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

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 lists 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 REPAYED?**
    - 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

**STEP 1: Applicant Information**

<table>
<thead>
<tr>
<th>Applicant First Name:</th>
<th>Applicant Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing address (if different):

<table>
<thead>
<tr>
<th>Phone #: (   )</th>
<th>Email (optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O Personal O Program</td>
</tr>
</tbody>
</table>

**Child Care Management System Provider ID Number (CCMS)**

<table>
<thead>
<tr>
<th>Gateways Registry #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Program is:  O Licensed Child Care Center O License Exempt Child Care Center O Licensed Family Child Care O License Exempt Family Child Care

Program (work site) Name:

Program (work site) Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State: IL</th>
<th>Zip Code:</th>
<th>County: Cook</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What date did you begin employment at this site? Month: Date: Year:

Role: check the one that best describes your current position:

- O Director / Administrator
- O Assistant Director
- O Director / Teacher
- O Teacher
- O Assistant Teacher
- O Substitute / Floater
- O Other:

- O Family Child Care (FCC)
- O FCC Assistant
- O Group FCC Provider
- O Group FCC Assistant
- O School Age Child Care Teacher
- O 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):

- O Infants
  - 6 wks – 14 mos.
- O Toddlers
  - 15-23 mos.
- O Twos
  - 24-35 mos.
- O Preschool
  - 3-5 years
- O School Age
  - K-12 years
- O 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)

\[
\text{Percentage of IDHS Children} = \left( \frac{\# \text{ of IDHS Children}}{\text{Current Total Enrollment}} \right) \times 100
\]
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– June 30, 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:

<table>
<thead>
<tr>
<th></th>
<th>CPR</th>
<th>First Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet CCAP Health &amp; Safety training requirements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount Requested

<table>
<thead>
<tr>
<th></th>
<th>CCR&amp;R MAX</th>
<th>Actual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual CPR and First Aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR and First Aid - Group/Staff On-Site:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost per person $_______ x _______ total attendees = Actual Cost</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Note: 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.

TOTAL AMOUNT $________

STEP 3: Payment Information

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):
CPR and First Aid Assistance Funds

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 list 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 $ ___________________________