
TKPR Reimbursement Application

Eligibility & Priority

Participants must currently be working in a School District Transitional Kindergarten or TK/K teaching position and work directly with students whose 5th birthdays are from September 2nd – December 2nd of the current school year **OR** as a California State Preschool Program (CSPP) teacher.

First priority reimbursements go to new TK teachers hired after July 1, 2015. Second priority reimbursements go to all other TK teachers. Third priority reimbursements are available to California State Preschool Program (CSPP) teachers. Reimbursements for CSPP teachers are contingent upon the availability of funds after first and second priority reimbursements have been distributed (CSPP reimbursement schedule to be determined). All reimbursements for TK and CSPP teachers are for education expenses related to professional development, including the costs of unit-bearing coursework and fees related to CDE- approved professional development (<http://www.cde.ca.gov/sp/cd/re/cddprofdevtrain.asp>) in early childhood education/ child development. The reimbursement request is for the actual amount you have personally paid.

Disclaimer

Reimbursements are subject to change depending on the level of participation in the program. Participants are eligible for reimbursements of up to \$10,000 per fiscal year (July 1st – June 30th).

Reimbursements will be on a first come first served basis. You will be notified at the time of your application if funding is available.

The completed application must be received by the deadline of March 11, 2019. Late applications will not be accepted. Email, mail, fax or hand-deliver completed applications to:

Monica Bravo, Early Learning Services Specialist
Santa Clara County Office of Education
1290 Ridder Park Drive, Mail Code 261
San Jose, CA 95131
Email: monica_bravo@sccoe.org
Fax: (408) 453-3644

Contact Information

Last Name: _____ First Name: _____ MI: _____

Home Mailing Address (this is the address where your reimbursement will be sent):

_____ Apt#: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Work Email Address: _____ Home Email Address: _____

Employment

School District: _____ School Site: _____

School Site Address: _____

City: _____ Zip Code: _____ Phone: _____

Position: _____ Number of years with current employer: _____

Are you a credentialed teacher first assigned to a Transitional Kindergarten classroom after July 1, 2015?

Yes No

Are you an employee of the Santa Clara County Office of Education?

Yes No

Verification of Employment (To be completed by employer)

I certify that _____ is currently employed as a Transitional Kindergarten or TK/K multiage teacher in Santa Clara County, working directly with students whose 5th birthdays are from September 2nd – December 2nd of the current school year **OR** as a California State Preschool Program (CSPP) teacher. I also certify that the coursework/workshop(s) for which the teacher is requesting reimbursement was not previously paid for, nor reimbursed by this teacher's employer.

Principal/Supervisor's Signature

Date

Principal/Supervisor's Printed Name

Professional Development Cost Estimate

Please provide the following:

- Registration verification of professional development (PD) and the number of hours.
- Documentation of course fees and registration fees, as well as a cost estimate for books and materials (which will need to be listed in the course syllabus to be eligible for reimbursement)

Unit-bearing early childhood education or child development coursework

College/University: _____ City: _____

CD/ECE course number & title: _____ Units: _____

Beginning and end dates: _____ Total reimbursement estimate: \$ _____

California Department of Education (CDE) approved early childhood education or child development professional development

Organization providing PD: _____ City: _____

Title of PD: _____ # of hours: _____

Date(s) of PD: _____ Total reimbursement estimate: \$ _____

By signing this document, I am certifying that all of the information provided above is true and correct.

Your Signature

Date

Professional Development Activities

Please attach the following:

- For professional development: verification of professional development (PD) completion and the number of hours attended. PD must be CDE approved and for TK and TK/K teachers only; meet TK Teacher education requirements stipulated by SB876.
- For unit-bearing coursework: verification of the completion of unit-bearing Early Childhood Education or Child Development coursework from a regionally accredited college with a grade of C or better. General Ed coursework is not reimbursable.
- Copy of the course syllabi (if you are requesting reimbursement for books and materials)
- Itemized receipts for registration fees, required books and materials

PLEASE COPY THIS PAGE IF NEEDED FOR MULTIPLE COURSES/PD ACTIVITIES

Unit-bearing early childhood education or child development coursework

College/University: _____ City: _____

CD/ECE course number & title: _____ Units: _____

Beginning and end dates: _____ Total reimbursement requested: \$ _____

CDE and employer approved early childhood education or child development professional development

Organization providing PD: _____ City: _____

Title of PD: _____ # of hours: _____

Date(s) of PD: _____ Total reimbursement requested: \$ _____

By signing this document, I am certifying that all of the information provided above is true and correct.

Your Signature

Date

Vendor/Organization Code _____

Stipend _____

Date ____/____/_____(mm/dd/yyyy)

Direct Service: You work directly with children in a **child care center, school-age child care, family child care home, elementary school classroom (e.g., TK)** or as an **individual child care provider.**

**Confidential Participants Direct Service Profile for AB212 Stipends
California Department of Education, Early Education and Support Division
Quality Improvement Training**

This stipend is funded through the California Department of Education (CDE), Early Education and Support Division (EESD) with Child Care Development Fund Quality Improvement dollars. CDE is collecting statistical demographic information to help inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts. The information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

Please enter your Early Care & Education Workforce Registry ID number in order to allow CDE to collect and update information each time you receive a state funded stipend, without collecting your name.

FOR CALIFORNIA STATE PRESCHOOL PROGRAM (CSPP) TEACHERS

What is your nine-digit Workforce Registry ID? _____ - _____ - _____ (You received this number when registering on the CA ECE Workforce Registry website, www.caregistry.org and can be found on your membership card; see example below.)



FOR TRANSITIONAL KINDERGARTEN TEACHERS

What is your Teaching Credential Number? _____
If you are unsure of your document number, you can find it at: <https://www.ctc.ca.gov/>

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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> 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	
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number												
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OR

Employer identification number												
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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.

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 on page 3.

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.