

EARLY LEARNING COALITION OF SARASOTA COUNTY  
Child Care Connection

2886-C Ringling Blvd, Sarasota, FL 34237

Phone: (941) 556-1600 Fax: (941) 556-1606

**VPK ONLY PROVIDER INFORMATION CHECKLIST**

Provider/Site Name: \_\_\_\_\_

The following documentation is required in order for us to enter your site into our computer system and be able to process payments for your business.

The following forms must be completed and returned to Child Care Connection of Sarasota:

- Provider/Site Contact Form \_\_\_\_\_
- Electronic Funds Transfer Authorization \_\_\_\_\_
- Florida Fraud Law Signature Page \_\_\_\_\_
- ELC Provider Agreement \_\_\_\_\_
- Notification of Change Agreement \_\_\_\_\_
- W-9 \_\_\_\_\_

You must also provide a copy of:

- Child Care License (State Health Department) \_\_\_\_\_
- Occupational License – If your site is within city limits, both City and County Occupational licenses are required \_\_\_\_\_
- Tax Identification Documentation (IRS form, etc) \_\_\_\_\_
- If selecting payment by EFT, a blank voided check \_\_\_\_\_

Submit the above documentation to:

Child Care Connection  
2886-C Ringling Blvd.  
Sarasota, FL 34237  
Attn: Reimbursement Department

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**\* FOR OFFICE USE ONLY**

Verified For Completeness By \_\_\_\_\_

Date \_\_\_\_\_

EARLY LEARNING COALITION OF SARASOTA COUNTY  
Child Care Connection of Sarasota

2886-C Ringling Blvd, Sarasota, FL 34237

Phone: (941) 556-1600 Fax: (941) 556-1606

PROVIDER / SITE CONTACT FORM

This form must be completed in its entirety.

Provider / Site Name \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Site Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Director's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Is the Director the main contact person? Yes  No

Finance Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_

Attendance Sheet Processor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_

If this site is owned by someone not listed above\*:

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Is this site owned by multiple people? Yes  No

If yes, complete the below for each co-owner:

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

\* Detailed owner information is required on the Owner Information Form.

I verify the above information is correct and I am authorized to provide such information. I understand that if any of the above information changes, we are required to contact Child Care Connection's Provider Relations Department within 10 days of the change.

Signature of Person Completing Form \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Submit Completed form to:**

Child Care Connection of Sarasota  
2886-C Ringling Blvd  
Sarasota, FL 34237  
Attn: Provider Relations Department

**\*For Office Use Only**

Request Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_



**STATEWIDE SCHOOL READINESS  
PROVIDER CONTRACT AGREEMENT  
Association of Early Learning Coalitions  
2011 - 2012**

**I. PARTIES AND TERMS OF CONTRACT AGREEMENT**

1. This Provider Contract Agreement is entered into between the Early Learning Coalition of Sarasota County (hereinafter referred to as the "Coalition") and the Provider of School Readiness (SR) Program services, \_\_\_\_\_, *enter legal program name* (hereinafter referred to as the "Provider") with its principal offices located at \_\_\_\_\_ to provide school readiness services for the period of July 1, 2011 to June 30, 2012.

*This is a binding Contract Agreement between the Provider, as a School Readiness Program vendor, and the Coalition. This Contract Agreement holds the Provider responsible for adhering to the standards outlined in this Agreement, including the Coalition Policies and Procedures and the Coalition Plan, which are hereby incorporated by reference into this Agreement.*

2. The Provider certifies that each location at which the Provider offers the SR program meets all of the qualifications and requirements for offering the SR program established by statute, rule, licensing, local Coalition Policy and the terms of this Agreement at all times the Provider offers the SR program.

3. In the event the Provider has executed this Agreement on behalf of multiple SR sites, and fails to ensure compliance with all qualifications and requirements for offering the SR program at one or more locations listed in Attachment 3, the Coalition may demonstrate termination of this Agreement with respect to that location by striking through the location after following the termination processes outlined in this Agreement. This Agreement will remain in force and effect as to all locations in Attachment 3, which are not stricken.

4. This Agreement binds the successors, assignees, and legal representatives of the Provider and of any legal entity that succeeds to the obligations of the Coalition.

5. The Agreement is not transferable to another entity, corporation, owner. This Agreement is terminated within 24 hours of the Coalition receiving knowledge of the changes.

6. This Agreement is only valid to provide services at the location(s) listed. This Agreement is terminated within 24 hours of the Coalition receiving knowledge if the service location changes.

**II. PROGRAM REQUIREMENTS**

The Provider agrees to meet the following minimum standards consistent with the requirements and goals of the SR Program.

7. ***Utilize an Approved Curriculum that supports the implementation of the Florida Performance Standards (Section 411.01 (5)(c)2.a, Florida Statutes).*** The Provider must identify, report, and implement an approved curriculum. The Provider must utilize a curriculum approved by the Coalition or complete a curriculum approval application and submit the curriculum to the Coalition for review. Approval of the curriculum is at the discretion of the Coalition.

**8. Utilize a Character Development Program that supports the implementation of the Florida Performance Standards (Section 411.01 (5)(c)2.b, Florida Statutes).** The Provider must identify, report, and implement an approved character development program. A Provider may complete a curriculum approval application and submit another character development program to the Coalition for consideration for review. Approval of the Character Development Program is at the discretion of the Coalition.

**9. Complete the Program Assessment Process that supports the implementation of SR requirements in 411.01(4)(d)8., Florida Statutes.** The Provider is required to participate and cooperate in the Program Assessment Process and to correct all identified deficiencies in order to remain in compliance with this Agreement.

**10. Participate in the SR Child Screening Process designed to identify children in need of further evaluation for special needs (Section 411.01(5)(c)2. c, Florida Statutes).** The Provider is responsible for ensuring that all children whose care is funded by SR and who have parental consent receive a developmental screening as required by the Coalition.

**11. Participate in the pre/post SR Child Assessment Process (Section 411.01(5)(c)2.d, Florida Statutes).** The Provider is required to conduct child assessments as identified by the Coalition.

**12. Ensure Special Needs children are provided or referred.** Provider agrees to coordinate with the Coalition to ensure that children who have family consent and are identified with special needs are provided or referred to the needed therapeutic services in the children's natural environments.

**13. Provide parental access and support family involvement (45 CFR 98.31; Section 411.01(2)(a), Florida Statutes).** Parents or guardians must be afforded unlimited access to their children in SR Programs and provided with information and activities that involve them in decisions about their child's growth and development, recognizing them as a child's first teacher.

**14. Ensure SR Staff meet all professional development requirements (Sections 402.302 and 402.305, Florida Statutes).** Directors and staff must meet all training and education requirements and participate in the professional development registry.

### **III. PROGRAM ELIGIBILITY AND ADMINISTRATION**

**15. Meet and maintain state and local (if applicable) health and safety requirements in accordance with federal, state, and local requirements, statutes, and rules.(Section 411.01(5)(c)2.f., Florida Statutes).** The Provider must comply with all pertinent state and local health and safety requirements, including background screening, prevention and control of infectious diseases, childhood immunizations, building and physical premises safety, and minimum health and safety training. These requirements for a "healthy and safe environment" are applicable to all SR Providers, including unlicensed or license-exempt Providers.

**16. Provide business information and updates of any changes in a timely manner.** The Provider must provide program and business information for inclusion in the Child Care Resource and Referral Network and is responsible for ensuring that the Coalition has up-to-date business and contact (including emergency contact) information. The Provider is required to report any changes in contact or program information within two (2) business days to the Coalition in writing. Permanent business closings must be reported at least 30 days prior to changes. Temporary emergency closings must be reported immediately.

**17. Maintain a working landline or corded telephone.** The Provider is required to have a working landline or corded telephone available to make and/or receive phone calls at all times children are in care.

**18. Maintain access to a working email address.** The Provider is required to provide and monitor on a weekly basis a working email address for sending and receiving communications from the Coalition.

**19. Maintain record. (411.011, Florida Statutes).** The Provider is required to maintain records, including sign-in/sign-out sheets and attendance records, for audit purposes for five (5) years and allow Coalition staff and/or representatives access to SR records upon request. In the event that the Provider closes its business, SR records must be maintained for five (5) years for future audit purposes. Parents must be given access to their children's records upon request.

**20. Allow access to the SR Program and provide records as requested.** The Coalition is responsible for monitoring SR Programs compliance with the requirements of this Agreement and must be afforded full access to all areas of the Provider's site. SR records may be audited at any time during regular business hours, and the Provider is responsible for notifying the Coalition if records are maintained at a site other than where the SR Program is provided. Original parent sign-in/sign-out sheets will be provided to the Coalition as requested for monitoring. Failure to maintain accurate sign-in/sign-out sheets may result in loss of payment for any days in question.

**21. Comply with state child abuse and neglect reporting requirements.** The Provider is responsible for ensuring staff are knowledgeable and follow guidelines relative to child abuse and neglect reporting. If at any time an employee of the Provider is aware of or suspects that child abuse, neglect, or any other event reportable under Section 39.201, Florida Statutes, (incorporated by reference) has occurred, the employee is required to immediately report the known or suspected abuse or neglect to the Abuse Hotline at (800) 962-2873 via the Child Abuse Registry. The Coalition is also to be informed of the matter within one (1) hour of reporting to the Child Abuse Registry.

**22. Report unusual incidents to the Coalition.** The Provider is required to report unusual incidents to the Coalition within one (1) hour of learning of the incident and to submit a written report to the Coalition within three (3) business days. An unusual incident is any event involving the health and safety of children under the Provider's care that may place the Provider or the Coalition at risk of adverse media attention. Examples of unusual incidents include, but are not limited to: accusations of abuse or neglect against the Provider or the Provider's staff; criminal activity on the part of the Provider or the Provider's staff and serious accidents involving children or staff at the Provider's site or on field trips.

**23. Abide by provisions of the "Rilya Wilson Act" (Section 39.604, Florida Statutes).** A Rilya Wilson child is defined as any child receiving school readiness services as a result of an open abuse and neglect case. The Provider caring for a child in the Protective Supervision Program must immediately (within 24 hours) notify the community-based care agency, Safe Children Coalition, of any absences by emailing atriskabsence@sarasotaymca.org. Should the Provider be unable to email, the report may be faxed to 941-371-5439.

#### **IV. CHILD ELIGIBILITY AND ENROLLMENT**

**24. Enroll children for the SR Program only with written authorization from the Coalition.** The Provider must have enrollment authorization, as outlined in the Coalition Policies, prior to being eligible for reimbursement.

**25. Monitor eligibility status.** The Provider is only paid for children eligible and approved for services and is responsible for monitoring the ending date of eligibility identified by the Coalition.

**26. Maintain daily sign-in and sign-out sheets and submit accurate monthly attendance documentation.** The Provider is required to document attendance on a daily basis, accurately document absences, and review and submit monthly attendance to the Coalition. Daily sign-in/sign-out sheets must include, in ink, the time of arrival and departure of each child listed and parent/guardian/authorized designee full signature and may not be signed in advance, signed by child care staff, or altered by “white-out”. Computerized attendance sheets need to be able to generate attendance reports with date, time, and some identifying component such as signature or PIN.

**27. Notify the Coalition of child absences (F.A.C. 60BB,4.500 (2) (c)).** The Provider is required to notify the Coalition of any child with five (5) consecutive days of absence with no contact by the parent.

**28. Protect the confidentiality of child and family information (Section 411.011 (1), Florida Statutes).** The Provider must have all staff complete confidentiality agreements and have processes in place to protect the privacy of child and family information. Confidential information associated with the SR Program should only be available to the Provider, the parent/guardian, the Coalition or its representative, the Agency for Workforce Innovation, and federal agencies as required for audit and research information.

**29. Comply with nondiscrimination policies (45 Code of Federal Regulations 98.46).** The Provider may not refuse to admit a child for enrollment or discriminate against a parent or child based solely on the grounds of race, color, national origin, disability, or religion.

## **V. COMPENSATION AND FUNDING**

**30. Accept the reimbursement rate established and approved by the Coalition.** The Provider is paid based on budget availability, the Provider’s current rates, family eligibility, and the reimbursement rate established and approved by the Coalition. Rates may differ for individual children. The Provider is required to provide information concerning its published private child care rates and report any changes in their Gold Seal status. The total payment received by the Provider for a child whose care is funded by SR, including any Gold Seal differential, Coalition-approved parent fees, and subsidy shall not exceed the private rate charged by the Provider for a private pay child.

**31. Review the Monthly Reimbursement Statement.** Provider agrees to review the reimbursement summary provided with the monthly reimbursement statement. Provider agrees to immediately report any discrepancy, overpayment, or underpayment.

**32. Collect parent fees.** The Provider is responsible for collecting any fee from the parent/guardian that is designated by the Coalition to be paid by the parent/guardian including, but not limited to, parent fees, registration, activity, transportation, tuition and late-pick-up fees. Designated fees are automatically deducted from the Provider’s monthly reimbursement payment. The Provider must submit the school readiness scholarship parent fees report with the monthly attendance sheets.

**33. Complete direct deposit paperwork.** The Provider is required to establish a method of direct deposit in order to receive payments from the Coalition and **follow payment procedures**. The Provider is required to submit all required attendance records to the Coalition by the 2<sup>nd</sup> business day of each month.

**34. Return of funds.** The Provider must follow payment procedures adopted by the Coalition and must agree to return to the Coalition any funds received as a result of error and/or overpayment within the required timelines.

**35. Follow holiday and closing policies.** The Provider is required to follow the Coalition-approved holidays and closings, up to 12 days annually, and understands that reimbursement for these closing dates will only be received for qualified children.

**36. Maintain a Continuity of Operations Plan.** The Provider is required to maintain a plan that identifies the steps to be taken in the event of an emergency or natural disaster that may affect the safety of children and staff. The Coalition will provide compensation for closures due to natural declared disasters as recognized by the Agency for Workforce Innovation.

## **VI. NON-COMPLIANCE AND TERMINATION**

**37. Allow inspections for compliance.** The Provider is required to allow access and cooperate with the Coalition or its representatives and the Agency for Workforce Innovation to inspect and monitor the SR Program in accordance with the Coalition Plan and copy records pertaining to the SR Program during all business hours.

**38. Comply with terms of this Agreement.** Provider agrees the Coalition may require corrective action, withhold funds, or terminate this Agreement if the Provider fails to comply with the requirements of federal, state, and local laws, federal regulations, Agency rules, regulations and policies, or this Agreement. If Provider refuses delivery of the notification (by any method), the Coalition shall document it and may terminate this Agreement. Actions taken under this paragraph are subject to dispute resolution as described in this Agreement. See Section VII.

**39. Agree to termination due to lack of funding.** The Provider and the Coalition recognize that federal and state funding is the primary source of support for the SR Program and that this Agreement may be terminated due to lack of funding with 24-hour notice.

**40. Agree to termination upon mutual consent.** The Provider and the Coalition may agree to terminate this Agreement by mutual consent. Written notice of termination must be given and alternative arrangements for uninterrupted services for children served under this Agreement shall be made at least 30 calendar days before the termination date.

**41. Comply with Coalition decisions to terminate.** The Provider understands that the Coalition has the right to terminate the Agreement at any time for Cause. "Cause" is defined as: (a) Action, or lack of action, which threatens or potentially threatens the health, safety or welfare of children; (b) The failure to comply with the terms of the Agreement or policies, laws, rules, or regulations referenced therein, or the violation of any laws, rules, or regulations regarding SR promulgated by the State of Florida; (c) Acts of fraud or other forms of misconduct that threaten the integrity of the SR Program or Coalition; and/or (d) any other issue that the Coalition deems inconsistent with Coalition policies. Termination for cause as identified as (a) (Action, or lack of action, which threatens or potentially threatens the health, safety, or welfare of children) may be made with 24 hour notice. Termination for other cause (b-d) may be made with 30 days notice.

**42. Maintain a child care license.** The Coalition may immediately terminate this Agreement upon revocation/suspension/termination of Provider's licensure, accreditation, or ability to legally operate, as applicable.

**43. Failure to comply with the terms of the Agreement.** If a Coalition terminates the Provider's Agreement for any reason other than intentional misrepresentation (see #44), the Provider is disqualified from receiving SR funding for a minimum period of 12 months unless otherwise noted by the Coalition in writing.

**44. *Intentional misrepresentation.*** If after investigation the Provider has intentionally misrepresented enrollment or attendance for funds related to the SR programs, the Coalition shall permanently disengage services of that Provider. Providers understand that falsifying records to obtain School Readiness Program funds is a criminal offense. Any suspected fraudulent activity will be referred to the Florida Department of Law Enforcement (FDLE) for investigation.

**45. *Engaging in misrepresentation.*** Provider agrees that they shall not use their position as a SR Provider to engage in any activity, or be a party to, any form of deception, misrepresentation, falsification, fraudulent or unlawful behavior in order to affect a personal gain, or the personal gain of any relative, friend or business associate.

## **VII. DISPUTE RESOLUTION**

**46. *Follow procedures regarding the right to appeal.*** The Provider has the right to appeal after exhausting all possible contract remedies according to the dispute resolution policies of the Coalition. Rights to appeal and the dispute resolution policies and procedure as incorporated by reference and may be accessed at the Coalition website.

**47. *Agree to litigation venue.*** The parties acknowledge that this contract shall be construed and enforced in accordance with the laws of the State of Florida. The parties further agree that any litigation brought arising out of this contract will be brought in Sarasota County, Florida, and not in any other state or county.

## **VII. INDEMNIFICATION AND INSURANCE**

**48. *Accept liability for actions of agents, employees, partners.*** The Provider is fully liable for the actions of its agents, employees, partners and shall indemnify, defend, and hold harmless the Coalition, the Agency for Workforce Innovation, and their officers, agents, employees and sub-contractors from suits, actions, damages, and costs of every name and description, including reasonable attorneys' fees, arising from or relating to personal injury and damage to real or personal tangible property to the extent caused by the Provider, its agents, employees, partners, and sub contractors. If the Provider is a county government, public school, or school district, this paragraph is limited to the extent required by section 768.28, Florida Statutes.

**49. *Maintain child care liability insurance.*** The Provider is expected to maintain sufficient Child Care Liability Insurance coverage, including coverage of transportation of children if applicable (modified for Sarasota).

## **IX. COALITION RESPONSIBILITIES**

**50. *Adhere to fraud reporting requirements.*** The Coalition and its representatives are required to report to appropriate agency Law Enforcement Agency for further investigation cases where there is sufficient reason to believe that a Provider has knowingly provided or submitted any fraudulent information.

**51. *Uphold regulation standards.*** The Coalition and its representatives will report any identified regulation deficiencies to the appropriate Law Enforcement Agency, local licensing authorities, accrediting bodies, or related state or federal agencies.

**52. *Support the provision of quality SR services.*** The Coalition supports all licensed and license-exempt public and private centers, family child care homes and informal child care providers in the provision of quality SR services. The Coalition will provide training, technical assistance, and other means of support to any Provider who would like help in meeting these quality standards as funding is available and according to Coalition Plan priorities.

**53. Uphold this Agreement.** The Coalition and its representatives will monitor compliance of all requirements of this Agreement, and contingent upon funding, will provide information and assistance as specified in this Agreement.

**X. ADDITIONAL TERMS AND CONDITIONS**

**54. Understand and agree to Coalition’s right to monitor.** The Provider understands and agrees the Coalition has the right to monitor the Provider’s compliance with the Provider Agreement, legal requirements and Coalition policies. The Coalition will review the Provider’s compliance and evaluate the Provider’s past and present performance when considering renewal.

**55. Severability.** If any provision of this Contract is held to be unenforceable by a court of competent jurisdiction, the remaining terms and conditions remain in full force and effect.

**56. Contacting the Coalition.** The representative for the Coalition for this Agreement is Joyce Miller-Porter who can be contacted at the Early Learning Coalition of Sarasota County Child Care Connection by telephone at 941-556-1600 ext. 110 or by email [jmiller@childcareconnectionsarasota.org](mailto:jmiller@childcareconnectionsarasota.org). The alternate contact person is Cleshia Woodie who can be contacted at the Early Learning Coalition of Sarasota County Child Care Connection by telephone at 941-556-1600 ext. 103 or by email [cwoodie@childcareconnectionsarasota.org](mailto:cwoodie@childcareconnectionsarasota.org).

The representative of the Provider responsible for the administration of the program under this Agreement is:

Name	
Address	
Telephone	
Email	

In the event that either party designates different representatives after execution of this Agreement, notice of the name and contact information of the new representative will be rendered in writing to the other party within two (2) days of change and said notification attached to originals of this Agreement.

**57. Failure to exercise.** The failure of the Coalition to exercise any of its rights or to enforce any of the provisions of this Agreement on any occasion shall not be a waiver of such right or provision, nor affect the Coalition's rights thereafter to enforce each and every provision of this Agreement.

**58. Acting as an independent contractor.** The parties each acknowledge that it is acting as an independent contractor. Neither party, nor any of their respective representatives, employees or agents shall be construed to be the agent, employee, servant or representative of the other, and neither party shall have the power and authority to act on behalf of or bind the other party.

**59. Execution of Agreement.** This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which shall constitute one and same instrument.

60. This Agreement constitutes the only Agreement, and supersedes all prior Agreements and understandings both written and oral, among the parties with respect to the subject matter hereof. All Attachments hereto are a material part of this Agreement and are incorporated by reference. This Agreement, including any Attachments hereto, may not be amended or modified, except in writing and signed by all parties to this Agreement.

**XI. COMMITMENT OF INTENT**

The Provider agrees to tell the truth on all information. Provider acknowledges that providing information in order to obtain benefits, payments or reimbursement to which they are not entitled, or to increase the benefits, payments or reimbursements, is unlawful. Provider understands that if they knowingly provide false information, omit requested information, sign inaccurate attendance documents or fail to promptly report changes which could directly affect eligibility as a school readiness provider, the following could occur: (a) Provider may be required to pay back unauthorized payments and/or denied further participation in the program; and (b) Provider may be referred to the Department of Finance, Public Assistance Fraud Division for further investigation.

It is understood that by signing this Agreement, the Provider acknowledges they are in full compliance with all applicable laws, rules, and policies of the Coalition.

**The Provider or Provider’s authorized representative hereby acknowledges that he/she has read and understands the Provider Agreement and that the Provider agrees to comply with the terms and conditions for provision of SR services as provided herein and in any referenced materials and attachments.** This Contract Agreement does not require or guarantee placement of children in the Provider's School Readiness program. Children are placed with providers based on parental choice, funding availability, current capacity, and compliance with required standards. This Agreement is not transferable and non-assignable upon sale or assignment of the Provider’s business. SR Services must be provided at the identified address(es) .

IN WITNESS THEREOF, the parties have caused this 11 page Agreement including accompanying Attachments 1 - 3 to be executed by their undersigned officials as duly authorized.

\_\_\_\_\_  
Name of Provider (please print)

\_\_\_\_\_  
Signature of Provider or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Provider Social Security or Federal Identification number

\_\_\_\_\_  
License number

\_\_\_\_\_  
Janet Kahn  
Executive Director  
Early Learning Coalition of Sarasota County

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial here

## Attachment 1



## Local Addendum to STATEWIDE SCHOOL READINESS PROVIDER CONTRACT AGREEMENT 2011 - 2012

Early Care and Education Site Name (legal name on license or on license-exempt certificate): \_\_\_\_\_

### **I. Curriculum, Screening, and Assessment Tools**

Please complete the following information:

- The curriculum currently implemented at my site is: \_\_\_\_\_
- The character development curriculum currently implemented at my site is: \_\_\_\_\_
- The tool used to screen children at my site is: \_\_\_\_\_
- The instrument used to assess children at my site is: \_\_\_\_\_

### **II. Early Care and Education Providers establish an appropriate environment for children.**

- The Provider will promote positive relationships among all children and adults to encourage each child's sense of individual worth and to foster each child's ability to contribute as a responsible community member. At a minimum the provider shall:
  - ✓ Develop and implement a child discipline policy that demonstrates the use of positive, realistic and developmentally appropriate guidance/discipline techniques.
  - ✓ The program is prohibited from using corporal punishment (i.e. spanking) or any discipline methods that hurt, humiliate or frighten children or any discipline techniques associated with food, rest, or toileting.
  - ✓ Distribute a copy of the child discipline policy to 100% of the children's parents/guardians and staff.
  - ✓ Practice the principles of PBS-Positive Behavior Support and other techniques to fully support the social and emotional well being of young children.
  - ✓ Request assistance for a challenging child and notify the Coalition prior to making a decision to ask a child to leave the program.

### **III. Early Care and Education Providers operate in a professional manner and strive to create a high quality early care environment**

- Provider commits to work toward maintaining and improving the quality of their early child care center or home, and meet or exceed the state legislative requirements for school readiness and early learning standards.
- Provider works towards goals identified in a Quality Improvement Plan as either part of the Look for the Stars QIS or an Improvement Plan in response to any monitoring or assessment process, according to ELC guidelines.
- Providers stay updated on new research and developments in the field of early learning, and promote and support professional development among staff.
- Providers agree to stay informed by reading pertinent notices, coalition e-mails and/or newsletters, attending scheduled provider meetings and/or coalition meetings, participating in training and other informational sessions and by accessing the SCHD and/or state licensing website, other relevant state websites and/or ELC website to get current updates.

\_\_\_\_\_  
Initial here

## Attachment 2

### **GENERAL ASSURANCE CERTIFICATION**

The Agency for Workforce Innovation and the Coalition are mandated to provide oversight and establish policies for SR funding (Section 411.01, Florida Statutes). Pertinent rules and regulations that SR Providers are required to adhere to under this Agreement may be accessed at the following websites:

The following are incorporated by reference:

Federal Child Care Development Funds Laws (45 Code of Federal Regulations 98):

[http://www.access.gpo.gov/nara/cfr/waisidx\\_02/45cfr98\\_02.html](http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr98_02.html)

Florida School Readiness Laws (Chapter 411, Florida Statutes) and Rules (Chapters 60BB-4 and 60BB-8, Florida Administrative Code; Florida Child Care Development Fund Plan):

<http://www.floridajobs.org/earlylearning/IMPI.html>

Child Care Licensing Standards and Information (Section 411.01, Florida Statutes; Chapter 402, Florida Statutes; Chapter 65C-22, Florida Administrative Code, for centers and Chapter 65C-20, Florida Administrative Code, for family child care homes), as applicable: <http://www.dcf.state.fl.us/childcare//laws.shtml>

Local Child Care Licensing Standards and Information, as applicable. License exempt programs are expected to comply with all licensing requirements including the use of age appropriate discipline.

Rilya Wilson Act (Section 39.604, Florida Statutes)

Local Coalition Plan – School Readiness (also referred to as Early Learning) Laws charge the Coalition with development of a local plan to establish priorities and services based on a local needs assessment. An addendum to this Agreement may be attached that details the Coalition Plan priorities and services reflecting local needs and resources. The Coalition Plan and its corresponding policies are incorporated by reference.

Adult and Child Care Food Program – Providers participating in this program must comply with all provisions:

<http://www.fns.usda.gov/cnd/Care/Regs-Policy/Regulations.htm>

Attachment 3



Provider's Additional Site Information  
**STATEWIDE SCHOOL READINESS**  
**PROVIDER CONTRACT AGREEMENT 2011 - 2012**

**Provider's Primary Site Name** (legal name on license or on license-exempt certificate): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

License # \_\_\_\_\_ **or** if License Exempt check here: \_\_\_\_\_

**Provider's #2 Site Name** (legal name on license or on license-exempt certificate): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

License # \_\_\_\_\_ **or** if License Exempt check here: \_\_\_\_\_

**Provider's #3 Site Name** (legal name on license or on license-exempt certificate): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

