



To: Child Care Professional  
From: Partnership for Children of Lincoln & Gaston Counties, Inc.  
Date: May 6, 2020

**\*NOTE: DUE TO COVID-19 WE UNDERSTAND THAT SOME OF YOU MAY BE DELAYED IN COMPLETING SPRING 2020 SEMESTER COURSES. PLEASE EMAIL THE PARTNERSHIP IMMEDIATELY AT [infospecialist@pfclg.org](mailto:infospecialist@pfclg.org) IF YOU ARE COMPLETING SPRING 2020 COURSES AT A LATER DATE.**

The Individual Professional Development Program (IPDP) provides financial incentives (up to \$76 per eligible semester hour) and recognition for child care professionals who complete college courses. The IPDP program does not require proof of family income. In an effort to better serve the professional community, we are asking for your cooperation by adhering to the guidelines and deadlines of the IPDP program.

Applicants will still submit one application and an official college transcript for the summer and fall semesters and then another for the spring semester.

**Guidelines:** You may be eligible if you meet all of the following:

- You are teaching staff, family child care home providers and child care center directors who have worked at least 30 hours per week with children ages 0 through 5 years in licensed child care facilities in Lincoln and Gaston Counties during nine of the previous twelve months at time of application. (Exceptions may be granted to the 9 month requirement to allow professionals to take leave for such things as maternity leave and illness.)
- You are declaring your undergraduate/graduate major as Early Childhood Education, Child Development, Birth-Kindergarten or a closely related field (\*see list below for approved college/university major listing). Professionals without a declared major may receive incentives for as many as 20 semester hours before providing the required proof of undergraduate major.

**Approved College / University Major Listing:**

AA/AAS in Child Care Administration / Child Development / Early Childhood Education / ECE-Special Education / ECE-Teacher Associate / Human Growth and Development / Special Education

BA/BS/MS/ MAT/ MED in Birth-Kindergarten / Child Care Administration / Child Development / Child Psychology / Early Childhood Education / Human Growth and Development / Special Education / Child and Family Studies with Early Childhood

- Payment will be based on documented completion of grade "B" or better in courses from regionally accredited colleges.
- \* The number of eligible class hours is now capped at 6 hours per semester or per summer session. One additional hour is allowed per class for labs, practicums or pass/fail. Payments will be made for up to 66 semester hours for an associate degree, up to 130 semester hours for a bachelor's degree, and up to 200 semester hours for a master's degree. Hours paid toward a two year degree will be counted in the 130 semester hours and hours paid toward a four year degree will be counted in the 200 semester hours. Inclusive of these hours are courses that are "pre-curriculum" remedial courses. Participants will be compensated for their achievements at least semi-annually.

**Deadline:** Deadline for Spring 2020 semesters is as follows:

- **Application and official transcript: Wednesday June 3, 2020 by 12:00 noon.**
- Both the completed, signed application and an official college transcript showing completed coursework must be received by the June 3, 2020 12:00 noon deadline.
- The application will only be considered complete if both the official transcript and the completed, signed application are received by the deadline.

Be sure to meet the deadline of **Wednesday June 3, 2020 by 12:00 noon** for submitting your application and official transcript for Spring 2020 courses!

**Spring 2020**  
**Individual Professional Development Program (IPDP)**  
**Application Deadline for completed application:**  
**WEDNESDAY June 3, 2020 by 12:00 NOON**

***You must complete the application process within the deadline to be considered for the IPDP program. All questions must be answered and all signatures must be present to process your application timely.***

1. Name as shown on your income tax return: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
*Street or PO Box Apartment or Unit #*  
  

<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone Number</i>
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3. **Valid email address** for follow-up communication regarding your IPDP application: \_\_\_\_\_
4. Your birth month and day: \_\_\_\_ / \_\_\_\_ (mm/dd) (Do not include your birth year).
5. I am employed as: \_\_\_\_ Teacher of children ages 0-5 yrs. \_\_\_\_ Family child care home provider \_\_\_\_ Child care center director
6. I have worked or will have worked at least 30 hours per week with children ages 0 through 5 years in licensed child care facilities in Lincoln or Gaston Counties during 9 of the previous 12 months as of **June 3, 2020**:  
 \_\_\_\_ Yes - If Yes, please continue to next item.  
 \_\_\_\_ No - If No, please answer the following:  
 I was on leave from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) THROUGH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)  
 For \_\_ maternity leave \_\_ illness \_\_ other (Reason : \_\_\_\_\_)
7. Verification of employment: If you are an employee, you **MUST** have your facility owner, director or principal sign below. If you are the owner/director, or principal you must sign below. **I am the director, owner or principal of** \_\_\_\_\_



(full legal name of the facility) and by signing below, I verify all of the above information is true and accurate.

