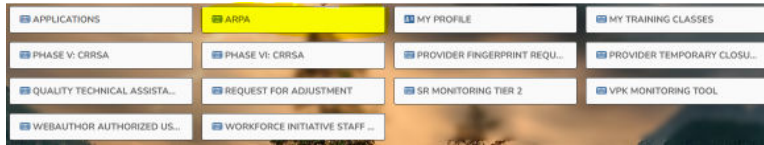


ARPA Module - Eligibility Request

Creating an Eligibility Request

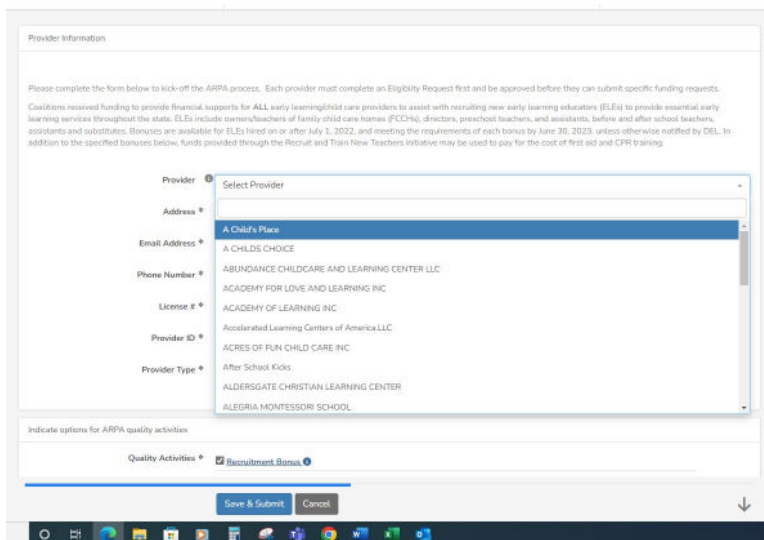
Log into WebAuthor Portal and click ARPA Module.



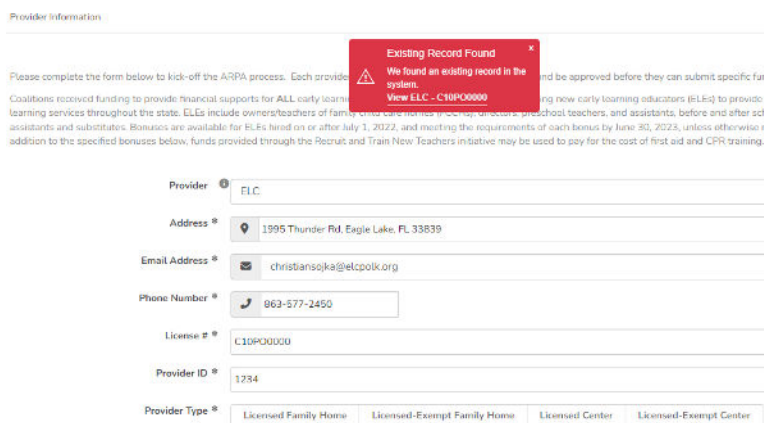
On this Main Page, select the blue button, +New Eligibility Request.



Select site from Provider field.



If you see the red box display Existing Record found. Skip creating Eligibility Request.



Select Provider Type.

Provider

Address

Email Address *

Phone Number *

License # *

Provider ID *

Provider Type * Licensed Family Home Licensed-Exempt Family Home Licensed Center Licensed-Exempt Center

Select Quality Activities and Program Year.

Indicate options for ARPA quality activities

Quality Activities * Recruitment Bonus Health and Safety Bonus CLASS Bonus - PreK CLASS Bonus - Infant/Toddler Upskill Director Bonus

Program Year *

Select Yes/No to the following questions.

Eligibility Criteria for each Early Learning/Child Care Provider

Does your program meet the following eligibility criteria requirements?

Item	Yes	No
Are you contracted with a local early learning coalition for SR and/or VPK services?		
Are you under investigation or been convicted of child care fraud?		
Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?		
Have you had a contract with an early learning coalition terminated and eligibility revoked within the past five years?		
Have you submitted W-9 and direct deposit forms for payment?		

If Yes is selected for W-9 being submitted, input Date W-9 Submitted.

Have you submitted W-9 and direct deposit forms for payment?

Date Previously Submitted W-9 *

If No is selected for W-9 being submitted, upload W-9. Only PDF files are accepted.

Have you submitted W-9 and direct deposit forms for payment?

W-9 *

In the Provider Attestation Section, input Signature of Authorized Provider Representative, Provider Printed Name and select confirmation field (Yes).

Provider Attestation - please read carefully before submitting

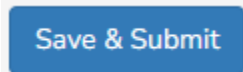
I am submitting this application to qualify for and receive one or more of the ARPA Supply Building Bonuses and understand all monies received must be used for the bonuses awarded. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it may be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative *

Provider Printed Name *

Yes

Click Save and Submit.



You will be redirected to the Record Details Screen shown below. Form will show what status it is in. It is currently "Submitted".

Click the highlighted (Dashboard) button to the left in Picture to return to Main Page.

ARPA

You are currently impersonating Christian-Test Sojka-Test. All changes made during this session will be recorded as this user. Note that the My Profile feature may be blocked during impersonation. [Click here to log back in to your account.](#)

REQUESTS MAP

ELC - C10PO0000

ID	Date Submitted	License #	Class Score	Provider ID	Signature Confirmation	ARPA Review
1016	2/8/2023 3:31 PM	C10PO0000	1234		Yes	Submitted

Press plus ("+") symbol next to site name.

AMERICAN RESCUE PLAN ACT (ARPA)

+ New Eligibility Request Help ARPA

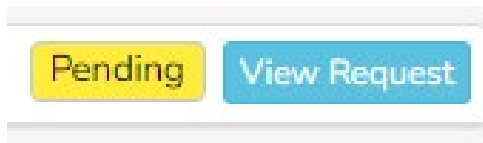
+ ELC - C10PO0000

If you see this, your Request is being Reviewed.

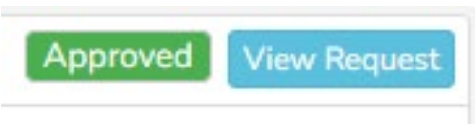
ELC - C10PO0000

Your Eligibility Request has not yet been approved.

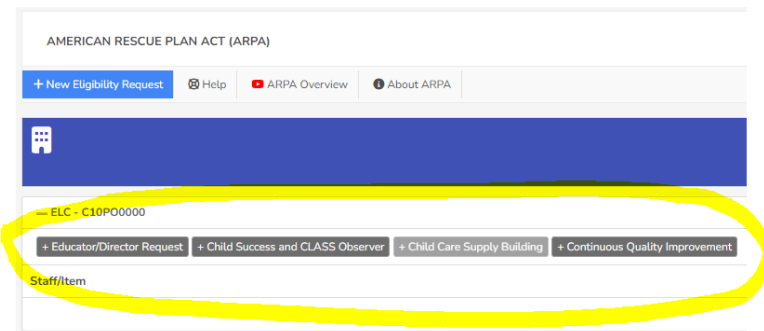
You will also see the status of your request to the right of your site. View Request takes you back to Record Details seen previously.



When status is "Approved"



You may see the following options available, Educator/Director Request, Child Success and Class Observer, Child Care Supply Building and Continuous Quality Improvement.



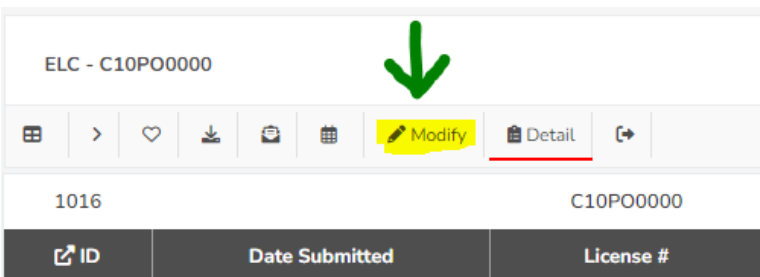
Please reference next instructions based on the option you pick.

Resubmitting if Request is Returned/Rejected

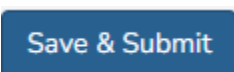
On ARPA main page click View Request



Click Modify



Edit information as needed and click Save & Submit

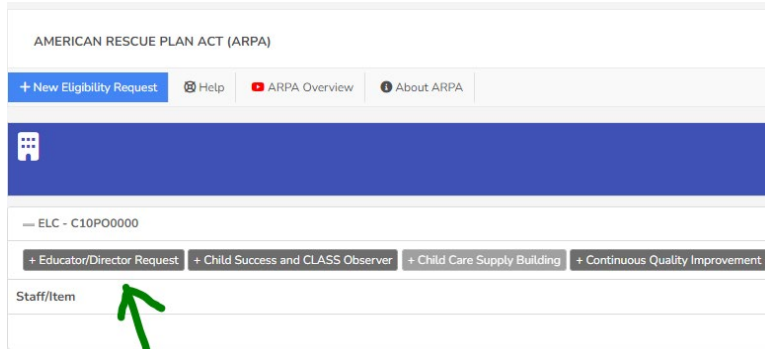


ARPA – Educator/Director Request

Please reference Eligibility Request Instructions first if you haven't created one yet.

Creating an Educator/Director Request

Select the +Educator/Director Request button.



AMERICAN RESCUE PLAN ACT (ARPA)

+ New Eligibility Request Help ARPA Overview About ARPA

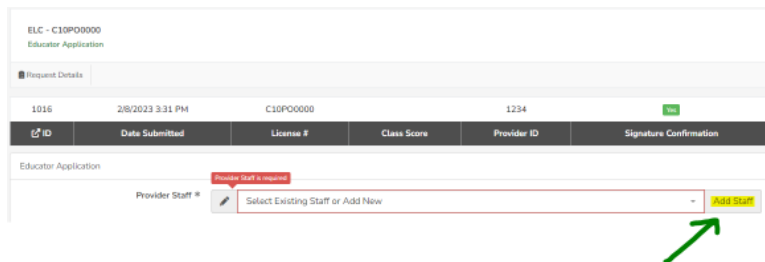
ELC - C10P00000

+ Educator/Director Request + Child Success and CLASS Observer + Child Care Supply Building + Continuous Quality Improvement

Staff/Item

A green arrow points to the '+ Educator/Director Request' button.

Click "Add Staff".



ELC - C10P00000
Educator Application

Request Details

ID	Date Submitted	License #	Class Score	Provider ID	Signature Confirmation
1016	2/8/2023 3:31 PM	C10P00000		1234	Yes

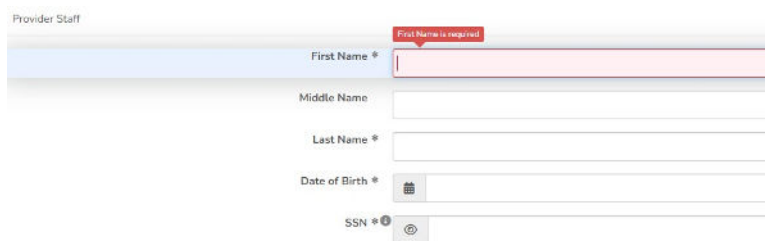
Educator Application

Provider Staff * Provider Staff is required

Select Existing Staff or Add New Add Staff

A green arrow points to the 'Add Staff' button.

Complete Provider Staff Section. Input First Name, Middle Name, Last Name, Date of Birth and SSN.



Provider Staff

First Name is required

First Name *

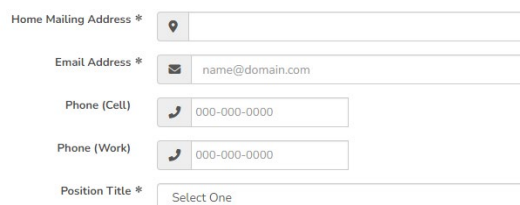
Middle Name

Last Name *

Date of Birth *

SSN * SSN is required

Input Home Mailing Address, Email Address, Phone (Cell), Phone (Work) and select Position Title.



Home Mailing Address *

Email Address * name@domain.com

Phone (Cell) 000-000-0000

Phone (Work) 000-000-0000

Position Title * Select One

Input Position Start Date, Select Age Groups Teaching, Worked in Early Childhood Field, and Upload W9 .

Age Groups Teaching * Infants (0-12 months)
 Toddlers (13-36 months)
 Preschool (37 months–PreK)
 School age
 N/A

Worked in Early Childhood Field * Less 2 years 2 – 5 years 6 – 10 years + 10 years

W9 *

Complete Authorization Agreement for Automatic Deposit Form section. Input Name of Bank, Bank ABA/Routing Number, Confirm Bank ABA/Routing Number, Bank Account Number, Confirm Bank Account Number. Select checking or Savings Account, Upload a Voided Check/Direct Deposit Form.

Authorization Agreement for Automatic Deposit

Authorization Agreement for Automatic Deposit

This form authorizes Early Learning Coalition of Polk County to deposit Early Learning Educator payments directly into the bank account listed below. This form also authorizes the reverse.

Name of Bank * _____

Bank ABA/Routing Number * _____

Confirm Bank ABA/Routing Number * _____

Bank Account Number * _____

Confirm Bank Account Number * _____

Checking or Savings Account * Checking or Savings Account?
 Checking
 Savings

Upload Voided Check/Direct Deposit Form * Please upload a voided check/direct deposit form.

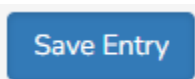
Have Staff/Educator/Director input Signature of Early Learning Educator, Printed Name of Early Learning Educator and select Yes if information is accurate.

Signature of Early Learning Educator * _____

Printed Name of Early Learning Educator * _____

Yes No

Click Save Entry.



Add more staff as necessary. *Depending on information filled out for staff, some options may or may not be available further into **ANY** of the Forms available.

Select staff from dropdown.

Provider Staff * Abraham Lincoln (Director: 1/2/2023) Add Staff

Bonus * Please

- Abraham Lincoln (Director: 1/2/2023)
- Abraham Lincoln (Director: 1/2/2023)
- George Washington (Director: 1/1/2023)

Select Bonuses.

Educator Application

Provider Staff + x - Add Staff

Bonus + Please note: More than one bonus can be submitted on each application form.

Recruitment Bonus ⓘ

Health and Safety Bonus ⓘ

CLASS Bonus - PresK ⓘ

CLASS Bonus - Infant/Toddler ⓘ

Upskill Director Bonus ⓘ

Total Requested

Sections will appear for you to Upload documentation for each of the above items selected in Bonuses.

- * Upload required documentation to demonstrate completion of requirements stated above.

- * By selecting "yes" this confirms that the requirements have been met and documentation of requirements are attached.

Yes

Have the Staff person selected input Signature and Applicant Printed Name. Click "Yes" if information is accurate.

Applicant's Affirmation Statement - please read carefully before submitting

I am applying to receive funds for each bonus selected and I understand I am responsible for meeting the eligibility requirements for each bonus submitted for reimbursement. I attest to the fact that the information I have provided in this application is true and complete.

STOP: The Director's exact signature and affirmation is required from the applicant (extended recipient). DO NOT SIGN ON BEHALF of that person.

Signature of Applicant *

Applicant Printed Name *

* I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Yes

Provider completes Sponsoring Provider's Affirmation Statement Section. Click Yes/No or N/A as appropriate to questions seen.

Sponsoring Provider's Affirmation Statement - please read carefully before submitting

* Does the applicant meet the following eligibility criteria requirement for all bonuses?

Item	Yes	No
Is applicant a Florida resident?		
Does applicant have the sponsorship of your early learning/child care program?		
Is the applicant still employed at your early learning/child care program?		

* Does the applicant meet the following eligibility criteria requirements for the Recruitment Bonus?

Item	Yes	No	N/A
Has the applicant completed a background screening?			
Has the applicant completed 120 hours of employment?			

Input Signature of Authorized Provider Representative, Provider Printed Name. Click “Yes” if information is accurate.

I am sponsoring this applicant to receive the selected bonuses and for confirming the eligibility requirements for each bonus submitted for reimbursement. I understand all stipend monies received by me or my provider location will be given to the applicant for completing the selected bonus(es). I attest to the fact that the information I have provided in this application is true and complete.

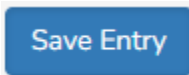
Signature of Authorized Provider Representative *

Provider Printed Name *

* I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

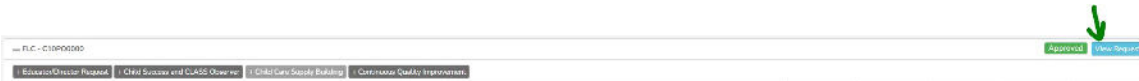
Yes

Click Save Entry.



Modify Staff or Application for Educators/Directors

On ARPA Main Page click View Request.



Click View.

Scroll to bottom of page. Click View for either the Staff’s Application for Bonuses or to edit the Staff’s Personal information details via Provider Staff.

EDUCATOR APPLICATION

Page 1 of 1 | Records per page: 10 | Displaying 1 to 2 of 2 items.

