Early Learning Scholarship





Application/ Approval Process

Application Process:

- 1. Provider completes application
 - a. Attach all necessary documentation required.
- 2. Family completes application
 - a. Attach all necessary documentation required.
- 3. All incomplete, unsigned paperwork will be held or returned to applicant.

Contact Buffalo County Community Partners Early Childhood Coordinator at earlychildhood@bcchp.org to request an application.

Processing Procedure:

- Application returned to earlychildhood@bcchp.org
- All scholarships are reviewed on an individual basis.
- Grant Cycle runs from October 1, 2021-September 20, 2022
- **Deadline:** All applications must be submitted by 5:00 p.m. on August 1, 2022.
- All non-emergency scholarship applications shall allow three to four weeks for processing.

Short Term or Emergency Scholarships:

Based on the many variables families' experience there may be a situation where a
family needs either a short term or one-time emergency scholarship. Based on the
availability of funds, a scholarship may be awarded.



Early Learning Scholarship Checklist

The Early Learning Scholarships program is intended to support working families in meeting the high cost of quality care for children 6 week-6years in full/day full/year settings (not attending kindergarten) or attending program due to a need for care that extends beyond the hours provided by a publicly funded program (i.e. wrapping hours around Head Start or Public Preschool).

Providers please use the following checklist to assure that you and the family have filled out and signed the proper documents, along with submitting all supporting documents needed.

Early Learning Application / Letter of Commitment for Child Care Providers (Provider Information)
Signed and dated by the Director/Owner
Early Learning Scholarship Family Application
A copy of all documents needed
Last three paystubs of each adult
Copy of child care subsidy determination letter
Signed and dated by Parent
Early Learning Scholarship Fee Agreement
Signed and dated by the Provider
Signed and dated by the Parent
Della Facella and Object for each Oblitational Sec
Daily Enrollment Sheet for each Child applying
A copy of Providers' rates
An invoice for the enrollment fee (only if bill is past due)
Must show dates being billed
Child name
Amount owed
If you have any questions please contact us at earlychildhood@bcchp.org or at 308-233-4681
Leslie Martin
Early Childhood Community Coordinator Buffalo County Community Partners





Buffalo County Early Learning Scholarship Family Application

Date:						
Parent(s)/Guardian(s) Name(s):_						
Address	0	City	State		Zip	
Code: Phone:						
# of adults in your household		#	of children in your househo	old		
Child(ren)'s Name	Birthdate	Λαο	Child Care Broarem	FT	PT	Monthly
(only those attending child ca		Age	Child Care Program Name/Provider	[]	FI	Rate
*Copy of child care subsidy determ	ination letter must be	included v	vith application			
Reason for not qualifying for State S	Subsidy: ∐Over incor	me ∐ G	raduate school ∐Other	(please	explaii	n below)
Monthly gross income (before taxe	s) from amployment:	Adult #1	. da	.l+ #2 ¢		
,	,			JIL #∠ Ψ		
How often are you paid? Adult a (Please attach last three paycheck stu			#2sehold. These must be provide	ded to pr	ocess t	his application)
			·	-		,
Please indicate additional source	e(s) of income by fil	lling in th	e amount received <u>per m</u>	nonth:		
State Assistance \$	ADC Unemployme	ent 🗆 Ot	her (please specify)			
Child Support \$ Alir	limony \$ Food Stamps \$		tamps \$ Ho	Housing Assistance \$		
Other (Private) \$						
, ,			_	_		
Have you received Aid to Dependent	Children (ADC) assista	ance within	the last six months? \square Ye	s∐N)	
Additional information you woul	d like to share to he	elp us det	ermine your tuition assis	stance:		
		•				
The information I have provided above	o io aggresso to the bac	4 of my lene	vuladaa Any diaarananaisa	vill offor	4 4bo 411	ition aggiatance l
The information I have provided above may or may not receive. I also unders		=				
may or may not reserve, raise unders	and that it is my oblige		are program or any and c		o onang	,00.
Signature:			Da	te:		



