

Individual Inservice Grant

This application is a request for up to \$500 toward the cost of in-service training, conferences or other learning opportunities which would help in training child care providers. These grants are awarded to consultants working with programs and providers regulated by the CDD.

Eligibility:

- Be employed as a provider of health or mental health consultation for child care providers and/or early intervention for infants/toddlers, preschoolers, or school-aged children and their families.
- Learning opportunity is part of one or more competencies related to their consulting work or specific discipline.
- Employer is paying for a portion of the cost of this learning opportunity

For State Use Only

Date Received: _____ Invoice #: _____
Reviewed/approved: _____ Date: _____
Payment entered: _____ Date: _____
License check: _____
Application #: _____ Agreement #: _____

Program Manger Approval/Denial

Approved: \$ _____ Denied
Signature: _____ Date: _____

Contact person:

Jan Walker
802-241-2198 or 800-649-2642 ext. 2198
jan.walker@ahs.state.vt.us

Application deadline:

By the first of any month

Employees of public schools who are paid on the teacher salary schedule for work in the regulated care setting are not eligible for this type of grant.

Name (Print) _____

Birth Date _____ Social Security # (optional) _____

Address _____

City _____ State _____ Zip code _____

Telephone (Home) _____ (Work) _____

Email _____

Employer/Business name _____

Employer's EIN _____

Employer Address _____



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1) Your current position/title and education level with a brief description of your job duties:

2) Description of the learning opportunity (include title, sponsor, date, location, and any other pertinent information)

3) Short narrative about the competencies and goals you are working toward by participation in this learning opportunity:

4) Amount of support you are requesting: \$ _____

Please attach/include the following information:

- Be employed as a provider of health or mental health consultation for child care providers and/or early intervention for infants/toddlers, preschoolers, or school-aged children and their families.
- Complete and attach a copy of your Individual Professional Development Plan (IPDP). The IPDP must be current and have a self-assessment, goals, strategies/resources, and a timeline. A form is available on <http://northernlightscdc.org>.
 - Check here if you have an up-to-date professional development plan in Bright Futures Information System (BFIS). If so you do not need to send it with the application. Go to <http://northernlightscdc.org> for more information about entering your information into BFIS.
- Attach a letter from your employer assuring the Child Development Division that if it pays some or all of the registration costs for your participation in a particular conference, workshop, or other learning opportunity, your employer will pay the remaining costs.
- Attach information (with registration and other costs) about the conference, workshop or other learning opportunity, and write a narrative below about how your participation in it will help you accomplish your Individual Professional Development Plan.
- Specify the amount of support you are requesting and give the necessary information for payment to be made to your employer by the Child Development Division.

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Certification

I certify that the information contained in this application is true and correct; I also certify that the following statements are true:

1. My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
2. I have provided services to or worked for at least 6 months at a CDD regulated child care facility.
3. I plan to work as a consultant serving Vermont child care programs for at least 1 year after receiving any grant funds from the CDD.
4. I am a Vermont resident.
5. I am not a public school employee who is paid on the teacher salary schedule for my work in the regulated care setting.

Signature of Applicant: _____ Date: _____

Make 3 copies of your complete application. Keep one for yourself, send 2 copies to:

Child Development Division
ATTN: Linda Clark
103 South Main Street, 2 North
Waterbury, VT 05671-2902
Phone: 802-241-1215 or 800-649-2642
linda.clark@ahs.state.vt.us