Individual Professional Development Funds | FY27

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

July 1, 2026 –June 30, 2027

Illinois supports the continuing professional development of child care practitioners. In partnership with the Child Care Resource & Referral (CCR&R) agencies, the Illinois Department of Early Childhood (IDEC) is providing funds to assist an individual in pursuit of professional development in early care and education and school-age care.

For the purposes of this document:

- *"child care program" or "program" includes child care centers and family child care*
- *Current /currently is defined as the time of application*

1. WHO CAN APPLY?

- Individual practitioners currently employed by center-based programs or family home programs (licensed or license exempt) that provide care as defined by the Illinois Department of Early Childhood (IDEC). Individual practitioners include child care center directors, early childhood teachers/assistant teachers, school age teachers/assistant teachers, family home providers and assistants. In addition, child care center support staff (e.g., cook, driver) when appropriate.
- Applicant must be a current member of the Gateways to Opportunity Registry (Registry). Registry membership is free. Practitioners may sign up for the registry at www.ilgateways.com.
- The child care program must be listed on the CCR&R provider 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.

2. ARE THERE PRIORITY PROGRAMS?

- As applications are received, 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).
- Programs that are full year (at least 47 weeks)/full day (at least 8 hours).
- Programs that are currently caring for infants and toddlers.

3. WHAT IS INDIVIDUAL PROFESSIONAL DEVELOPMENT?

- The advancement of knowledge in the field of early childhood/school age for an individual practitioner.

4. WHAT CAN INDIVIDUAL PROFESSIONAL DEVELOPMENT FUNDS BE REQUESTED FOR?

- Individual registration fees associated with conferences/workshops ***not required*** by ExceleRate Illinois.
- The conference/workshop must be off-site from your place of employment and must be related to early care and education, school-age care or child care administration/management.
- Fees associated with webinars/online training that is Illinois Gateways to Opportunity Registry-approved.
- Travel/Transportation cost (see application for additional information).
- Lodging cost.
- Costs associated with the following credentials:
  - Child Development Associate (CDA) www.cdacouncil.org 1-800-424-4310
  - Certified Child Care Professional (CCP) www.necpa.net 1-800-458-2644

5. WHAT *CAN'T* FUNDS BE REQUESTED FOR?

- College tuition assistance. Tuition assistance is available through the Illinois Gateways Scholarship Program. For information on the Gateways tuitions assistance visit www.ilgateways.com or call 866-697-8278.
- Workshops required under the ExceleRate Bronze, Silver or Gold Circle of Quality. Visit www.excelerateillinois.com for a complete listing.
- Conference/workshops in which **Illinois Action for Children** is the fiscal agent (i.e., registration fees are paid to the CCR&R).
- Special events during a conference (e.g., concert, recognition event, reception, etc.).
- The cost of meals or refreshments (unless included in basic registration fee).

- Group/staff training – on-site or off site – arranged by a provider group or child care program.
- Out of state conferences/workshops. Including registration and travel costs.
- Conferences/workshops in which the primary focus in political advocacy and/or sectarian (religious) instruction.
- Advisors, Consultants or Mentors.
- Substitute care.
- Membership fee to a professional organization.

6. WHAT ARE FUNDING MINIMUMS/MAXIMUMS?

- The minimum request is $15.
- The maximum funding amount per event/credential is 80% of the actual cost, as funding allows.
- The maximum funding amount available per person is up to $500 per fiscal year (July 1 – June 30).
- Additional information is on the application, Step 2.

7. WHAT IS THE APPLICATION PROCESS?

- Individuals complete and submit an application along with the required supporting documentation (see question 8).
- As applications are received, priority is given to programs currently caring for 50% or more children whose care is paid for by the IDECCCAP.
- The CCR&R will notify you in writing if your application has been approved or denied, and if approved, the amount in which your request was funded.

8. WHAT SUPPORTING DOCUMENTATION IS NEEDED?

Italicized items are required at the time of application. Remaining documentation is to be submitted to CCR&R within 30 days of the event date and/or completion date.

- *Proof of Gateways Registry membership (i.e. copy of membership ID or Professional Development Record).*
- *Announcement and/or outline and description for conference/workshop/online course. Announcement must include fees/cost and sponsoring entity.*
- *W-9 form (the form is available at www.irs.gov).*
- Receipt/proof of payment for registration and/or credential fees.
- Documentation of attendance/completion.
- If applicable confirmation/receipt for lodging and/or transportation costs (train, bus).
- If applicable printout documenting trip mileage (e.g., Google Maps, Yahoo Maps, etc).