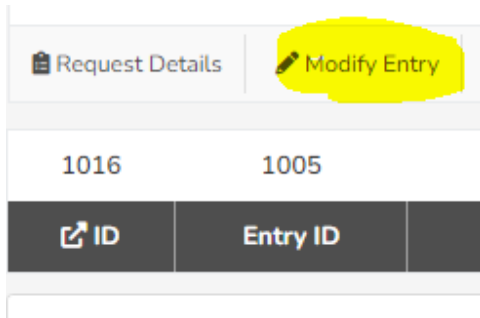
	Provider Staff	Bonus	Total Requested	ID...	Modified By	Date Modified...
1	View George Washington (Director: 1/1/...	CLASS Bonus - Infant/Toddler	\$3,150.00	1005	Christian-Test Sojka...	2/8/2023 11:38 AM
2	View Abraham Lincoln (Director: 1/2/20...	CLASS Bonus - Infant/Toddler	\$3,150.00	1006	Christian-Test Sojka...	2/8/2023 11:46 AM

PROVIDER STAFF

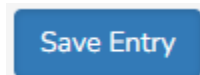
Page 1 of 1 | Records per page: 10 | Displaying 1 to 2 of 2 items.

	First Name	Last Name	SSN	Phone (Cell)...	Position Title...	Position Start...	ID...	Modified By	Date Modified...
1	View George	Washington		000-000-0000	Director	1/1/2023	1005	Christian-Test Sojka...	2/8/2023 11:07 AM
2	View Abraham	Lincoln		111-111-1111	Director	1/2/2023	1006	Christian-Test Sojka...	2/8/2023 11:14 AM

Click Modify Entry.

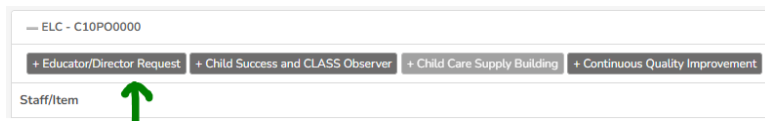


Edit record/form as necessary and click Save Entry.



Add Application for additional Staff/Educators/Directors

On ARPA Main Page click +Educator/Director Request



Select Provider Staff and continue with **Creating an Educator/Director Request (Page 5)**

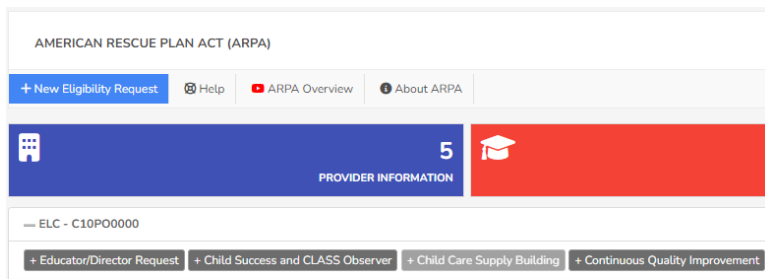
ARPA – Child Success and CLASS Observer

Please reference Eligibility Request Instructions first if you haven't created one yet.

Please note: Creating a Child Success and CLASS Observer record prevents future ability to create a Continuous Quality Improvement record, you **cannot** create both.

Creating a Child Success and CLASS Observer Record

Click the +Child Success and CLASS Observer button.



Select CLASS Score.

3016	2/8/2023 3:31 PM	C10PD0000	3234		
ID	Date Submitted	License #	Class Score	Provider ID	Signature Confirmation
Child Success and CLASS Observer					
CLASS Score *		Select One			

Select Grant Options.

Indicate grant options

Grant Options *

- Professional Development Bonus - Segment 1
- Professional Development Bonus - Segment 2
- Performance Bonus
- CLASS Observer Director Training Infant/Toddler
- CLASS Observer Director Training Infant
- CLASS Observer Director Training Toddler
- CLASS Observer Director Training Pre-K

In the Professional Development – Segment 1 section, input Number of Directors and Number of All Other Employees.

Professional Development – Segment 1 (PD-1)

Please enter the estimated number of employees participating in each grant selected.

Directors

All Other Employees

PD-1 Estimate \$.00

Repeat for Professional Development – Segment 2 section.

Professional Development – Segment 2 (PD-2)

Directors

All Other Employees

PD-2 Estimate \$.00

Repeat for Performance section.

Performance

Directors

All Other Employees

Performance Estimate \$.00

In the CLASS Observer Grant section, input Number of Directors Infant/Toddler, Number of Directors Infant, Number of Directors Toddler and Number of Directors PreK.

CLASS Observer Grant

Directors Infant/Toddler

Directors Infant

Directors Toddler

Directors PreK

Observer Estimate \$.00

Select Yes/No for following questions in Eligibility Criteria for each Early Learning/Child Care Provider section.

Eligibility Criteria for each Early Learning/Child Care Provider

Does your program meet the following eligibility criteria requirements?

Item	Yes	No
Are you contracted with a local early learning coalition for SRI and/or VPK services?		
Are you under investigation or been convicted of child care fraud?		
Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?		
Have you had a contract with an early learning coalition terminated and eligibility revoked within the past five years?		
Have you submitted W-9 and direct deposit forms for payment?		

Input Signature of Authorized Provider Representative, Provider Printed Name and click Yes if information is accurate.

I am submitting this application to qualify for and receive one or more of the above-listed ARP Act Child Success and CLASS® Observer Grant(s) and I understand all monies received by me or my provider location will be given to staff as bonuses indicated in Section 2. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative *

Provider Printed Name *

Total Amount \$ 0

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Yes

Click Save & Submit Entry.

Save & Submit Entry

Resubmitting if Form is Returned/Rejected

On ARPA main page, click Child Success and CLASS Observer link.

AMERICAN RESCUE PLAN ACT (ARPA)

+ New Eligibility Request Help ARPA Overview About ARPA

1 PROVIDER INFORMATION 5 EDUCATOR APPLICATION

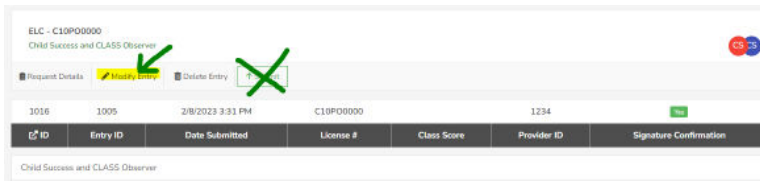
— ELC - C10PO0000

+ Educator/Director Request + Child Success and CLASS Observer + Child Care Supply Building + Continuous Quality Improvement

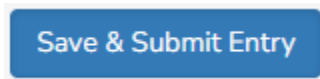
Staff/Item

Child Success and CLASS Observer (1005)

Click Modify Entry.



Edit information as necessary and click Save & Submit Entry.

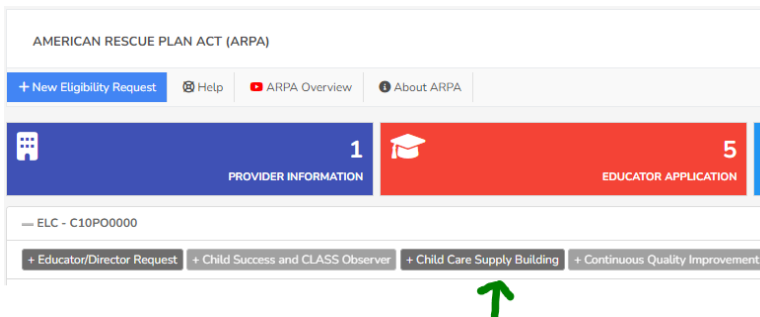


ARPA – Child Care Supply Building

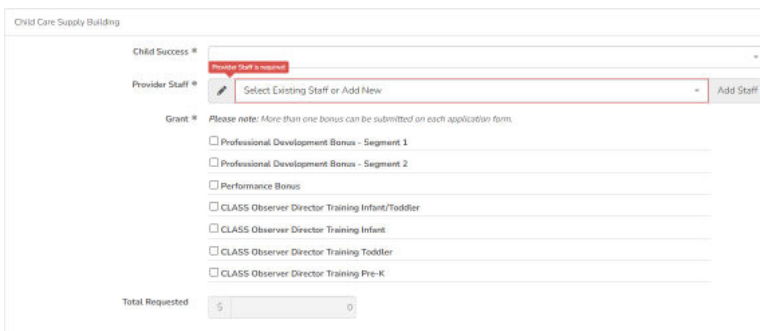
Please reference Eligibility Request Instructions first if you haven't created one yet. *You will not be able to create a Child Care Supply Building record if you haven't completed the Child Success and CLASS Observer form yet.

Creating a Child Care Supply Building Record

On ARPA main page, click the +Child Care Supply Building button.



In the Child Care Supply Building Section, select options from Child Success, Provider Staff, and Grants.



Sections will appear below for each of the above items selected in Grants.

*Please note that some Grants may or may not be available depending on information filled out for selected Provider Staff previously.

Upload Documentation and input Confirmation for each section.

Upload required documentation to demonstrate completion of requirements stated above.


By selecting "yes" this confirms that the requirements have been met and documentation of requirements are attached.

Yes

Input Signature of Authorized Provider Representative, Provider Printed Name and click yes if information is accurate.

I am submitting this application to qualify for and receive one or more of the above-listed ARP Act Supply Building grants and I understand all monies received by me or my provider location will be given to staff as bonuses indicated in Section 2. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative *



Provider Printed Name *

* I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Yes

Click Save Entry.

Repeat steps for each Provider Staff as needed.

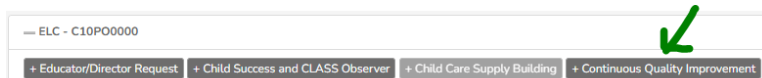
ARPA – Continuous Quality Improvement

Please reference Eligibility Request Instructions first if you haven't created one yet.

Please note: Creating a Continuous Quality Improvement record prevents future ability to create a Child Success and CLASS Observer record, you **cannot** create both.

Creating a Continuous Quality Improvement Record

On ARPA main page, click the +Continuous Quality Improvement button.



In Continuous Quality Improvement section, input CLASS Date and select CLASS Score.

Continuous Quality Improvement

The purpose of this funding is intended to positively affect outcomes for children at scale by improving adult-child interactions through training early learning teachers, staff, and administrators to support CLASS implementation at SR and/or VPK contracted providers with a CLASS composite score of 5 or higher.

SR and/or VPK contracted providers will have the opportunity to apply for funding to develop/implement a program to:

- Support effective interactions, and/or
- Strengthen business and leadership practices, and/or
- Support child assessment and screening with reliability, and/or

▼ READ MORE ▼

CLASS Date *

CLASS Score *

In Application Details section, input Training Plan, Priorities, Weekly Goals and Planned Outcomes.

Application Details

Please provide a brief overview of your training plan, weekly goals, and planned outcomes.

Training Plan *

Priorities *

Weekly Goals *

Planned Outcomes *

Click Add More button to input Trainings details.

Trainings Programs must provide a minimum of 24 hours of training time for directors and staff. Training can include live coaching, live or virtual instruction, individual and group instruction, and other competency-based skill development exercises. Please provide the following information about the course/training(s) to be utilized in your training plan.

Course Title	Course Provider	Course Description	Training Format	Course Cost	Hours	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add More](#)

Input Course Title, Course Provider, Course Description, Training Format, Course Cost and Hours.

Trainings Programs must provide a minimum of 24 hours of training time for directors and staff. Training can include live coaching, live or virtual instruction, individual and group instruction, and other competency-based skill development exercises. Please provide the following information about the course/training(s) to be utilized in your training plan.

Course Title	Course Provider	Course Description	Training Format	Course Cost	Hours	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text" value="Delete"/>

[Add More](#)

Input Training Plan Start Date and Training Plan End Date

Training Plan Start Date *

Training Plan End Date *

Click Add More button to input Training Participant Details.

Training Participants * Please list the names and positions of staff who will attend the training. Directors must participate to ensure the entire program benefits from the same preparation, work, and support.

Participant Name	Position
<input type="text"/>	<input type="text"/>

[Add More](#)

Input Participant Name and select Position.

Training Participants * Please list the names and position of staff who will attend the training. Directors must participate to ensure the entire program benefits from the same preparation, work, and support.

Participant Name	Position
<input type="text"/>	<input type="text" value="Select One"/>

[Add More](#)

Click Add More button to input Budget Details.

Input Line Item, Description/Justification and Proposed Budget.

Input Signature of Authorized Provider Representative, Provider Printed Name and click Yes if information is accurate.

Click Save & Submit Entry.

Resubmitting a Rejected/Returned Form

On ARPA main page, click the Continuous Quality Improvement Link.

Click Modify Entry.

Edit information in record as necessary and click Save & Submit Entry.