

Focused Child Care Network Participation Funds Application

Terms for Receiving FCCN Participation Funds

Who is eligible? Licensed or license-exempt providers and programs participating in a Focused Child Care Network (FCCN) with a start date on or after January 1, 2021 that have not previously received two years of FCCN Participation Payments or FCCN Support & Incentives funds.

How much can programs receive? \$1,250-\$1,750 per year (2 payments) totaling \$2,500 - \$3,500 (depending on program capacity).

Is Spark participation required? No, Spark participation is not required. If you would like to participate, additional funds and supports are available. For more information and to get started, go to oregonspark.org.

What is the process for receiving funds?

Year 1:

- Join an FCCN and sign an FCCN participation agreement with your Quality Improvement Specialist (QIS) at your local CCR&R.
- Work with your QIS to choose at least 1 meaningful goal to complete over the next year.
- **Complete and submit this form, with your QIS signature, to apply for year 1 funds.**
- Work on achieving your goal(s) with help from your QIS and meet other terms of your agreement during the year.

Year 2:

- Review the progress toward your year 1 goal(s) with your QIS and choose at least 1 goal for year 2.
- **Complete and submit this form, with your QIS signature, to apply for year 2 funds.**
- Continue to work on your year 2 goal(s) with your QIS and meet other terms of your agreement during the year.

How do I submit this form? This form can be downloaded, completed, and submitted through the TRI Payments Forms portal at <https://wou.edu/tri/forms/>. You must also submit a WOU Substitute W-9 form. Instructions and video tutorials are available on the portal. Illegible, incomplete, or unsigned forms or not including a WOU Substitute W-9 will cause delays in receiving payment.

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

Mailing Address:

Physical Address: Check if same as mailing address

Street Address	Street Address
<div style="display: flex; justify-content: space-between;"> City State Zip </div>	<div style="display: flex; justify-content: space-between;"> City State Zip </div>

Program Information:

County (of physical location) _____

Is your program currently in Spark? Yes No If no, will your program be applying to Spark? Yes No not sure

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

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

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

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

Goal Statements

Check: Year 1 Year 2 if submitting for year 2, progress toward year 1 goal(s) was reviewed by QIS & participant

Goal(s):

FCCN Participation Funds Budget Table

Unallowed Expenditures:

- Capital improvements (permanent structural change to property)
- Personal use not related to program improvements
- Sectarian materials (religious texts)
- Operating costs (electric bill, water, rent, etc.)

Spark Domain		Description	Cost
LD	a. Program curriculum, child assessment and/or screening tools		
LD	b. Materials to support child learning and development		
HS	c. Materials to improve health and safety practices		
PQ	d. Professional development for staff or self		
FP	e. Materials to support increased family engagement		
AB	f. Materials to enhance business practices		
Total			

FCCN Participant Agreements:

I have read and agree to the terms of receiving FCCN Participation Funds listed above for my program. I understand this means my program has a signed FCCN participation agreement with my CCR&R and is working with my QIS to implement the quality improvement goal(s) listed above in my program and is meeting all the requirements on the agreement.

Initial

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

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

By signing below, I verify that the information submitted is accurate and my program has not previously received FCCN funds.

Participant Signature _____
Date

Quality Improvement Specialist Approval:

This program has signed an FCCN participation agreement and we have worked together on setting the goal(s) listed above.

QIS Signature _____
Date

QIS Printed Name _____
QIS Email Address

Date is entered in FCCO

FCCN Entry (Date on agreement) _____
Phone #

Submit through the Payments Portal:
<https://wou.edu/tri/forms/>

If you need assistance, contact:
Email: TRIPayments@wou.edu
Helpline: 503-838-8008

For Office Use Only

Amount Requesting:	Amount:
Database Entry Done:	Invoice #:
<input type="checkbox"/> Payment <input type="checkbox"/> FN <input type="checkbox"/> FCCN Funds <input type="checkbox"/> Age range	Index #:
Reviewed/verified by:	Account Code:
Date:	Approved By: