



Application for Early Achievers New Enrollment Incentive

An incentive opportunity to support child care providers newly participating in Early Achievers

Eligibility

Facilities must have enrolled in Early Achievers no earlier than July 1, 2015 and no later than July 1, 2016. Participant must be enrolled at the time of incentive payment.

Please provide the following information:

Do you have an active Statewide Vendor (SWV) Payee Number? _____

If you are unsure, or to look up your SWV Payee Number, visit the online database

here: www.des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/VL.aspx

Early Achievers Participation Status: Newly Enrolled – enrollment date: _____

Program Type: Child Care Center Family Child Care ECEAP on Licensed Pathway

Facility/Site Name: _____

Provider License Number (if applicable): _____

Application Point of Contact: _____

Email address: _____ Phone Number: _____

Legal Business Address for Facility/Site*: _____

**Must match tax information and address provided on W-9 form*

- Does your facility offer services to families accessing Working Connections Child Care (WCCC) subsidies? Yes No

- Does your facility offer services to children and families who identify as any of the following national origin (check all that apply):

African American American Indian or Alaska Native Middle Eastern

Hispanic/Latino Asian Native Hawaiian or Pacific Islander Other: _____

- Please describe how your facility provides culturally responsive services: _____

In what areas do you plan to use incentive funds to support your journey through Early Achievers?

<input type="checkbox"/> Material Storage	<input type="checkbox"/> Music/Movement	<input type="checkbox"/> Math/number	<input type="checkbox"/> Curriculum development
<input type="checkbox"/> Soft toys/pillows	<input type="checkbox"/> Blocks	<input type="checkbox"/> Nature/science	<input type="checkbox"/> Teacher-child interaction
<input type="checkbox"/> Books	<input type="checkbox"/> Dramatic Play	<input type="checkbox"/> Promoting acceptance and diversity	<input type="checkbox"/> Developmental screening tools
<input type="checkbox"/> Fine motor	<input type="checkbox"/> Sand and water play		
<input type="checkbox"/> Art	<input type="checkbox"/> Active physical play	<input type="checkbox"/> Other Level 2 activities (describe):	
<input type="checkbox"/> Culturally Responsive Supports			

I will keep all receipts documenting purchases related to this incentive funding for 7 years.

Print Name (Application Point of Contact)

Facility/Site Name

Signature (Application Point of Contact)

Date

Instructions:

Fill out the following forms:

1. This application form;
2. The Washington Statewide Vendor Payee form; and
3. The W-9/Request for Taxpayer Identification form

Submit forms in one of two ways:

By mail: Department of Early Learning, Attn: Needs Based Grant, PO Box 40970, Olympia, WA 98504-0970
Or

Fax: Fax forms to (360) 725-4417.

All three forms must be completed in their entirety to be accepted.