License # \_\_\_\_\_ **or** if License Exempt check here: \_\_\_\_\_

**Note:** For more locations, please copy this form and attach additional site information.

\_\_\_\_\_  
Initial here

EARLY LEARNING COALITION OF SARASOTA COUNTY

Child Care Connection of Sarasota

Connecting Families to Resources for Quality Early Childhood Education

2886-C Ringling Blvd., Sarasota, FL 34237

Office: (941) 556-1600 Fax: (941) 556-1606

**MAIN OFFICE**

Child Care Connection  
2886-C Ringling Blvd  
Sarasota, FL 34237  
Office: (941) 556-1600  
Fax: (941) 556-1606



**Venice One-Stop**

Jobs Etc.  
897 East Venice Ave  
Venice, FL 34285  
Office: (941) 486-2682  
Fax: (941) 480-3098

**EFT – No Hassle, Faster Payments**

May 19, 2011

Dear Provider;

In our attempt to better serve our valued providers, we offer EFT (Electronic Funds Transfer) for direct deposit of provider reimbursement payments. If you choose to take advantage of this system, your monthly reimbursement will be directly deposited into an account of your choice no later than the 15<sup>th</sup> of each month.

In order to complete this process, we need specific information from each provider. This information is collected on the *Electronic Funds Transfer (EFT) Authorization* form.

Please return the completed form, along with a blank voided check for the bank account indicated on the form, to the following address:

**Child Care Connection of Sarasota**

2886-C Ringling Blvd  
Sarasota, FL 34237

Attn: Provider Relations Dept.

The form may also be placed in the locked drop box by the front door of the above location or faxed to (941)556-1606.

The banking information will be effective the upcoming reimbursement period as long as all required information has been provided and verified, and a voided check for the appropriate account has been received by the 25<sup>th</sup> of the month. To ensure that funds are not posted to an incorrect or closed account, any authorization form received after the 25<sup>th</sup> of the month will not go into effect until the next reimbursement period and the current reimbursement will be processed as a manual check.

If you decide you do not wish to have your reimbursement payments electronically deposited into your bank account, you must specify that you are declining this method of payment by checking the "Decline EFT" box provided on the Electronic Funds Transfer Authorization form and sign the form. By declining the EFT payment method, you are selecting to be paid by check. Checks are mailed by the 20<sup>th</sup> of every month.

If you have any questions, please feel free to contact the Provider Relations Department at either of the below numbers.

**Giovanna Florence**

Reimbursement Support Specialist  
Child Care Connection of Sarasota  
2886-C Ringling Blvd.  
Sarasota, FL 34237  
Office: 941-556-1600 extension 114  
Fax: 941-556-1606  
gfflorence@childcareconnectionsarasota.org



**EARLY LEARNING COALITION OF SARASOTA COUNTY**  
**Child Care Connection of Sarasota**  
**Subsidized Child Care**

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**Florida Fraud Law**

Page 1 of 2

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**Chapter 414 / 414.39**

1. Any person who knowingly:

- (a) Fails, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in making a determination as to such person's qualification to receive public assistance under any state or federally funded assistance program;
- (b) Fails to disclose a change in circumstances in order to obtain or continue to receive any such public assistance to which he or she is not entitled or in an amount larger than that to which he or she is entitled; or
- (c) Aids and abets another person in the commission of any such act, is guilty of a crime and shall be punished as provided in subsection (5).

2. Any person who knowingly:

- (a) Uses, transfers, acquires, traffics, alters, forges, or possesses, or
- (b) Attempts to use, transfer, acquire, traffic, alter, forge, or possess, or
- (c) Aids and abets another person in the use, transfer, acquisition, traffic, alteration, forgery, or possession of, a food stamp, a food stamp identification card, an authorization, including, but not limited to, an electronic authorization, for the purchase of food stamps, a certificate of eligibility for medical services, or a Medicaid identification card in any manner not authorized by law is guilty of a crime and shall be punished as provided in subsection (5). For the purposes of this section, the value of an authorization to purchase food stamps shall be the difference between the coupon allotment and the amount paid by the recipient for that allotment.

3. Any person having duties in the administration of a state or federally funded public assistance program or in the distribution of public assistance, or authorizations or identifications to obtain public assistance, under a state or federally funded public assistance program and who:

- (a) Fraudulently misappropriates, attempts to misappropriate, or aids and abets in the misappropriation of, a food stamp, an authorization for food stamps, a food stamp identification card, a certificate of eligibility for prescribed medicine, a Medicaid identification card, or public assistance from any other state or federally funded program with which he or she has been entrusted or of which he or she has gained possession by virtue of his or her position, or who knowingly fails to disclose any such fraudulent activity; or
- (b) Knowingly misappropriates, attempts to misappropriate, or aids or abets in the misappropriation of, funds given in exchange for food stamps or for any form of food stamp benefits authorization, is guilty of a crime and shall be punished as provided in subsection (5).