Early Learning Scholarship Family Application

Date:						
Parent(s)/Guardian(s) Name(s):						_
Address	ddress City State			7	ip Code	:
Phone:		Email:				
# of adults in your household		_ #	of children in your househ	old		
Child(ren)'s Name (only those attending child care)	Birthdate	Age	Child Care Program Name/Provider	FT	PT	Monthly Rate
*Copy of child care subsidy determina Reason for not qualifying for State Sul	_			r (please e	explain b	elow)
Monthly gross income (before taxes) f	from employment: Ad	dult #1 \$_	A	dult #2 \$_		
How often are you paid? Adult #1 (Please attach last three paycheck stu				ovided to	process	this application)
Please indicate additional source(s) of	income by filling in th	ie amount	received <u>per month</u> :			
State Assistance \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DC Unemployme	nt 🗆 Ot	her (please specify)			
Child Support \$ Alimony \$ Food Stamps \$ Housing Assistance \$						
Other (Private) \$						
Have you received Aid to Dependent C	hildren (ADC) assistand	ce within t	he last six months?	es 🗆 N	0	
Additional information you would like	to share to help us det	ermine yo	ur tuition assistance:			
The information I have provided above may or may not receive. I also understa						
Signature:				Date:		



Early Learning Fund Provider FAQs

How can child care facilities use funding?

The Early Learning Scholarship will make funds available on a reimbursement basis to pre-qualified early childhood providers who are enrolled in Nebraska's Step Up to Quality rating system (and/or are nationally accredited) and are committed to accepting low-income families. Funding will be available to providers for tuition assistance for families who cannot afford some or all the tuition. The funding will be used to provide tuition assistance so more of Nebraska's infants, toddlers and preschoolers facing the greatest odds may attend quality early childhood programs.

Providers will determine how many additional infants, toddlers, and preschoolers from low-income families they will serve and what tuition assistance is needed for these children. Communities will request funding in an application to Nebraska Children and Families Foundation. Providers will work with their community coordinator to supply information for the community scholarship and request reimbursement funds.

Funding will be made on a reimbursement system based on the number of children the provider serves through the scholarship program. Any modifications to the award or number of children served needs to be submitted to the designated community coordinator in writing for approval.

What is the Federal Poverty Level?

The 2020 <u>Federal poverty level</u> (FPL) is a measure of income issued by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits.

The current FPL for a family of 4 is \$26,200/year. This is also considered 100% of the federal poverty level. Tuition assistance from the Early Learning Scholarship is available to eligible providers to help families who earn up to 200% of the FPL (for a family of 4 that is \$52,400/year).

If my child care facility has multiple locations, can I complete one application for all of them? Providers must complete an Early Learning Scholarship application for each location/facility that is providing child care and meets the Early Learning Scholarship eligibility requirements. These applications will be submitted to the designated community coordinator.





Early Learning Scholarship Fee Agreement

Date:	
Name of Facility:	
Address of Facility:	<u>-</u>
Parent(s)/Guardian(s) Name(s):	
Name of child:	
Tuition assistance per child provided will be:	per week/month/one time emergency (circle one)
Provider Signature:	Date:
Parent Signature:	Date:
an Early Learning Scholarship, maintain the documentat	e to obtain all required documentation to determine eligibility of ion, and have available for review. I agree to obtaining daily uired project coordinator with an invoice for the Early Learning
Pay to:	
Address:	
Provider Signature:	Date:
• •	nin all required documentation for the Early Learning Scholarship her identified required documentation to the fiscal sponsor.
Project Coordinator:	Date:
Fiscal Sponsor recognizes provider/payee as a recipient	of the Early Learning Scholarship reimbursement:
Fiscal Sponsor Signature:	Date:





Buffalo County

Early Learning Scholarship
Application / Letter of Commitment for
Child Care Providers

The goal of the Early Learning Scholarship is to increase access to high quality care for young children in low and moderate earning families in Nebraska. Funding is being made available to providers engaged in delivery of quality early learning environments and experiences for young children. Participating child care providers are providing ongoing learning, continuous quality improvement, and supporting their early childhood professional workforce through improvements in wages and benefits.

The Early Learning Scholarship is intended to support working families in meeting the high cost of quality care for children six weeks through age 6 (pre-school only) in full day/full year settings or attending the Program due to a need for care that extends beyond the hours provided by a publicly funded program (i.e. wrapping hours around Head Start or Public Preschool).

Eligibility for Child Care Center and Family Child Care Homes:

Child care providers interested in participating in the Early Learning Scholarship opportunity must meet the following qualifications:

- Licensed and in good standing
- Enrolled in Step Up to Quality and have a plan to achieve Step 2 or higher within 12 months, and/or nationally accredited
- Offer full-time, year-round services
- Programs must have a contract (or be willing to obtain a contract) with the Nebraska
 Department of Health and Human Services to provide care for families on child care
 subsidy and must be serving at least one child (or be willing to serve children) on subsidy
- Implementing or planning to implement social emotional curricula such as Pyramid Model, Second Step, etc.
- Providing Infant/Toddler Care
- Programs must have or will agree to put a process in place to assure that potentially eligible families are receiving state subsidized dollars before a scholarship is awarded
- Agree to provide and maintain systems for detailed records of tuition assistance provided to eligible families, including attendance records
- Agree to provide required data for a collective evaluation
- Agree to keep completed family applications for scholarship program current and on file
- Agree to submit monthly reimbursement forms to Early Childhood Community Coordinator or designated community coordinator
- Regular communication with the Early Childhood Community Coordinator or designated community coordinator

Provider Name/Business	Name:						
Director/Primary Contact	::						
Address: Zip		_ City		State _			
Email Address:							
Phone Number:							
		ider Informa					
Mark One:	Mark One: Number of children enrolled by age group:			ge group:			
Licensed Child Care Center	Nonprofit For profit Nonprofit			Infant	Toddler	Preschool	School Age
Licensed Family Home I Licensed Family Home II	For profit Nonprofit For profit	:	Full-time				
Step Up to Quality Rating (mark one):			Part-time				
Step 1 Step 2 Step 3 Step 4			Years of ser	vice:			
Step 5 N/A (if Nationally Accredite	d)		Total progra	am enrollr	nent:		
			served	-		-income child	
Number of currently enrolled children receiving child care subsidy:			ing state				
Number of children currently receiving privately funde tuition assistance:				y funded			
			Number ant Learning Sc			ition Assistan	ce/Early
If not nationally accredited or at Step U	p to Quality Step 2, p	olease include narra	ative of plan to	o become	nationally ac	ccredited OR	

If not nationally accredited or at Step Up to Quality Step 2, please include narrative of plan to become nationally accredited OR reach Step 2 or higher in the next 12 months:

How will you provide information and outreach to attract low to moderate income working families?				
What are your plans to continue to increase qu	ality in your program?			
Provider agrees to provide, as requested, aggre	gated data and information regarding:			
	d full-time (break out by ages served) o Retention nation on reason for leaving program o Annual			
 Race and ethnicity of children served 				
 Funding allocated per eligible child 				
 Kindergarten readiness/individual child 	lren's development and growth.			
• Level of quality as measured by Step U	p to Quality			
• Teacher pay and benefits				
Teacher education and training levelsTeacher retention				
1 eacher retention				
o Exit information				
o Satisfaction survey annually				
Provider Commitment:				
I/We agree to promote the Early Learning Schofunding from the Early Learning Scholarship v by our program on a full-time basis. I/We agree program per the Step Up to Quality standards.	will only be used for low-income children served ee to continue improving the quality of our			
Director/Owner	Date			