

Dear Provider,

Below please find instructions for the Haverhill Childcare Supporting Employment Program. This new opportunity is available for programs to support families with at least one unemployed parent. The goal of the program is to help unemployed parents to achieve the goal of obtaining employment by providing access to childcare at the program of their choice.

In order to access this scholarship for a family in your program, please do the following:

- 1. Choose families with at least one unemployed parent based on eligibility criteria (found on p. 6)**
- 2. With the family, review family obligations and complete Selection criteria worksheet, Appendix A, and Appendix B.**
- 3. Review the grant assurances set forth for providers and sign the document.**
- 4. Mail a completed packet including provider grant assurances and the selection criteria worksheet to the address listed below by January 31st, 2019.**

Providers will be notified of the status of their application by February 15th, 2019.

**Childcare Supporting Employment Program HAVERHILL
Grant Assurances
2018 - 2019**

In applying for the Childcare Supporting Employment Program, the provider agrees to the following terms and conditions:

Purpose:

To assist unemployed parents and guardians obtain employment by providing access to safe, affordable childcare and early childhood education opportunities.

Provider Eligibility:

- Must be EEC-licensed provider located in the city of Haverhill.
- Must agree to all requirements listed below. Participating agencies will be paid through the City of Haverhill's vendor payment system which will require a contract and accompanying documentation with City of Haverhill Community Development.

Parent Eligibility:

- Must be Haverhill resident
- At least one parent must be unemployed and pursuing employment and must agree to all requirements laid out in the
- Must provide income verification and proof of employment

Contract Information

The Haverhill Community Development Office will be issuing a standard City of Haverhill contract to each preschool (Provider) that enrolls a scholarship child or children who meet eligibility requirements for a scholarship (Haverhill resident, meets federal CDBG guideline, or other eligibility). The contract will cover the number of children the Provider enrolls in the Childcare Supporting Employment Program between the start date of the contract until August 30, 2019.

Contract Amount

The value of the contract will be the maximum payable to the Provider (EEC tiered daily rate times the number of service days child is enrolled in the preschool) for the fiscal year.¹

Holidays, Absences, Vacations

The Haverhill Scholarship Contract will pay for every day that care is available: scheduled holidays, for excused and unexcused absences, family vacation days, and for days when the preschool is closed due to professional development. If the Provider has an unexplained closure, the Haverhill Scholarship Contract and family are not responsible for payment and co-payment to the preschool.

¹ There are a maximum of 261 service days in a calendar year.

Contract Payments

Providers will be paid on a cost reimbursement basis as frequently as each quarter. If a child leaves the Provider center , the Provider must notify the City within one week.

Length of Contract: The contract will be for the FY18-FY19 fiscal year, beginning no earlier than February 15 2019, ending August 31, 2019.

Scope of Project Services

Provider Requirements:

- Provide or maintain full-day and 12-month preschool education to three- or four-year old children, until each child is eligible to matriculate into Kindergarten (age 5 by Sept. 1st);
- Complete preschool’s enrollment documentation and maintain a file for each child as per licensing requirements. Provider must collect income documentation (prior year’s tax filing) at time of application and Appendix A and B must be completed by parent. All family records must be kept in a locked, secure, onsite location.
- Provider must collect and maintain records of income and employment information per City requirements on an ongoing basis.
- Ensure that participating parents meet all obligations as described in Appendix B and provide any required reports to the Community Development Office.
- Keep accurate attendance records for each child enrolled in the Childcare Supporting Employment Program;
- Inform the Community Development Office if a child has excessive absence (as defined in current EEC subsidy regulations);
- Provider will work with child’s family in the event that substantial issues arise between preschool and the child/child’s family;
- Recruit age-appropriate Haverhill children from low income families that meet eligibility requirements to fill each contracted slot;
- Preference should be given to siblings of children who currently fill contracted slots;
- Communicate each child’s start date to the Community Development Office Working Group Coordinator in a timely manner;
- Work with the Community Development Office Working Group Coordinator and a child’s family in the event that substantial issues arise between the contractor and the child/child’s family; and
- Agree to monitoring by both local and federal officials.

Agreed to this _____day of _____, 2019

City of Haverhill
By:

Provider
By:

It’s:

It’s:

Instructions/Definitions

1. **Providers are expected to maintain all family information on site in a secure, locked location. Please do not submit additional personal information related to children or families. This information should be maintained by the Provider.**
2. **Family Income:** Enrollment is prioritized using the City of Haverhill median income. Priority will be given to lowest income families based on income chart in Appendix A.
3. **Targeted neighborhood/public housing:** The family address will be used by the Community Development office to determine if the family is located within a targeted neighborhood. Please indicate if the family lives in Section 8 or public housing.
4. **Age of Child:** Three priority points will be given to four (4) year olds.
5. **Siblings:** If a family is requesting care for more than one child, all eligible children will be enrolled together if selected. If a family already has a child in care and is requesting care for a sibling who does not currently have care, they will receive one priority point.

Submission instructions:

Please mail one hard copy of this application to:

Community Development Office
ATTN: Working Parents Initiative
City Hall, Room 309
4 Summer Street
Haverhill, MA 01830

**SUBMISSION DEADLINE: All applications must be postmarked by
January 31, 2019**

**Scholarship Contract Selection Criteria
City of Haverhill**

Instructions: Please complete the information below about the child/family. Collect supporting documentation but do not submit with this application. Supporting documentation will be required if the family is accepted to receive a scholarship.

Selection Criteria		
Provider/Center Name:		
DOB of child:		Address of family:
Number of parents in family currently unemployed:		
Record the number of points for each eligibility factor that applies to the applicant. Refer to instructions/definitions on the reverse side of the form. Complete a separate form for each sibling for whom care is requested.		
1. Family Income:		Priority Points
Family income at or below 50% City median income (See Appendix A)?	Y/N	3
Family income at or below 80% City median income (See Appendix A)?	Y/N	1
Provider has collected 2017 Tax documents (Will be required to submit if family is accepted)	Y/N	N/A
2. Lives in Targeted Neighborhood	Office use only	1
3. Lives in Public or Section 8 Housing	Y/N	1
4. Number of children in family for whom the family is requesting care		N/A
5. Child information:		
4 years old as of January 1, 2019?	Y/N	2
3 years old as of January 1, 2019?	Y/N	1
Is child now or has child ever been enrolled in a licensed early childhood program (Family child care, child care center, or preschool)?	Y/N	1 if N
5. Do(es) the child(ren) have a sibling already in care?		1
TOTAL POINTS		
Families with the highest points will be offered enrollment pending available funding		
Provider Representative Signature: <i>I attest that the above information is true to the best of my knowledge.</i>		Date:

Approved by Community Development Division Director (signature)

Approval Date

Start Date of scholarship: _____

APPENDIX A

SELF-DECLARATION OF INCOME REPORT

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PARTICIPANT INFORMATION

Child DOB: _____

City, State, Zip Code: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE PARENT THAT IS PARTICIPATING IN THE Childcare Supporting Employment PROGRAM.

ETHNICITY OF PARENT:

Hispanic or Latino

RACE OF PARENT (please select only one):

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Other Multi-Racial:
- American Indian/Alaskan Native **and** White
- Asian **and** White
- Black/African American **and** White
- American Indian/Alaskan Native **and** Black/African American

HOUSEHOLD INFORMATION

Female Head of Household

Circle the corresponding income level for your household.

Household Size	(0% - 30%)	(31% - 50%)	(51% - 80%)	(81% and above)
1 <input type="checkbox"/>	\$0-\$19,950	\$19,951-\$33,250	\$33,251-\$50,350	\$50,351+
2 <input type="checkbox"/>	\$0-\$22,800	\$22,801-\$38,000	\$38,001-\$57,550	\$57,551+
3 <input type="checkbox"/>	\$0-\$25,650	\$25,651-\$42,750	\$42,751-\$64,750	\$64,751+
4 <input type="checkbox"/>	\$0-\$28,500	\$28,501-\$47,500	\$47,501-\$71,900	\$71,901+
5 <input type="checkbox"/>	\$0-\$30,800	\$30,801-\$51,300	\$51,301-\$77,700	\$77,701+
6 <input type="checkbox"/>	\$0-\$33,100	\$33,101-\$55,100	\$55,101-\$83,450	\$83,451+
7 <input type="checkbox"/>	\$0-\$35,350	\$35,351-\$58,900	\$58,901-\$89,200	\$89,201+
8 <input type="checkbox"/>	\$0-\$37,650	\$37,651-\$62,700	\$62,701-\$94,950	\$94,951+

(FY2018 Median Family Income)

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____ Date: _____

(Original signature is required)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as on-site monitoring visits.

ANEXO A

AUTO DECLARACIÓN DE INGRESOS

INFORMACIÓN PROPORCIONADA EN ESTE FORMULARIO ES CONFIDENCIAL Y NO SE COMPARTÉ NINGUNA OTRA AGENCIA

INFORMACIÓN DEL PARTICIPANTE

Fecha de nacimiento del niño(a): _____

Ciudad, Estado, Código Postal: _____

FAVOR DE INCLUIR LA SIGUIENTE INFORMACIÓN SOBRE EL M/PADRE QUE PARTICIPE EN EL PROGRAMA DE BECA DE PADRES TRABAJANDO.

ETNIA DEL M/PADRE:

Hispano/Latino

RAZA DEL M/PADRE (por favor seleccione sólo una):

- | | |
|---|--|
| <input type="checkbox"/> Blanco | <input type="checkbox"/> Indio Americano/Nativo de Alaska y Blanco |
| <input type="checkbox"/> Negro/Afro-Americano | <input type="checkbox"/> Asiático y Blanco |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Negro/Afro-Americano y Blanco |
| <input type="checkbox"/> Indio Americano/Nativo de Alaska | <input type="checkbox"/> Indio Americano/Nativo de Alaska y Negro/Afro-Americano |
| <input type="checkbox"/> Nativo de Hawaii/ Islas del Pacifico | |
| <input type="checkbox"/> Otro Multi-Racial: | |

INFORMACIÓN DEL HOGAR

Mujer cabecera de familia

Circule el nivel de ingreso que corresponde a su hogar

Household Size	(0% - 30%)	(31% - 50%)	(51% - 80%)	(81% and above)
1 <input type="checkbox"/>	\$0-\$19,950	\$19,951-\$33,250	\$33,251-\$50,350	\$50,351+
2 <input type="checkbox"/>	\$0-\$22,800	\$22,801-\$38,000	\$38,001-\$57,550	\$57,551+
3 <input type="checkbox"/>	\$0-\$25,650	\$25,651-\$42,750	\$42,751-\$64,750	\$64,751+
4 <input type="checkbox"/>	\$0-\$28,500	\$28,501-\$47,500	\$47,501-\$71,900	\$71,901+
5 <input type="checkbox"/>	\$0-\$30,800	\$30,801-\$51,300	\$51,301-\$77,700	\$77,701+
6 <input type="checkbox"/>	\$0-\$33,100	\$33,101-\$55,100	\$55,101-\$83,450	\$83,451+
7 <input type="checkbox"/>	\$0-\$35,350	\$35,351-\$58,900	\$58,901-\$89,200	\$89,201+
8 <input type="checkbox"/>	\$0-\$37,650	\$37,651-\$62,700	\$62,701-\$94,950	\$94,951+

(FY2018 Ingreso Medio Familiar)

Certifico que la información anterior es verdadera y correcta a lo mejor de mi conocimiento.

Participante / Guardián: _____ Fecha: _____

(Se requiere su firma.)

Las regulaciones federales requieren que obtengamos esta información para documentar la asistencia a personas de bajo y moderado ingreso. El Participante debe completar este formulario indicando todas las personas que residen dentro de su hogar. El concesionario debe retener este formulario para conocer los requisitos de presentación de informes mensuales, así como las visitas de supervisión.

Mantenga la documentación de la familia en un lugar seguro.

APPENDIX B

Name of Parent/Guardian:

Name of child(ren) included in this application:

As a parent, you are applying for the Childcare Supporting Employment Program to pay for child care in order to further parent employment goals. Conditions of this funding include the following. As a participating parent/guardian in the Childcare Supporting Employment Program, you are required to:

- Enroll at the MassHire Merrimack Valley Career Center within 30 days of approval of the scholarship.
- Submit ongoing documentation of employment status to Haverhill Community Development Office Working Group.
- Complete any other documentation as required by the Community Development Office or Community Development Office Working Group.
- Obtain employment no later than June 1st, 2019 and maintain employment for the required minimum amount of time.

I understand these requirements and understand that failure to meet the requirements of the scholarship may result in the termination of the scholarship.

Parent Guardian Name (printed)

Date

Signature

DO NOT SUBMIT this documentation. One copy should be kept on file in a secure location by the participating childcare provider; the participating parent should also keep a copy.

Circle one:

Parent Copy

Provider Copy

APÉNDICE B

Nombre del padre / apoderado(a):

Nombre del niño (s) incluido en esta solicitud:

Como padre, usted está solicitando el Programa de Cuidado Infantil para Apoyar Empleo para pagar el cuidado infantil con el fin de alcanzar las metas de empleo de los padres. Las condiciones de esta financiación incluyen lo siguiente. Como padre o apoderado(a) participante en el Programa de Cuidado Infantil para Apoyar Empleo, usted debe:

- Inscribise en el MassHire Merrimack Valley Career Center dentro de los 30 días posteriores a la aprobación de la beca.
- Presentar la documentación en curso del estado laboral al Grupo de Trabajo de la Oficina de Desarrollo Comunitario de Haverhill.
- Complete cualquier otra documentación que requiera la Oficina de Desarrollo Comunitario o el Grupo de Trabajo de la Oficina de Desarrollo Comunitario.
- Obtenga un empleo a más tardar el 1 de junio de 2019 y mantenga el empleo por el tiempo mínimo requerido.

Entiendo estos requisitos y entiendo que el incumplimiento de los requisitos de la beca puede resultar en la terminación de la beca.

Nombre del padre o apoderado(a) (impreso)

Fecha

Firma

NO ENVÍE esta documentación. El proveedor de cuidado infantil participante debe guardar una copia en un lugar seguro. El padre participante también debe guardar una copia.

Ponga un círculo:

Copia del proveedor

Copia del padre/apoderado(a)