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 can be made and mailed directly to the conference sponsor, individual, credentialing body or the child care program named in Step 3 Payment Information Section of the application.
- Individuals/programs that receive payment will be responsible for W-9 documentation and taxes.
- Payment cannot be made until a complete application and required documentation is received.

10. WHAT IS THE DEADLINE FOR SUBMITTING MY APPLICATION?

- Ongoing as funds allow.
- Please see question #8 regarding remaining required supporting documentation – due within 30 days after the event.
- CCR&R will receive applications + supporting documentation throughout the year; however, for applications to be considered, all applications + supporting documentation must be received at the CCRR by **June 1, 2027.**

11. WHERE ARE APPLICATIONS SUBMITTED?

- **Illinois Action for Children, 4753 N. Broadway Ave., 1st Floor, Chicago, IL 60640**
- **https://app.smartsheet.com/b/form/01a112f36d6c78d8b51cad410b20a0c4**

12. FOR MORE INFORMATION OR TO ANSWER FURTHER QUESTIONS, PLEASE CONTACT:

Recruitmentretention@actforchildren.org

13. 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 that payment is made for a conference/workshop, but you or an alternate are unable to attend, the individual/child care program will need to work with the CCR&R regarding the return of funds.
- In the event that payment is made for a credential and the individual withdraws or does not complete the process, the individual/child care program will need to work with the CCR&R regarding the return of funds.
  In the event payment is made for a credential and the program withdraws or does not complete the process (defined as the required steps), the child care program will need to work with the CCR&R regarding the return of funds.
- In the event of over or improper payment or reimbursement, appropriate arrangements will need to be made with the CCR&R regarding return of funds.

14. WHAT ELSE DO I NEED TO KNOW?

Application, payment for activity, and activity must occur within the current funding cycle (7/1/26-6/30/27).

- Only completed applications will be considered.
- Applicants must use the provided application for July 2026-June 2027.
- Electronic applications will be accepted.
- Funding is limited and not guaranteed.
- Maximums are in place; however partial funding may be awarded.
- Payment cannot be made until a complete application, and all required supporting documents are received.

Individual Professional Development Application Form

Illinois Action for Children
4753 N. Broadway Ave., 1st Floor
Chicago, IL 60608

July 1, 2026 – June 30, 2027

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 Individual Professional Development Instructions and Requirements
- ➔ Be sure to review the checklist in Step 4

STEP 1: Applicant Information

Applicant First Name:			Applicant Last Name:			
Applicant Address:						
City:	State:	Zip Code:		County:		
Mailing address (if different):						
Program Phone #: ( )			Email: ○ Personal ○ Program			
Gateways Registry #						
Program is: ○Licensed Child Care Center ○ License Exempt Child Care Center ○Licensed Family Child Care ○License Exempt Family Child Care						
Program (work site) Name:						
Program (work site) Address:						
City:	State: IL	Zip Code:		County:		
What date did you begin employment at this site?	Month:	Date:	Year:			

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

○ Director / Administrator	○ Assistant Director	○ Director / Teacher	○ Teacher	○ Assistant Teacher	○ Substitute / Floater	○ Other: _____
○ Family Child Care (FCC)	○ FCC Assistant	○ Group FCC Provider	○ Group FCC Assistant	○ School Age Child Care Teacher	○ 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):

○ Infants 6 wks – 14 mos	○ Toddlers 15-23 mos.	○ Twos 24-35 mos	○ Preschool 3-5 years	○ School Age K-12 years	○ Not Applicable

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

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

_____ ÷ _____ **X 100 =** _____ **%**

# of IDECChildren ***Current Total Enrollment*** ***Percentage of IDEC Children***

STEP 2: Funding Request Information

- The minimum request is $15
- The maximum funding amounts per event/credential listed in the charts below, and
- The maximum funding amount available per person is up to $500 per fiscal year (July 1 – June 30)

To be eligible for travel and/or lodging funding:

- Event location must be at least 60 miles (one way) from the individual's place of business
- Travel, when requesting mileage, only applies to the principal driver
- Lodging is available up to 1 of night