Facility ID (License) Number	Signature of Director, Owner or Principal	Date
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Please read and sign below. *Note: Participants who are awarded more than \$600 during the calendar year will receive an IRS Form 1099. FAILURE TO SIGN AND DATE THE SUBSTITUTE FORM W-9 WILL DELAY YOUR PAYMENT!*

**SUBSTITUTE FORM W-9**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing this form, I certify that under penalties of perjury:

1. My Individual Taxpayer Identification Number (TIN) is correct,
2. I am not subject to backup withholding\* due to failure to report interest and dividend income, and
3. I am a U.S. person.

**\* If the IRS has notified you that backup withholding applies, then you must strike out the language in the above certification that relates to underreporting.**

Signature	Social Security Number	Date
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**Please continue to page 2 to complete this application.**

**DEADLINE:** Your submission of this completed application must be received at the Partnership for Children of Lincoln & Gaston Counties, Inc. at 120 Roechling Street Dallas, NC 28034 by the following date and time to be considered for the semesters indicated below:  
**WEDNESDAY June 3, 2020 by 12:00 NOON** for Spring 2020 coursework.



Continued from Page 1

**EDUCATION**

8. I have declared my major as: \_\_\_\_\_

**OR**

I have not yet declared my major \_\_\_\_\_

**OR**

I am pursuing either a: \_\_\_\_\_ certificate \_\_\_\_\_ diploma in \_\_\_\_\_

*Note: The relevancy of a degree will be determined by its ability to be accepted by NC Division of Child Development officials. Professionals receiving incentives for more than 20 semester hours must provide proof of a college major of Early Childhood Education, Child Development, Birth-Kindergarten or a closely related field.*

9. Please read:

- ✓ I understand that for the 2020 Spring semester, I will be required to submit a complete application and must also submit an official transcript.
- ✓ If I qualify for this program and receive payments, those payments are not reimbursement for specific expenses and that:
  - Professionals without a declared major may receive incentives for as many as 20 semester hours before providing the required proof of undergraduate major.
  - Inclusive of those 20 hours, payments will be made for up to 66 semester hours for an associate degree, up to 130 semester hours for a bachelor's degree, and up to 200 semester hours for a master's degree.
  - Hours paid toward a two year degree will be counted in the 130 semester hours and hours paid toward a four year degree will be counted in the 200 semester hours.
- ✓ I understand that if I participated in IPDP since the 2004-2005 fiscal years, the record of payment for semester hours begins July 1, 2004.
- ✓ I understand the deadline for submitting this completed application **and that it must be received at the office of the Partnership for Children of Lincoln & Gaston Counties, Inc. at 120 Roechling Street, Dallas NC 28034.**

10. By signing below, I understand that I am applying to participate in the Individual Professional Development Program activity, agree to all terms and conditions, certify that all statements have been accurately completed, and that official college documents have been provided as required.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Application Check List**

We will be unable to process your application if ANY of the required documentation is missing or if any questions on the application are left unanswered.

Have you included each of the following items REQUIRED to process your application?

- Complete application  yes  no  
(All questions **must** be answered!)
- Signed employment verification  yes  no
- Signed your application  yes  no
- Signed your substitute Form W-9  yes  no

**DEADLINE:** Your submission of this completed application and documentation must be received at the Partnership for Children of Lincoln & Gaston Counties, Inc. at 120 Roechling Street Dallas, NC 28034 by the following date and time to be considered for the semesters:

**WEDNESDAY June 3, 2020  
by 12:00 NOON for Spring 2020 coursework**

**This Space for Partnership Staff Use Only:**

- Eligible: \_\_\_\_\_ Yes \_\_\_\_\_ No
- If Yes:
  - \_\_\_\_\_ Number of semester hours qualified for payment
  - \_\_\_\_\_ Amount paid
- Processed by: \_\_\_\_\_ initials \_\_\_\_\_ date
- Monitored by: \_\_\_\_\_ initials \_\_\_\_\_ date

**Date Stamp Box**