

Rewards Checklist

Providers Name: _____

Center: _____

Date: _____

- Received Supplement Scale
- PD Report
 - Provider signed Date _____
 - Director signed Date _____
- Grant Agreement
 - Provider signed Date _____
 - Director signed Date _____
- Employment Verification
 - Provider signed Date _____
 - Director signed Date _____
- Application
 - Provider signed Date _____
 - Director signed Date _____
- Received Flyer
- Talked about TEACH Scholarship
- Receive Unofficial Transcript Grades Date _____
- Send E-Mail to Director about their providers classes _____
- Receive a Copy of their Certs and Date _____
- Received an Official Transcript from Classe(s) and Date _____

Fall Classes

Spring Classes

Summer Classes

Drop Date

Drop Date

Drop Date

Midterms Date

Midterms Date

Midterms Date

Last Day of Class

Last Day of Class

Last Day of Class

Smart REWARDS
Supplement Amounts
For Enrollment Period July 1, 2018 – June 30, 2019

Qualification	Amount of supplement
<u>Each</u> Early Childhood Education College Course <i>(Grade B or Better)</i>	\$350
Local Trainings	Amount will be based on availability of funds and number of trainings attended

Milestone Achievements During Enrollment Period
(One Time Payment Only Per Level)

Qualification	Amount of Supplement
NC Early Childhood Credential (NCECC) (Earned with EDU 119)	\$50
Administrative Credential	\$50
Early Childhood Certificate; Infant / Toddler Certificate; BK License	\$100
AA Degree in Early Childhood or approved related field	\$250
BA/BS in Early Childhood or approved related field	\$500

***Based on availability of funding, and priority, additional stipends may be provided on an individual basis for quality enhancement improvement.**

My Professional Development Plan
Timeline and Resources Necessary for Achievement of
My Educational and Career Goals:

Plan for 7/1/2018 - 6/30/2019

NAME: _____

CHILD CARE PROGRAM: _____

Smart REWARDS payment(s) I anticipate being eligible for this year (include courses and milestones)

COURSES:

Early Childhood Education course(s) completed **SUMMER** 2018. **Provide course number and name.**

Early Childhood Education course(s) enrolled in for **FALL** Semester 2018. **Provide course number and name.**

Early Childhood Education Course(s) I plan to take **SPRING** Semester 2019. **Provide course number and name.**

MILESTONES:

Early Childhood Education milestone(s) I will be eligible for between July 2018 and June 2019 (achieved during this grant period): [Refer to Attachment A, Stipend Amounts, for eligible milestones]

Long-Range Professional Development Plan

Objective	Course(s) I plan to take	Expected Start Date	Information and resources needed to meet my educational goals (Financial assistance, academic counseling, mentoring, etc.)	Anticipated Outcomes	Anticipated Completion Date	Class Enrollment Drop Data
<i>Example: obtain my AA in ECE by taking online courses</i>	<i>EDU 119-Early Childhood Education EDU 131-Child, Family, and Community</i>	<i>August 2017</i>	<i>I would like some information about how to help pay for my tuition and books.</i>	<i>Receipt of my AA in ECE</i>	<i>June, 2018</i>	

Summer 2018:

Name of Professor _____ Institution _____

Class Number _____ Contact Information _____

Fall 2018:

Name of Professor _____ Institution _____

Class Number _____ Contact Information _____

Name of Professor _____ Institution _____

Class Number _____ Contact Information _____

Spring 2019:

Name of Professor _____ Institution _____

Class Number _____ Contact Information _____

Name of Professor _____ Institution _____

Class Number _____ Contact Information _____

Applicant Signature: _____ Date: _____

Director Signature: _____ Date: _____

GRANT AGREEMENT FOR SMART REWARDS GRANT

1. This Grant Agreement is hereby entered into by and between Madison County Partnership for Children and Families, Inc. (“Grantor”), and (“Grantee”) (referred to collectively as the “Parties”).
2. This Grant shall be effective on _____ and shall terminate on **June 30, 2019**.
3. The Grantee agrees to comply with the following Grant requirements:
 - A. Eligibility Requirements:
 - 1) Must be working with children ages birth to five years at a legally-operating child care program in Madison County for at least 15 hours per week. Directors and Assistant Directors do not have to work directly with children to be eligible.
 - 2) Must submit a completed application with supporting documentation by the established deadline, unless an extension has been approved.
 - B. Programmatic and Financial Grant Requirements:
 - 1) Must complete an approved early childhood college course with a grade of 'B' or better; and/or
 - 2) Must have earned an approved early childhood-related milestone during the enrollment period. A milestone payment is a one-time only payment for successive milestones achieved during the enrollment period.
 - C. Additional Terms and Conditions:
 - 1) Meeting the requirements specified in the Grantee’s grant application.
 - 2) Providing the Grantor with all requested information related to the Grant by established deadlines.
4. The total payment under this Grant shall not exceed the amounts listed (per course or milestone) in *Attachment A: Smart REWARDS Stipend Amounts: FY 2018-2019*. **In no event will payments under this Grant be made after June 30, 2019**. The Grantor has the authority to withhold payment or require repayment if Grantee fails to comply with the terms of the Grant.
5. Payment Procedure:

Semi-annual payment(s) shall be made as follows:

Projected payment dates are on or around January 31, 2019 and June 30, 2019; all required documentation must be received prior to payment dates. The amount of payments will be calculated based on successful course completion and/or milestone achievement according to Attachment A.
6. The payment of the sums specified in this Grant Agreement is dependent and contingent upon and subject to the appropriation, allocation and availability of funds for this purpose to the Grantor.
7. This Grant Agreement and any documents attached or incorporated specifically by reference represent the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

8. Any amendment to this Grant Agreement must be in written form and executed by duly authorized representatives of the Grantee and Grantor.
9. Failure to comply with any of the terms of this Grant Agreement is considered a material breach and may result in the immediate termination or suspension of this Grant Agreement and the return of monies received under the Grant by the Grantee. Waiver by the Grantor of any default or breach of the terms of this Grant Agreement by the Grantee shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this Grant Agreement.
10. All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the Grant Agreement expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.
11. The validity of this Grant Agreement and any of its terms or provisions, as well as the rights and duties of the parties to this Grant Agreement, are governed by the laws of the State of North Carolina. The Grantee, by signing this Grant Agreement, agrees and submits, solely for matters concerning this Grant Agreement, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the only venue for any legal proceeding shall be **Madison** County, North Carolina.

Signature Warranty:

The undersigned represent and warrant that they are authorized to bind their principals to the terms and conditions of this Grant Agreement.

In Witness Whereof, the Grantee and the Grantor have executed this Grant Agreement in duplicate originals, with one original being retained by each Party.

LEGAL NAME OF GRANTOR:

Madison County Partnership for Children and Families, Inc.

By: Molly Campbell
Name of Authorized Official

 Executive Director
Title

Signature

Date

LEGAL NAME OF GRANTEE:

By: _____
Name (Print)

Signature

Date

Social Security #: _____

Home Mailing Address: _____

Telephone: _____

Email: _____

EMPLOYMENT VERIFICATION (Must be signed by the Child Care Program Director):

I certify that the above-named Grantee continues to be employed at the _____ child care program in Madison County, and works with children ages birth to five at least 15 hours per week.

Authorized Signature (Director)

Date

Madison County Partnership for Children & Families
Smart REWARDS

_____ SEMESTER FY19

GRANTEE:

Name (Print)

Signature

Date

Home Mailing Address: _____

Telephone: _____

Email: _____

EMPLOYMENT VERIFICATION (Must be signed by the Child Care Program Director):

I certify that the above-named Grantee continues to be employed at the
_____ child care program in Madison County, and works with children ages birth
to five at least 15 hours per week.

Authorized Signature (Director)

Date

MADISON COUNTY PARTNERSHIP FOR CHILDREN & FAMILIES, INC.
Smart REWARDS APPLICATION: JULY 1, 2018 - JUNE 30, 2019

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____

Home Mailing Address: _____

Home Phone: _____ Work Phone: _____ E-Mail Address: _____

Education Level already attained (check **ALL** that apply):

___ High School Diploma/GED

Early Childhood Education:

Other Fields (Specify field of study):

___ AA Degree in ECE

___ AA Degree _____

___ BA/BS in ECE

___ BA/BS _____

___ MA/MS in ECE

___ MA/MS _____

___ Ph.D. in ECE

___ Ph.D. _____

Other Early Childhood Certificates or Credentials already attained (check **ALL** that apply):

___ NC Credential* ___ Administrative Credential** Level I ___ Level II ___ Level III

___ Early Childhood Certificate ___ Infant/Toddler Certificate ___ EC Special Education Certificate

*First priority will be given to those enrolled in these classes.

** First priority will be given to Directors only.

Required Attachments to this application form:

- **ALL applicants:**

A Professional Development Plan (form provided in this application packet)

Applicant:

By signing below, I verify that all information I provided is accurate. I understand that Madison County Partnership for Children and Families (Smart Start) will report any professional development supplement I receive, in excess of \$600, to the Internal Revenue Service. I understand that The Partnership may use my name and application information for research/evaluation purposes. I agree to notify The Partnership of any changes in my employment status.

Signed: _____

Date: _____

Employer:

I certify that _____ (name of employee) is currently employed by _____ (name of program) and that he/she works in a classroom directly with children ages birth to five at least 15 hours per week.

Authorized Signature/Title: _____

Date: _____

Name of Program: _____ License # _____

Return this application and the Professional Development Plan to:

Smart REWARDS Coordinator
Madison County Partnership for Children
PO Box 1657
Mars Hill, NC 28754



Smart REWARDS

Learn & Earn

What: Earn cash stipends for each Early Childhood Education college class you complete with a grade of B or better; and for successive ECE Milestones:

- ❖ \$350 for each class
- ❖ \$50 for the EC Credential, and Admin Credentials I, II, or III
- ❖ \$100 for ECE Certification, Infant/Toddler Certification or BK License
- ❖ \$250 for the Early Childhood AA Degree
- ❖ \$500 for a BA/BS Degree in Early Childhood
- ❖ Priority will be given to Providers seeking EDU 119 & Admistration.

How: Submit an application and professional development plan

Deadlines:

- Summer & Fall Applications: Sept. 28, 2018
- Summer & Fall Grades: January 11, 2019
- Spring Applications: January 31, 2019
- Spring Grades: June 3, 2019

Contact:

Penny Briggs, Madison County Partnership for Children & Families

Mailing Address:

PO Box 1657, Mars Hill, NC 28754

Email: briggsp@mcpcf.com

Phone: (828)689-1529

Office Location:

Spilman Hall, Mars Hill University

1st Floor, Room 213