

<u>Caregiver Staff Bonus Application – Fiscal Year 23-24</u>

Through our funding partner, WV DoHS/BFA/Division of Early Care and Education, West Virginia Early Childhood Training Connections and Resources (WVECTCR) will award caregiver staff bonuses during the July 1, 2023 – June 30, 2024 fiscal year. Caregiver staff bonuses are application based and will be reviewed and approved until funding is exhausted.

Purpose of Caregiver Staff Bonuses

The purpose of the availability of this caregiver staff bonus opportunity is to help alleviate the ongoing issue of staff retention in the early care and education community.

Caregiver Staff Bonus Award Amounts

The total amount of funding will be \$1000 per eligible person.

Caregiver Staff Bonus Award Period

The caregiver staff bonus award will have the enrollment period of March 1 - 22, 2024. Applications will only be accepted during the enrollment period.

Eligibility

Applicant must meet the following criteria for caregiver staff bonus applications to be reviewed.

- Currently working as a classroom teacher or aide in a WV licensed child care center, licensed family child care facility, licensed family child care home, licensed out of school time center or licensed Head Start center.
- Have worked for 6 consecutive months prior to application within the field of early care and education as outlined above in 1st bullet for a minimum of 20 hours per week.

Application Deadline

Complete application and W9 must be received either by email, mail or fax during the enrollment period only. Application and W9s received prior to enrollment period start date will be automatically denied. Application and W9s must be received in our office by deadline date when submitted by email or fax OR postmarked by deadline date when submitted by mail. Application and W9 is a fillable PDF document (you can type in the form boxes) and recommended for ease of completion. If completed by hand, please print clearly as an application that is non-legible will cause delays in processing or the inability to be processed at all.

• Enrollment Period (March 1 – 22, 2024) – Deadline Date March 22, 2024

Application Submission

E-mail to: <u>tcr@rvcds.org</u> with Caregiver Staff Bonus FY23-24 in the e-mail subject line or

Mail to: WVECTCR/RVCDS

Attn: Alyson Edwards, Caregiver Staff Bonus FY23-24 611 7th Avenue Suite 322 Huntington, WV 25701

or

Fax to: Alyson Edwards, Caregiver Staff Bonus FY23-24 at 304-529-2535

Caregiver Staff Bonus Application Instructions

- Thoroughly read all information listed in the cover sheet and application prior to completing the application.
- Complete all sections of the application, sign, date, and submit to WVECTCR by the above listed methods.
- Applications not submitted during the enrollment period and meeting enrollment deadline will not be considered for review.

Caregiver Staff Bonus Requirements

Caregiver staff bonus applications that are approved must agree to follow the requirements listed below as a condition of receiving the caregiver staff bonus award.

- Applicants will provide honest, truthful information when completing the application and meet the eligibility requirements as listed above.
- Applicants found to have submitted fraudulent information will eliminate eligibility to receive caregiver staff bonus awards in the future (if funding available) and may require repayment of caregiver staff bonus funding to WVECTCR/RVCDS.
- By signing the caregiver staff bonus application, you agree to comply with the above requirements and understand that this is considered income which will result in a 1099 tax document.



Thoroughly read all information on the cover sheet and application prior to completing the application.

Section 1 – General Applicant Information

Applicant must be currently working as a classroom teacher or aide in a WV licensed child care center, licensed family child care facility, licensed family child care home, licensed out of school time center or licensed Head Start center and must have worked for 6 consecutive months prior to application within the field of early care and education for a minimum of 20 hours per week.

Application Date:		SSI	N #:			
Applicant Name:						
Center/Facility Name:						
Applicant Mailing Address:					County:	
Applicant City, State, Zip:						
Applicant Phone Number:			Applicant E-mail:			
	Child Care Center	🗆 Fa	amily CC Facility	🗆 Family	CC Home	
	Out of School Time (OST) Center		Head Start Center			

Section 2 – Employment Status

Please check the boxes below as verification of each statement and indicate whether you are a classroom teacher or aide.

□ yes	Currently working as a classroom teacher or aide in a WV licensed child care center, licensed family child care facility, licensed family child care home, licensed out of school time center or licensed Head Start center serving children as one of the following: Classroom Teacher Classroom Aide
🗆 yes	Have worked for 6 consecutive months prior to application within the field of early care and education as
	outlined above for a minimum of 20 hours per week.

Section 3 – Certification

By signing this application, I am certifying that I met the requirements to be eligible (listed below) and acknowledge that I have provided honest, truthful information within the application and if found to have submitted fraudulent information that I will be non-eligible to receive caregiver staff bonus awards in the future (if funding available) and may be required to repay the caregiver staff bonus funding to WVECTCR/RVCDS:

- Currently working as a classroom teacher or aide in a WV licensed child care center, licensed family child care facility, licensed family child care home, licensed out of school time center or licensed Head Start center.
- Have worked for 6 consecutive months prior to application within the field of early care and education as outlined above in 1st bullet for a minimum of 20 hours per week.

The following signature affirms that I have read and understood the section above (Section 3 – Certification).

Caregiver Staff Signature

Printed Name

Date

Section 4 – Owner or Director Signature

By signing this application, I am certifying that the applicant has been employed for 6 consecutive months prior to application within the field of early care and education as outlined above as stated in the 1st bullet for a minimum of 20 hours per week as stated in the 2nd bullet.

Owner or Director Signature

Printed Name

Date

Submission Instructions:

Complete application and W9 must be received either by email, mail or fax during the enrollment period only. Application and W9 received prior to enrollment period start date will be automatically denied. Application and W9 must be received in our office by deadline date when submitted by email or fax OR postmarked by deadline date when submitted by mail. Application is a fillable PDF document (you can type in the form boxes) and recommended for ease of completion. If completed by hand, please print clearly as an application that is non-legible will cause delays in processing or the inability to be processed at all.

• Enrollment Period (March 1-22, 2024) – Deadline Date March 22, 2024

Email:	tcr@rvcds.org with Caregiver Staff Bonus FY23-24 in the subject line
OR	
Fax:	304-529-2535 to the attention of Alyson Edwards, Caregiver Staff Bonus FY23-24
OR	
Mail:	WVECTCR/RVCDS Attn: Alyson Edwards, Caregiver Staff Bonus FY 23-24 611 Seventh Ave, Suite 322 Huntington, WV 25701

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

	2 Business name/disregarded entity name, if different from above		
Is on page 3.	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)	
type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	· · · · · · · · · · · · · · · · · · ·	
Print or type. Specific Instructions	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)	
ecif		Applies to accounts maintained outside the U.S.)	
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)		
0)	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	t I Taxpayer Identification Number (TIN)		
		rity number	
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>		

TIN, later.			-
Note: If the account is in more than one nar	me, see the instructions	for line 1. Also see Wha	t Name and
Number To Give the Requester for quideline	es on whose number to e	enter	

Certification Part II

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	Signature of		
Here	U.S. person ►		

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-INT (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)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- 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.