Section 1 - Grantee Information

GRANTEE NAME: _____

GRANTEE PROGRAM DIRECTOR/CONTACT: _____ TITLE: _____

E-MAIL ADDRESS _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

TOTAL # SITES/ENROLLMENT: Early Head Start ___ /___ Head Start ___ /___

Section 2 - E/HS Grantee Monitoring Evidence & Other Compliance Documentation

1. Please submit a copy of the Grantee's most recent comprehensive federal monitoring report.

If your program has begun the 5-year grant/review cycle, please include monitoring reports from these reviews. If any of these reports show a finding of non-compliance or a deficiency relevant to any ExceleRate standard, please also include a copy of the follow-up review report documenting that the finding or deficiency has been resolved.
If the Grantee was placed into the Designated Renewal System (DRS) and successfully renewed the Early Head Start or Head Start (E/HS) grant, you are eligible to apply through this pathway. If you are still in the process of re-competition under DRS, you are not eligible for the expedited E/HS enrollment pathway. However, you may still apply through the standard routes of accreditation or full site assessment.

2. If applicable, please submit a copy of your current Illinois Child Care License for each site noted as part of this application.

E/HS sites are required to meet all Illinois Child Care Licensing, Fire Code and Health Code regulations. Please check the Sunshine Site to resolve any areas of licensing non-compliance prior to application.

Section 3 - Certifications and Application Authorization

To enroll via the Head Start path, all community-based and school-based sites included in this application must meet the following requirements:

All sites are directly-operated by this Early Head Start or Head Start (E/HS) Grantee	○ YES	○ NO
All classrooms are E/HS funded, and operate in accordance with E/HS Program Performance Standards for the full program day	○ YES	○ NO
The site administrator/director or Education Coordinator, and all classroom teaching staff, are employed and supervised by the Grantee	○ YES	○ NO
If site operates with a blended/collaboration funding model, E/HS children are not separated by classroom or time of service	○ YES	○ NO

I verify that I have read this paragraph and that all information provided herein is true and accurate. By signing below, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted as part of this application. I understand that a site determined to have submitted fraudulent, altered, or false documentation or information may be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the site as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the site as determined by IDEC. I understand that staff employed by a site that has submitted fraudulent, altered, or false documentation or information will be unable to participate in INCCRRA administered programs while employed at that site. I understand if awarded an ExceleRate Circle of Quality, that information will be made publicly available and aggregated site information may be used for research/evaluation purposes.

SIGNATURE, GRANTEE AUTHORIZED OFFICIAL: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

E/HSGRANTEE: _____

List each community-based and school-based Early Head Start and Head Start site directly operated and funded by the Grantee. This inventory is for sites which provide daily classroom-based services and have direct responsibility for instructional services to children. Do not include home visiting enrollment, or collaborative partner sites where the Grantee provides only support services.

PLEASE COPY THIS PAGE AS NECESSARY FOR ADDITIONAL SITES.

SITE NAME: _____

SITE ADDRESS: _____

SITE CONTACT NAME: _____ TITLE: _____

SITE CONTACT EMAIL ADDRESS: _____ PHONE: _____

FEIN #:_____

CHECK ONE:

❍ COMMUNITY-BASED SITE ILLINOIS CHILD CARE LICENSE #, IF APPLICABLE _____

❍ SCHOOL-BASED SITE SCHOOL DISTRICT NAME AND # _____

½ DAY CLASSROOMS/SESSIONS _____# FULL DAY CLASSROOMS/SESSIONS _____

CURRENT ENROLLMENT: TOTAL EHS (AGES 0 – 3) _____TOTAL HS (AGES 3 – 5) _____

SITE NAME: _____

SITE ADDRESS: _____

SITE CONTACT NAME: _____ TITLE: _____

SITE CONTACT EMAIL ADDRESS: _____ PHONE: _____

FEIN #:_____

CHECK ONE:

❍ COMMUNITY-BASED SITE ILLINOIS CHILD CARE LICENSE #, IF APPLICABLE _____

❍ SCHOOL-BASED SITE SCHOOL DISTRICT NAME AND # _____

½ DAY CLASSROOMS/SESSIONS _____# FULL DAY CLASSROOMS/SESSIONS _____

CURRENT ENROLLMENT: TOTAL EHS (AGES 0 – 3) _____TOTAL HS (AGES 3 – 5) _____