scanned & emailed to the address on the last page along with a WOU Substitute W-9. Illegible or incomplete forms will be returned. Only one payment can be requested at a time.

Program/Provider Name	Date
<div style="display: flex; justify-content: space-between;"> <span>Program License #</span> <span><input type="checkbox"/> Not Licensed</span> </div>	(     )
Key Participant Name (Director/Coach, etc.) if different	Phone #
	Email Address

**Mailing Address: (Must match WOU Substitute W-9.)**

**Physical Address:**  Check if same as mailing address

Street Address	Street Address
<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>
	County (of physical location)

**Program Information:**

Is your program currently in Spark?  Yes  No      Will your program be applying to Spark?  Yes  No  N/A  
 If yes, please complete a separate Spark application.

Age Groups Served			
Check Groups Served	Number Enrolled	Check Groups Served	Number Enrolled
<input type="checkbox"/> 6 weeks – 17 months		<input type="checkbox"/> 4-year olds	
<input type="checkbox"/> 18 months – 35 months		<input type="checkbox"/> 5-year olds	
<input type="checkbox"/> 3-year olds		<input type="checkbox"/> 6-12 year olds	

Number of children served that are receiving Special Education services (on an IFSP or IEP): \_\_\_\_\_

Program Size/Type	Check Payment Applying For	
	1 <sup>st</sup> Payment	2 <sup>nd</sup> Payment
<input type="checkbox"/> Unlicensed/License Exempt*	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250
<input type="checkbox"/> Small Program (1-20 Licensed Capacity)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250
<input type="checkbox"/> Medium Program (21-49 Licensed Capacity)	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500
<input type="checkbox"/> Large Program (50+ Licensed Capacity)	<input type="checkbox"/> \$1,750	<input type="checkbox"/> \$1,750

\* Unlicensed programs can submit enrollment documentation if actual enrollment is over 20 to qualify for a larger amount of funds.

**FCCN Participation Funds Budget Table**

<b>Unallowed Expenditures</b>		
<ul style="list-style-type: none"> <li>Capital improvements (permanent structural change to property)</li> <li>Sectarian materials (religious texts)</li> <li>Personal use not related to program improvements</li> <li>Operating costs (electric bill, water, rent, etc.)</li> </ul>		
Category	Description	Estimated Cost
a. Program curriculum, child assessment and/or screening tools		
b. Materials to support child learning and development		
c. Materials to improve health and safety practices		
d. Professional development for staff or self		
e. Materials to support increased family engagement		
f. Materials to enhance business practices		
<b>Total</b>		

**Provider/Key Participant Agreements:**

I have read and agree to the terms of receiving FCCN Participation Funds listed above for my program. I understand this means my program has a signed FCCN Participation MOU with my CCR&R and commit to or is actively participating (as defined on first page) in the network activities. I have worked with my QIS to set quality improvement goals for my program.

**Initial**


I agree to spend the funds received in the way indicated in the FCCN Participation Funds Budget Table above and will communicate any major changes to my QIS before making changes to the plan. I will use all funds to improve the quality of my program and will not use funds received in any way listed in this document as inappropriate or otherwise reasonably understood to be inappropriate.

I agree to keep my receipts for a minimum of 7 years in the event of an audit to verify how the funds were used. I also agree to be subject to such audit if chosen on a random basis or as a result of an investigation.

**By signing below, I verify that the information submitted is accurate:**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**Quality Improvement Specialist Approval:**

This program has signed an FCCN Participation MOU, meets or continues to meet participation requirements, and the FCCN entry date is entered in FCCO.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name \_\_\_\_\_  
Email Address

\_\_\_\_\_  
FN Entry date (on MOU) Check to affirm date is entered in FCCO ( )

\_\_\_\_\_  
Phone #

Send this form with WOU Substitute W-9 to:  
Western Oregon University  
The Research Institute/Spark-FCCN  
345 N Monmouth Ave  
Monmouth, OR 97361  
Email: QRISHelp@wou.edu  
Questions: 877-768-8290  
OR

<b>For Office Use Only</b>	
Amount Requesting:	Amount:
Database Check: <input type="checkbox"/>	Invoice #:
Staff Name:	Index #:
Staff Signature:	Account Code:
Date:	Approved By: