

# CPR and First Aid Assistance Funds FY20

**Illinois Action for Children**  
**4753 N. Broadway, Suite,**  
**1200 Chicago, IL 60640**



**July 1, 2019 –June 30, 2020**



**Based on available funding, Illinois Action for Children is offering funds to assist with paying for CPR/FA.** Funds are provided by the Illinois Department of Human Services (IDHS). *For the purposes of this document the term "child care program" includes child care centers and family child care.*

## 1. WHO CAN APPLY?

- Individual practitioners currently employed by center based programs or primary family home providers (licensed or license exempt) that provide care as defined by the Illinois Department of Children and Family Services (DCFS). Individual practitioners include child care center directors, teachers/assistant teachers, school age teachers/assistant teachers, and primary family home providers.
- Applicants must be a current member of the Gateways to Opportunity Registry. Registry membership is free. Practitioners may sign up for the registry at [www.ilgateways.com](http://www.ilgateways.com).
- **The child care program, where the individual works and family home provider must currently be caring for children whose care is paid for by the IDHS Child Care Assistance Program (CCAP) and have a valid Child Care Management System Provider ID number (CCMS).**

## 2. WHAT CAN FUNDS BE REQUESTED FOR?

- Individual costs associated with CPR and First Aid registration fee, student workbook and certification cards.
- Group/Staff On-Site – arranged by a child care program with costs associated with CPR and First Aid registration fee, student workbook and certification cards.

## 3. WHAT ARE THE APPROVED CPR/FA AGENCIES ?

- |   |   |
|---|---|
| • American Heart Association (AHA)        | • American Safety & Health Institute (ASHI)         |
| • American Red Cross                      | • Emergency Care and Safety Institute (ECSI)        |
| • American Trauma Event Management (AETM) | • Edward Atkinson/Emergency Response Health Network |
| • Ellis & Associates, Inc.                | • Medic First Aid                                   |
| • EMS Safety Services                     | • R.H. Sanders and Associates                       |
| • National Safety Council                 |   |

## 4. WHAT CAN'T FUNDS BE REQUESTED FOR?

- Fees associated with online CPR/FA will not be funded.
- Fees associated with training family child care assistants and substitutes will not be funded.
- Purchase of CPR dummies, lungs, valves, DVDs, masks, shields, kneeling pads, gloves, or training kits.
- Cost of meals
- Out of state workshops.

## 5. WHAT IS THE MAXIMUM FUNDING?

- The maximum funding amount per individual is up to **\$125.00**.

## 6. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit an application along with the required supporting documentation (see question 7).
- As applications are received, Illinois Action for Children will verify if programs currently provide care for children whose care is paid for by the IDHS Child Care Assistance Program (CCAP).
- Illinois Action for Children will notify you via phone/email if your application has been approved or denied, and if approved, the amount in which your request was funded.

**7. HOW IS TRAINING TRACKED IN THE REGISTRY?**

- CPR /First Aid Certification – This certification **must be entered individually as a certification** to the Registry.

**8. WHAT SUPPORTING DOCUMENTATION IS NEEDED?**

*Italicized items are required at the time of application.*

- *Proof of Gateways Registry membership for all attendees (i.e., copy of membership ID, or Professional Development Record).*
- Receipt/proof of payment. If paid by check submit copy of cashed check front and back
- Documentation of attendance for all attendees (i.e., sign-in roster)
- Copy of CPR/First Aid cards for all attendees
- **Enter certifications** and submit copy of *Gateways Completion Report* (child care center reports must list current staff and show completion of CPR/FA).

**9. HOW IS PAYMENT MADE?**

- You will be notified in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.
- Payments will be reimbursed and mailed directly to the individual, child care center or child care center staff named in Step 3 Payment Information Section of the application.
- Payment cannot be made until a complete application and required documentation is received and approved.

**10. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?**

- **Deadline: All trainings eligible for reimbursement must be taken before or on June 30, 2020. All applications and all supporting documentation must be received at Illinois Action for Children by June 30, 2020.**

**11. WHERE ARE APPLICATIONS SUBMITTED?**

Illinois Action for Children  
Attn: CPR and First Aid Assistance Funds  
4753 N. Broadway, Ste. 1200  
Chicago, IL 60640

**12. DO THE FUNDS NEED TO BE REPAID?**

- This is a grant program, which means funds do not generally need to be paid back. However, the grant funds come from the State of Illinois, and certain policies and procedures must be followed.
- In the event of over or improper reimbursement, appropriate arrangements will need to be made with Illinois Action for Children regarding return of funds.

**13. WHAT ELSE DO I NEED TO KNOW?**

- Application and activity must occur within the current funding cycle (7/1/19-6/30/20).
- Only completed applications will be considered.
- Applicants must use the provided application for **July 2019 - June 2020**.
- Funding is limited and not guaranteed.
- Payment cannot be made until a complete application and all required documents are received.

**FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT  
Provider Resources at (773) 564-8781 or (773) 564-8804**

CPR and First Aid Assistance Funds Application Form



**Illinois Action for Children**  
**4753 N. Broadway, Ste. 1200**  
**Chicago, IL 60640**



**July 1, 2019 – June 30, 2020**

The current year application form must be used. This application may not be reformatted.

