First Aid / CPR Funds Program FY27

Guidelines and Application

Illinois Action for Children
4753 N. Broadway Ave., 1st Floor
Chicago, IL 60640

July 1, 2026 –June 30, 2027

In partnership with **Illinois Action for Children**, the Illinois Department Early Childhood (IDEC) is providing funds to assist child care practitioners to achieve First Aid (FA)/Cardiopulmonary Resuscitation (CPR) Certification. Below are the guidelines, please read carefully. *For the purpose of this document "program" refers to both child care centers and family child care homes; "provider" is inclusive of all child care practitioners (center staff & family child care).*

1. **Eligibility Criteria:**

- Provider must be employed by a program that is actively providing child care at the time of application.
- Program may be licensed or license exempt.
- Provider must be a current member of the Gateways to Opportunity Registry (applies to individual and group).
- The child care program must be listed on the Child Care Resource & Referral (CCR&R) agency's referral database and must currently be providing care in Cook County.
- The child care program must have no unpaid financial obligation to the CCR&R agency or the IDEC.
- **Priority is given to programs currently caring for 50% or more children whose care is paid for by the IDEC Child Care Assistance Program (CCAP**).

2. **Funds are available for:**

- FA/CPR training that occurs between July 1, 2026 – June 30, 2027.
- Individual costs associated with Pediatric FA/CPR (registration fee, student workbook, certification card). For school age providers, FA/CPR should be specific to the age served.
- Center staff on-site FA/CPR that is arranged by a child care program (registration fee, student workbook, certification card).
- Initial or renewal certification.
- FA/ CPR curriculum must be from one of the following approved entities:

□ American Heart Association
□ American Red Cross
□ Emergency Care and Safety Institute (ECSI)
□ Ellis & Associates, Inc.-Orlando, FL
□ Know CPR
□ National Safety Council
□ Pro-Trainings, LLC
□ American Safety & Health Institute (ASHI)
□ American Trauma Event Management (ATEM)
□ Edward Atkinson/Emergency Response Health Network
□ EMS Safety Services
□ MEDIC FIRST AID
□ Pacific Medical Training
□ R.H. Sanders & Associates/Titan CPR Associates

3. **Funds do not cover:**

- Incomplete or failed training/certification.
- Adult only FA/CPR.
- Travel to/from training.
- Out of state training.
- Purchase of CPR manikins, lungs, valves, DVDs, masks, shields, kneeling pads, gloves, or training kits.
- Cost of meals or refreshments.
- Fee for a replacement certification card.
- FA/CPR registration fee for volunteers at a child care program.
- No show and/or penalty fees.

4. **Application process:**

- Submit a completed application along with the required supporting documentation:
  □ Proof of Gateways Registry Membership.
  □ Completed W-9 form.
  □ Proof of enrollment for payment made directly to the trainer/entity or
  □ Receipt/proof of payment if requesting reimbursement.
  □ For Center Group Training – an attendance sheet for those attending/completing the course including the Gateways to Opportunity Registry Membership ID.
- The CCR&R will notify you in writing if your application has been approved or denied.

5. **Funding Amount/Payment:**

- The cost of FA/CPR will be funded at 100% up to **$100.00** per participant.
- Funding is limited and is not guaranteed.
- Payment requests can be made to the FA/CPR recipient.
- Reimbursement can be made to an individual or a child care program.

6. **Deadline to apply:**

- Ongoing as funding allows.
- Final date to submit a request for funding is **June 1, 2027.**

7. **Contact information:**

- Training Team
- registration@actforchildren.org/ (773) 564-8804

8. **Other information:**

- Completion of the FA/CPR training must be documented in the Gateways Registry within 30 days of completing the training. This can be done by
  - An individual self-reporting in the Gateways Registry or
  - Submitting documentation to the CCRR for data entry into the Gateways Registry
- Incomplete applications will delay the time to process.

Check list – Is your Application Complete?

- All parts of the application are complete. If a question was not applicable, I inserted NA.
- I signed and dated the application.
- I attached the required supporting documentation
  □ Proof of Gateways Registry Membership
  □ Completed W-9 form
  □ Proof of enrollment or Receipt/proof of payment
  □ For Center Group Training – an attendance sheet for those attending/completing the course including Gateways #
- The payment information I have submitted is correct.
- I understand an incomplete application will delay the review process.
- I have made a copy of the application and all supporting documentation for my records.

STEP 1: Applicant Information			
Requesting funds as: o An individual o Group Training (child care centers only)			
Applicant First Name:		Applicant Last Name:	
Applicant Address:			
City:	State:	Zip Code:	County:
Mailing address (if different):			
Program Phone #: ( )		Alternate phone #: ( )	
Gateways Registry #:		Email: o Personal oProgram	
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:			
City:	State: IL	Zip Code:	County:

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

_____ ÷ _____ **X 100 =** _____ **%**

# of IDHS Children ***Current Total Enrollment*** ***Percentage of IDHS Children***

STEP 2: Training Information		
Date(s) of Training:	Name of Trainer:	
Location of Training: (list address, city, IL, zip, county):		
☐ CPR ☐ First Aid ☐Combination FA/CPR	☐ Initial ☐ Renewal	☐ Face to face ☐ Hybrid
Length of training: Face to Face_____	Hybrid: on line component_____ / face to face component _____	

Entity (check one)

☐ American Heart Association
☐ American Red Cross
☐ Emergency Care and Safety Institute (ECSI)
☐ Ellis & Associates, Inc.-Orlando, FL
☐ Know CPR
☐ National Safety Council
☐ Pro-Trainings, LLC
☐ American Safety & Health Institute (ASHI)
☐ American Trauma Event Management (ATEM)
☐ Edward Atkinson/Emergency Response Health Network
☐ EMS Safety Services
☐ MEDIC FIRST AID
☐ Pacific Medical Training
☐ R.H. Sanders & Associates/Titan CPR Associates

Amount Requested	**Funding Maximum**	**Actual Cost**
Individual FA/CPR Cost per person $ _____	100% of the actual cost	$
Center Group FA/CPR Cost per person $_____ x_____ total attendees = Actual cost		$
TOTAL AMOUNT		$

STEP 3: Payment Information

Requesting payment be made/mailed to: ☐ Individual ☐ Child Care Center ☐ First Aid/CPR Trainer/Entity

Make check payable to: _____

Mail check to: _____
Address / City / State / Zip Code

Applicant ☐ Social Security # ☐FEIN # _____ ***required***

STEP 4: Authorization

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 Early Childhood or their agent to release information about my pending or current Child Care Home, Child Care Group Home or Child Care Center license if applicable to my application.

Applicant Printed Name Date Applicant Signature Date

Return a complete application and all required supporting documentation (see #4 + checklist) to:
Illinois Action for Children
Attn: CPR/FA Funds
4753 N. Broadway Ave., 1st Floor
Chicago, IL 60640

CCR&R USE ONLY:		
Date Received:	Reviewed by:	Complete? ☐Yes ☐No
☐ Approved Date / Amount $		
☐ Pending Date/Reason		
☐ Communicated with applicant Date / Message		
☐ Denied Date / Reason		

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ - ___ - ____

or

Employer identification number

__ - _____

Part II Certification

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 Here | **Signature of U.S. person** | **Date**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X Form **W-9** (Rev. 3-2024)