2A: Workshop/On Line Training / Conference

Name of event: Date(s) attending:

Location: City: State: County:

I am requesting Professional Development Funds to (check all that apply):	Conference/ Workshop	Credential
Implement better practices/program improvements		
Meet IDEC child care licensing training requirements		
Meet CCAP Health & Safety training requirements		
Obtain qualifications for a new position		
To obtain a credential (new or renewal)		
Meet accreditation standards		
Other (list):		
Training Hours and type of credit (check all that apply):	Check Type	# of hours
IDEC clock hours		
Continuing Education Units (CEUs)		
Child Development Associate (CDA) clock hours		
Continuing Professional Development Units (CPDU)		
Other (list):		

Total Amount(s) Requested	**CCR&R MAX**	**Actual Cost**
❑ Workshop /Off-Site Training Registration Fee	80% of the actual cost, as funding allows	$
❑ Webinars/Online Training Modules Registration Fee		$
❑ Conference Registration Fee		$
❑ Travel/Transportation (mileage / train / bus) Mileage reimbursed @ 0.76/mile. Actual mileage one way ____ x 2= _____ x .76 = Actual Cost		$
❑ Lodging: maximum nights, up to 1 per event Cost per night $_____ x ____ nights = Actual Cost		$
TOTAL AMOUNT		$
To calculate 80% of the actual cost: Total Amount _____ X 0.80 = Total Requested (2A) _____		
TOTAL REQUESTED 2A (amount entered after calculating 80%)		$

2B: CREDENTIAL

For credential funds request, complete below:	Actual Cost	CCR&R Max 80%	Amount Requested
Child Development Associate (CDA)	***Costs are as of August 1, 2025 per respective websites***		
❑ Assessment Fee ($525 online/ $600 for paper)	$525/$600	$420/$480	$
❑ Credential Renewal Fee ($250 for online/$300 for paper)	$250/$300	$200/$240	$
Certified Childcare Professional (CCP)			
❑ Credential Fee	$350	$280	$
❑ Credential Renewal Fee	$49.95	$40	$
❑			
Other (to calculate 80%, multiple the actual cost by 0.80)			
CARE Courses	varies	80%	$
CDA Online Training Course	varies	80%	$
CCP Online Training	varies	80%	$
❒Care Course ❒CDA Online ❒CCP Online Course Title(s):			
TOTAL AMOUNT REQUESTED 2B			$

STEP 3: Payment Information

Have you received funding from another source to assist with conference, workshop, or credential fees? ☐NO ☐ YES

If yes, explain and list amount: _____

Request is being made for (check all that applies):

☐ Workshop ☐ On-line ☐ Conference ☐ Credential

If requesting funding for travel/transportation and or lodging, provide the following information:

- Mode of transportation: ☐ Car ☐Train ☐Bus ☐Other_____
- Did you/will you ride with someone? ☐NO ☐ YES If yes, who_____
- Did you/will you share a room with someone? ☐NO ☐ YES If yes, who_____

TOTAL AMOUNT REQUESTED (2A + 2B) $_____

Requesting payment(s) be made to:

☐Workshop/Conference/On-Line Sponsor ☐ Applicant ☐ Child Care program ☐Credentialing body

Make Check Payable To: _____

Must match Box 1 of the W-9 form

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 #8

- Proof of Gateways Registry membership (i.e., copy of membership ID, or Professional Development Record).
- Announcement and/or outline and description for conference/workshop/online course. Announcement must include registration fees/ cost.
- W-9 form (the form is available at www.irs.gov)**.**
- Receipt/proof of payment for registration and/or credential fees.
- Documentation of attendance/completion.
- If applicable confirmation/receipt for lodging and/or transportation costs (train, bus).
- Printout documenting trip mileage (e.g., Google Maps, Yahoo Maps, etc.)

☐ The payment information I have submitted is correct.
☐ I have made a copy of this application for my records.
☐ I have read, understand and agree to FAQ #13 (return of funds).
☐ I understand that an incomplete application (not answering questions or attaching supporting documentation) will delay the review process.

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 Signature Date Administrator 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 1, 2027.**

Return application and all required documents to:
Illinois Action for Children
4753 N. Broadway Ave., 1st Floor
Chicago, IL 60640
https://app.smartsheet.com/b/form/01a112f36d6c78d8b51cad410b20a0c4

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