

# Early Childhood Education Leadership Reimbursement Application

**Individuals working in a Title 5 State Subsidized Child Care Program are invited to apply for funding to reimburse education expenses related to leadership development. Funds can be used for coursework and registration fees for LPC-approved leadership development opportunities.**

## Eligibility and Priority

Participants must currently be working in a Title 5 State Subsidized Child Care Program.

Priority for reimbursements are as follows:

1. Participants who are in leadership and supervisory positions in a Title 5 program or center.
2. All Title 5 Child Care Providers who work with children in the Title 5 program or center

Reimbursements for Leadership Training are contingent upon the availability of funds. All reimbursements are for education expenses related to leadership development, including the costs of unit-bearing coursework and fees related to LPC- approved leadership development\* ([http://www.sccoe.org/\[lpc](http://www.sccoe.org/[lpc) hyperlink – pending]) in early childhood education/child development. The reimbursement request is for the actual amount you have personally paid.

## Restrictions

Reimbursements are subject to change depending on the availability of funds.

Reimbursement for the 2017-2018 program year can be used for Leadership courses/training completed from **July 1<sup>st</sup>, 2017 to December 31<sup>st</sup>, 2018**. Reimbursements are on a first come, first serve basis. You will be notified at the time of your application if funding is available. (**Reimbursements can be requested retroactively for training that occurred after July 1<sup>st</sup>, 2018**)

- Proof of attendance and payment must be submitted with the application, in their original form.
- Employer-sponsored trainings are not eligible.
- A reimbursement request cannot be submitted if the expense has been paid for, or reimbursed, by an employer or any other means.
- All other types of expenses (i.e. materials, personal expenses, accommodations, and transportation) are NOT eligible for reimbursement (AB 212 Funding Terms and Conditions).
- **All documentation of completed training must be submitted by December 31<sup>st</sup>, 2018.**

**Application Deadline: December 31<sup>st</sup>, 2018**

**Late applications will not be accepted. Email/mail/fax/hand-deliver completed applications to:**

Giang Le, ELS Specialist  
Santa Clara County Office of Education  
1290 Ridder Park Drive, Mail Code 261  
San Jose, CA 95131  
Email: [Giang\\_Le@sccoe.org](mailto:Giang_Le@sccoe.org)  
Phone: (408) 453-4331

## **Local Early Education Planning Council (LPC) Approved Leadership Training** (<http://www.sccoe.org/>[lpc hyperlink – pending])

- **College-unit bearing Leadership in Early Childhood Education/ Child Development Classes**
- **California Department of Education’s approved leadership training courses and workshops in Early Childhood Education/ECE.**
- **Early Childhood Leadership Conferences (see attached list of approved conferences)**

*All unapproved Leadership trainings have to go through the vetting process with the LPC’s Joint Workforce Development Committee. If you are interested in a Leadership training (Conference/Workshop/Course) that is not included on the above list, please contact Giang Le at [Giang\\_Le@sccoe.org](mailto:Giang_Le@sccoe.org) or 408-453-4311*

## Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home/Mailing Address (where you would like your reimbursement to be sent to):

\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main contact number: \_\_\_\_\_ Additional contact number: \_\_\_\_\_

Email: \_\_\_\_\_ Alternative Email (if applicable): \_\_\_\_\_

## Employment Information

Program/Agency: \_\_\_\_\_

School/Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Number of years with current employer: \_\_\_\_\_

Workforce Registry ID: \_\_\_\_\_ (9 digit number)

(For more information, please visit: <https://www.caregistry.org>)

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

Yes  No

Do you work in a Title 5 Classroom in Santa Clara County?

Yes  No

Is your center/agency a Title 5 Program in Santa Clara County?

Yes  No

Do you hold a Child Development Permit?

Yes \_\_\_\_\_ (permit level)  No

## Employment Verification

(To be completed by the employer)

I certify that \_\_\_\_\_ (applicant) is currently employed as a \_\_\_\_\_ (applicant's position) at \_\_\_\_\_ (program's name).

I certify that our agency/program is a Title 5 State Subsidized center based program/center or is providing cares for children who are eligible under Title 5 Title 5 State Subsidized center based program's eligibility requirements.

I certify that the \_\_\_\_\_ (the Leadership course/workshop/conference registration for which the teacher is requesting reimbursement) was not previously paid for, nor reimbursed by my program/agency/organization.

I can be contacted at \_\_\_\_\_ (phone or email) for any additional information.

\_\_\_\_\_  
Program Administrator/Supervisor's Name

\_\_\_\_\_  
Program Administrator/Supervisor's Signature

\_\_\_\_\_  
Date

## Leadership Training Cost Estimate

**You must provide all of the following:**

- Documentation of Leadership course/workshop/conference registration fees (which will need to be listed in the course syllabus/flyer to be eligible for the reimbursement)
- Proof of Leadership course/workshop/conference payments (receipt)
- Proof of Leadership course/workshop/conference's completion (transcript or certificates of attendance with numbers of hours attended)

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**Unit-bearing Leadership Coursework** *(Only complete if applicable)*

College/University: \_\_\_\_\_ City: \_\_\_\_\_

CD/ECE course number: \_\_\_\_\_ Units: \_\_\_\_\_

CD/ECE course title: \_\_\_\_\_

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Total estimated reimbursement: \$ \_\_\_\_\_

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**Local Early Education Planning Council (LPC) Approved Leadership Training**

*(Only complete if applicable)*

Organization providing training: \_\_\_\_\_

Where did the training take place (Address)? \_\_\_\_\_

Title of the Training: \_\_\_\_\_

Numbers of hours: \_\_\_\_\_ Date(s) of the Training: \_\_\_\_\_

Total reimbursement estimate: \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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. <div style="background-color: yellow; height: 15px; width: 100%;"></div>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> 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 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) * <b>Note.</b> 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.

**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.

<b>Social security number</b>											
					-				-		
<b>OR</b>											
<b>Employer identification number</b>											
					-						

## 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.

<b>Sign Here</b>	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](http://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.