



Quality Start Los Angeles Stipend Program

2017-2018 VERIFICATION PACKET

Last Name: _____ Name: _____ Middle Initial: _____

REQUIRED DOCUMENTS
The following is a list of documents that MUST be submitted. NO EXCEPTIONS!

- End-of-Year Employment Verification Form**
- Official or Unofficial transcripts**
- W-9 Taxpayer Form**

OPTIONAL DOCUMENTS

- Grade Verification Form**
Only if grade will post after June 16, 2018
- Bonus Request Form**
Only if requesting a bonus

DUE DATE: June 16, 2018

- *Please send all of your compiled documents in one packet*
- *Please make a copy for your records.*

MAILING INSTRUCTIONS	FAXING INSTRUCTION
Child360 ATTN: QSLA Stipend Program 515 S Figueroa St, Suite 900 Los Angeles, CA 90071	Fax Number: <i>(no cover page)</i> (213) 416-1319
<i>Must be postmarked no later than June 16, 2018.</i>	<i>Must be faxed no later than June, 16, 2018</i>

All personal information is confidential. All fields are required unless otherwise indicated. Forms with missing information will not move through the review process and may result in the applicant becoming ineligible for a stipend.

Call 213-416-1943 or email us at workforcedevelopment@laup.net if you have questions and/or need assistance.



Quality Start Los Angeles Stipend Program

2017-2018 End-of-Year Employment Verification

APPLICANT INFORMATION

INSTRUCTIONS TO THE APPLICANT: Please write your first name, last name, and previous last name (if applicable) before you request that your supervisor, director, or other authorized individual complete the employer information.

First Name: _____ Last Name: _____

Previous Last Name (if applicable): _____

EMPLOYER INFORMATION

INSTRUCTIONS TO THE EMPLOYER: The Site Supervisor, Program Director, or other authorized individual MUST complete this section as verification of applicant's employment.

**Family Child Care Owners must complete this required information as the employer.*

Supervisor Name: _____

Supervisor Job Title: _____

Phone#: _____ Email: _____

Facility Name: _____
(As it appears on your license)

Facility License number:

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Facility Address: _____

City _____ State: _____ Zip Code: _____

Agency: _____
(Name of organization, company, or school district that your work site is part of. If applicable)

I certify that the above named Participant is currently employed at this facility as an early childhood educator working directly with children ages 0-5 on a consistent and continual basis at least 15 hours per week.

I understand that the stipend he/she receives is in addition to his/her salary (or wage), and I certify that current salary and salary advancement will not be negatively affected by this incentive.

I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief.

Supervisor Signature

Date

LAUP reserves the right to verify that the information provided is true.

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Quality Start Los Angeles Stipend Program 2017-2018 Grade Verification

APPLICANT INFORMATION

INSTRUCTIONS TO THE APPLICANT: Only complete this form if you are taking a class this **SPRING** semester and the grade will post after June 16, 2018. You **MUST** attach **unofficial transcripts to this form**. Please write your first name, last name, and previous last name (if applicable) before you request that instructor complete the bottom portion.

First Name: _____ Last Name: _____

Name of College: _____

Course Number: _____ Course Name: _____
(example: ChDev 1) (example: Child Growth & Development)

Semester: _____ Start date: _____ End date: _____

COURSEWORK INFORMATION

INSTRUCTIONS TO THE PROFESSOR: The above named student is requesting you to complete this form because he/she is enrolled in your course and the grade will post after June 12, 2017. The above named student is participating in a stipend program whose award is contingent upon verification of course completion with a "C-" grade or better. Completion of this form will serve as verification that the student will complete this course with a "C-" grade or better. You will only be contacted if further clarification is needed.

Instructor First Name: _____ Last Name: _____

Phone: _____ Email: _____

I certify that the above named student is currently enrolled in the above named course, is in good standing, and will earn a grade of "C-" or better by the end of the course.

Instructor Signature

Date



Quality Start Los Angeles Stipend Program

2017-2018 Bonus Request

APPLICANT INFORMATION

INSTRUCTIONS TO THE APPLICANT: *Only complete this form if you are requesting a bonus award. You MUST attach supporting documentation. The bonus will be awarded to participants who successfully complete the Quality Start Los Angeles Stipend Program and completed the bonus milestone during the program year: **July 1, 2017 – June 30, 2018.***

You are only eligible for ONE bonus. *If you have achieved more than one bonus, only the bonus with the highest awarded amount will be awarded.*

First Name: _____ Last Name: _____

Please indicate the bonus you are requesting and submit supporting documentation listed:

- Permit Bonus:** new or upgraded Child Development Permit (*renewals are NOT eligible*).
- Supporting documentation (*choose one*):
 - Copy of permit (visit: www.ctc.ca.gov to print)
 - Copy of the first page of the application AND the mail receipt
- Degree Bonus:** AA/AS, BA/BS, MA/MS degree in Child Development or closely related field.
- Supporting documentation (*choose one*):
 - Copy of your diploma
 - Official or unofficial transcripts
 - Document processed by college that shows degree earned, major, and date awarded
- Additional Course Bonus:** additional course, up to 3 units.
- Supporting documentation:
 - Official or unofficial transcripts

ONLY Bonuses achieved during the program year: July 1, 2017 and June 30, 2018 are eligible

PLEASE NOTE: Bonus amounts are yet to be determined.

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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.