- ➔ Please type or print using black or blue ink
- ➔ Complete **all fields**; use "NA" if not applicable – **do not leave any field blank**
- ➔ Refer to the CPR and First Aid Assistance Funds Instructions and Requirements
- ➔ Be sure to review the checklist in Step 4

<b>STEP 1: Applicant Information</b>						
Applicant First Name:			Applicant Last Name:			
Applicant Address:						
City:	State:	Zip Code:	County:			
Mailing address (if different):						
Phone #: (    )		Email (optional): <input type="radio"/> Personal <input type="radio"/> Program				
<b>Child Care Management System Provider ID Number (CCMS)</b>						
<b>Gateways Registry #</b>						
Program is: <input type="radio"/> Licensed Child Care Center <input type="radio"/> License Exempt Child Care Center <input type="radio"/> Licensed Family Child Care <input type="radio"/> License Exempt Family Child Care						
Program (work site) Name:						
Program (work site) Address:						
City:	State: IL	Zip Code:	County: Cook			
What date did you begin employment at this site?		Month:	Date:	Year:		
Role: check the one that best describes your current position:						
<input type="radio"/> Director/ Administrator	<input type="radio"/> Assistant Director	<input type="radio"/> Director/ Teacher	<input type="radio"/> Teacher	<input type="radio"/> Assistant Teacher	<input type="radio"/> Substitute/ Floater	<input type="radio"/> Other: _____
<input type="radio"/> Family Child Care (FCC)	<input type="radio"/> FCC Assistant	<input type="radio"/> Group FCC Provider	<input type="radio"/> Group FCC Assistant	<input type="radio"/> School Age Child Care Teacher	<input type="radio"/> School Age Child Care Assistant	
Age group YOU currently provide care for (center staff, check 1 primary age range; FCC providers check all that apply):						
<input type="radio"/> Infants 6 wks – 14 mos.	<input type="radio"/> Toddlers 15-23 mos.	<input type="radio"/> Twos 24-35 mos.	<input type="radio"/> Preschool 3-5 years	<input type="radio"/> School Age K-12 years	<input type="radio"/> Not Applicable	

Please have the *Program Administrator* complete the following formula to determine the percentage of children in your program receiving IDHS child care financial assistance.

To calculate: Total Number of children with IDHS Financial Assistance **DIVIDED** by Current total Enrollment **MULTIPLIED** by 100 **EQUALS** Percentage of Children Receiving IDHS Assistance. (FCC providers: include your own children, under age 13, in enrollment)

$$\frac{\text{\# of IDHS Children}}{\text{Current Total Enrollment}} \times 100 = \text{Percentage of IDHS Children \%}$$

**STEP 2: Funding Request Information**

- The maximum one-time funding amount available per person is up to **\$125.00** per fiscal year (July 1, 2019– June30, 2020)

**2A: CPR and First Aid Training**

Name of event: \_\_\_\_\_ Date(s) attending: \_\_\_\_\_

Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

I am requesting CPR and First Aid Assistance Funds to:	CPR	First Aid
Meet CCAP Health & Safety training requirements		

Total Amount Requested	CCR&R MAX	Actual Cost
<input type="checkbox"/> Individual CPR and First Aid		\$
<input type="checkbox"/> CPR and First Aid - Group/Staff On-Site: Cost per person \$ _____ x _____ total attendees = Actual Cost	100% of the actual cost, as funding allows	\$
<b>Note:</b> Arranged by a child care program. Includes director, lead teachers, teachers, teacher assistants or teacher aides who are employed by a child care provider for compensation on a regular basis.		
<b>TOTAL AMOUNT</b>		\$

**STEP 3: Payment Information**

Request is being made for:

- CPR and First Aid

**TOTAL AMOUNT REQUESTED (2A) \$ \_\_\_\_\_**

Requesting payment(s) be made to:

- Family Child Care Provider       Child Care Center       Child Care Center Staff

Make Check Payable To: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant  Social Security Number/ or  FEIN Number (REQUIRED): \_\_\_\_\_

**STEP 4: Application Checklist and Authorization**

- I completed all areas of the current application. If a question was not applicable I inserted N/A.
- I signed and dated my application.
- I attached all required supporting documentation as noted in Question #7
- Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
- Receipt/proof of payment. If paid by check submit copy of cashed check front and back
- Documentation of attendance for all attendees (i.e., sign-in roster)
- Copy of CPR/First Aid cards for all attendees
- **Enter certifications** Copy of Gateways Completion Report (child care center reports must lists current staff and show completion of CPR/FA training.
- The payment information I have submitted is correct.
- I have made a copy of this application documentation for my records.

*I have completed all documentation that was requested in the instructions and requirements. I certify that the above information is true and accurate, that I have not been indicated of child abuse and neglect and that my name or the names of my employees (if applicable) are not listed on the child abuse tracking system. Further, I grant permission for a representative of the Illinois Department of Children and Family Services or their agent to release information about my pending or current Day Care Home, Day Care Group Home or Day Care Center license if applicable to my application.*

_____	_____	_____	_____
Applicant Print	Date	Applicant Signature	Date

- ➔ **Payment cannot be made until a complete application and required documents are received.**
- ➔ **Deadline:** Applications and all supporting documentation must be received at **Illinois Action for Children** by **June 30, 2020.**

**Return application and all required documents to:**

**Illinois Action for Children**  
**Attn: CPR/FA Assistance Funds**  
**4753 N. Broadway, Ste. 1200**  
**Chicago, IL 60640**

**CCR&R USE ONLY:**

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Pending    Date \_\_\_\_\_    Reason: \_\_\_\_\_

Denied    Date \_\_\_\_\_    Reason: \_\_\_\_\_

Approved    Date \_\_\_\_\_    Amount \$ \_\_\_\_\_