



**Quality Start Los Angeles Stipend Program**

**2018-2019 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 14, 2019*
- Bonus Request Form**  
*Only if requesting a bonus*

**DUE DATE: June 14, 2019**

- *Please send all of your compiled documents in one packet*
- *Please make a copy for your records.*
- *In our efforts to going green, all packets must be fax or scanned.*

<b>SCANNING INSTRUCTIONS</b>	<b>FAXING INSTRUCTION</b>
<b>Email:</b> <i>(no cover page)</i>  <b>workforcedevelopment2@child360.org</b>	<b>Fax Number:</b> <i>(no cover page)</i>  <b>(213) 416-1319</b>
<i>Must be scanned no later than June 14, 2019.</i>	<i>Must be faxed no later than June, 14, 2019</i>



## Quality Start Los Angeles Stipend Program

### 2018-2019 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**

**Child360 reserves the right to verify that the information provided is true.**

*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 [workforcedevelopment2@child360.org](mailto:workforcedevelopment2@child360.org) if you have questions and/or need assistance.



## Quality Start Los Angeles Stipend Program 2018-2019 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 14, 2019. 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 14, 2019. 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

### 2018-2019 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, 2018 – June 30, 2019.*

**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](http://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, 2018 and June 30, 2019 are eligible\***

**PLEASE NOTE: Bonus amounts are yet to be determined.**

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

### 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																						
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### 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.

<b>Sign Here</b>	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](http://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 (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.*