4. Any person who:

- (a) Knowingly files, attempts to file, or aids and abets in the filing of, a claim for services to a recipient of public assistance under any state or federally funded public assistance program for services that were not rendered; knowingly files a false claim or a claim for nonauthorized items or services under such a program; or knowingly bills the recipient of public assistance under such a program, or his or her family, for an amount in excess of that provided for by law or regulation;
- (b) Knowingly fails to credit the state or its agent for payments received from social security, insurance, or other sources; or
- (c) In any way knowingly receives, attempts to receive, or aids and abets in the receipt of, unauthorized payment or other unauthorized public assistance or authorization or identification to obtain public assistance as provided herein, is guilty of a crime and shall be punished as provided in subsection (5).

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**Chapter 414 / 414.39**

5. (a) If the value of the public assistance or identification wrongfully received, retained, misappropriated, sought, or used is less than an aggregate value of \$200 in any 12 consecutive months, such person commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (b) If the value of the public assistance or identification wrongfully received, retained, misappropriated, sought, or used is of an aggregate value of \$200 or more in any 12 consecutive months, such person commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (c) As used in this subsection, the value of a food stamp authorization benefit is the cash or exchange value unlawfully obtained by the fraudulent act committed in violation of this section. (d) As used in this section, "fraud" includes the introduction of fraudulent records into a computer system, the unauthorized use of computer facilities, the intentional or deliberate alteration or destruction of computerized information or files, and the stealing of financial instruments, data, and other assets.

6. Any person providing service for which compensation is paid under any state or federally funded public assistance program who solicits, requests, or receives, either actually or constructively, any payment or contribution through a payment, assessment, gift, devise, bequest or other means, whether directly or indirectly, from a recipient of public assistance from such public assistance program, or from the family of such a recipient, shall notify the Department of Children and Family Services, on a form provided by the department, of the amount of such payment or contribution and of such other information as specified by the department, within 10 days after the receipt of such payment or contribution or, if said payment or contribution is to become effective at some time in the future, within 10 days of the consummation of the agreement to make such payment or contribution. Failure to notify the department within the time prescribed is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

7. Repayment of public assistance benefits or services or return of authorization or identification wrongfully obtained is not a defense to, or ground for dismissal of, criminal charges brought under this section.

8. (a) The introduction into evidence of a paid state warrant made to the order of the defendant is prima facie evidence that the defendant did receive public assistance from the state.
- (b) The introduction into evidence of a transaction history generated by a Personal Identification Number (PIN) establishing a purchase or withdrawal by electronic benefit transfer is prima facie evidence that the identified recipient received public assistance from the state.

9. All records relating to investigations of public assistance fraud in the custody of the department and the Agency for Health Care Administration are available for examination by the Department of Law Enforcement pursuant to s. 943.401 and are admissible into evidence in proceedings brought under this section as business records within the meaning of s. 90.803(6).

10. The department shall create an error-prone or fraud-prone case profile within its public assistance information system and shall screen each application for public assistance, including food stamps, Medicaid, and temporary cash assistance, against the profile to identify cases that have a potential for error or fraud. Each case so identified shall be subjected to pre-eligibility fraud screening.

I have read all above information and understand that it is my duty to ensure all information given to Child Care Connection of Sarasota is accurate and truthful throughout my use of the services. I understand that services may be denied and that I may be subject to criminal prosecution for knowingly providing incorrect information at any time while services are given. Services are defined as any service the Child Care Connection of Sarasota provides to a client and any service the Child Care Connection of Sarasota provides to a provider which include payment of services. By signing this form, I acknowledge receipt of a copy of my rights and responsibilities and that they have been explained to me.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of child care facility (if applicable)

## 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	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 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								
OR								
Employer identification number								

**Note.** If the account is in more than one name, see 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. person (including a U.S. resident alien).

**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 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

In 3 above, 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

EARLY LEARNING COALITION OF SARASOTA COUNTY  
Child Care Connection of Sarasota

2886-C Ringling Blvd, Sarasota, FL 34237

Phone: (941) 556-1600 Fax: (941) 556-1606

**NOTIFICATION OF CHANGE AGREEMENT**

\_\_\_\_\_  
Provider/Site Name

I, \_\_\_\_\_, acknowledge that I must notify Child Care Connection of Sarasota of any changes in provider information within 10 business days of the effective date of change. This information includes but is not limited to:

- Change of ownership
- Change of site and/or mailing address
- Change in contact numbers
- Change of provider contact person
- Change in Tax Identification number
- Change of Direct Deposit (EFT) information
- Change in Gold Seal Accreditation Status – New, Renewed or Lapsed
- Notice of closure

Failure to do so may result in withholding of reimbursement payment until Child Care Connection of Sarasota receives the information.

\_\_\_\_\_  
Signature of Authorized Provider Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Submit Completed form to:**

**Child Care Connection of Sarasota**  
2886-C Ringling Blvd  
Sarasota, FL 34237

\_\_\_\_\_  
***\*For office use only***

Request Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_