

MQC 2021-2022 Academic Award Eligibility Form



Please check the following boxes to certify that you meet the primary criteria for participation in the Marin Quality Counts (MQC) Academic Award Program

- I am employed in an eligible* Early Care and Education program that participates in Marin Quality Counts
- I am working towards attainment of a CA Child Development Teacher Permit **and/or** an AA or BA Degree in ECE or Child Development or enrolled in a Credential Program for a Multiple Subject Teaching Credential

*Eligible sites include Head Start, Early Head Start, Title 5, Family Child Care Home Education Network Providers, Sites that receive Alternative Payment Program or CalWorks vouchers/funding.

If you were unable to check both boxes above, you do not qualify for the MQC Academic Award Program

If you were able to affirm the above statement, please continue by checking each of the following boxes certifying that you meet and understand all of the eligibility requirements of the Marin Quality Counts (MQC) Academic Award Program.

- I understand that in order to be **enrolled** in the MQC Academic Award Program, I must submit the following items:
 - Complete the Online Application form through the CA Workforce Registry website
 - A signed MQC Eligibility Form
 - A signed Release and Exchange of Information
 - A signed W-9 Form
 - A Student Education Plan and Goals Form, signed by your college counselor, with a copy of current Student Education Plan. Please contact Tanya Myers at tmyers@marinschools.org if you do not have a college counselor
 - Current transcripts verifying coursework taken to date
- I understand that it is highly recommended that college courses be approved prior to enrollment by the ECE Professional Growth Advisor at MCOE to ensure that coursework meets program requirements.
- I understand that **only** academic units with a grade of C or better are accepted. Units must be degree applicable and/or USC/CSU transferable. Extended Education & CEUs are not accepted.
- I understand that I am required to meet with the MCOE ECE Professional Growth Advisor twice yearly to create and update my Professional Development Plan or provide a copy of a Professional Growth Plan or Student Education Plan twice yearly to the MCOE ECE Professional Growth Advisor
- I understand that I must submit transcripts by June 10, 2022 to verify successful completion of 1.0 to 6.0 academic units.
- I understand that I must complete an Annual Academic Survey by June 10, 2022.

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- I understand that I must be continuously employed for at least 9 months in a Marin Quality Counts ECE classroom/program at the time I receive my award.
- I understand that I may not receive the full amount of the award that I qualify for if there are insufficient funds available to pay all eligible applicants.
- I understand that I am responsible for all costs incurred for college courses.
- I understand that awards are taxable income. Taxes will not be withheld from this stipend award and are the responsibility of the recipient.
- I understand that awards may be denied, withdrawn, or withheld in the future if any information reported is found to be intentionally misleading or inaccurate.
- I authorize the MQC Academic Award Program to use the included information for the purpose of determining my eligibility for the program and reporting.
- I state that all of the submitted information is correct and understand that *if I do not satisfy all of the requirements for any reason, I will not be eligible for the award.*

Applicant's Printed Name

Applicant's Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

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. Also see *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	<p>Signature of U.S. person ▶</p>	<p>Date ▶</p>
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Release and Exchange of Information

A Student Consent for Release and Exchange of Information

Date:



Identifying Information

Student:

Date of Birth:

Authorized Recipients and Disclosers with the following Agency

Agency: ECE Department, Marin County Office of Education

Authorized Recipients and Disclosers:

- College of Marin and Counseling Department
- Santa Rosa Junior College and Counseling Department
- Contra Costa Community College and Counseling Department
- Sonoma State University and Counseling Department
- CSU East Bay and Counseling Department
- Other College and Counseling Department:
- Other College and Counseling Department:

Purpose/Limitations on Use

I understand that the purpose of the release and exchange is to provide information to assist the Marin County Office of Education ECE Professional Growth Advisor in determining completion of requirements for the student's participation in Marin Quality Counts' Workforce Pathways Development Academic Award program.

Amount/Kind of Information

The information to be released and exchanged shall include educational information, such as Student Education Plans, Student Goals, Student ID numbers and Student Grades.

Expiration/Revocation

I understand that I may revoke this consent at any time except to the extent that action has been taken on it, and that in any event, this consent expires one year from the date signed.

Consent

I hereby give my permission for the agencies/individuals/colleges/departments listed above to exchange information regarding the above-named student.

Signature

Date

Print or Type Name

Please keep a copy for yourself and send the original to:

Tanya Myers, ECE Department
Marin County Office of Education
1111 Las Gallinas Avenue
San Rafael, CA 94903



Promoting Excellence in Early Care and Education

MQC Academic Award Program

Student Education Plan and Educational Goals Form

The student providing this form is an applicant for the Marin Quality Counts Academic Award Program which is funded by the CA Workforce Development Pathways grant. Eligible participants are required to successfully complete 1.0 to 6.0 academic units towards a Degree or CA Child Development Teacher Permit attainment. In addition, they are required to submit a Professional Development or Student Education Plan with their professional and educational goals. Participants successfully completing units with a grade of C or better and providing their Student Education Plan and goals will receive a monetary academic award at the end of the school year.

Your support is greatly appreciated. For questions, please contact Tanya Myers at tmyers@marinschools.org or (415) 491-6609.

To be completed and signed by the Student's College Counselor		
Student's First Name	Student's Last Name	Student's Middle Initial
Student Enrollment Date	Date of Birth	
Name of College	Student ID Number	
College Counselor's Name		
College Counselor's Work Phone	College Counselor's Email	
Student's Declared Major		
Student's Educational Goals (mark all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Complete coursework to obtain <u>first</u> CA Child Development Permit <input type="checkbox"/> Complete coursework to obtain <u>higher level</u> CA Child Development Permit <input type="checkbox"/> Complete coursework to meet job requirements <input type="checkbox"/> Other: <input type="checkbox"/> Other: 		
Date of most recent appointment with Student	Student should contact counselor for next appointment by (Month/Year):	
College Counselor Signature	Date	

Please send this completed form and a copy of the Student's Education Plan to:

Tanya Myers, ECE Professional Development Advisor
 Marin County Office of Education
 1111 Las Gallinas Ave, San Rafael, CA 94903
tmyers@marinschools.org
 (415) 491-6609

*Deadline is January 31, 2022



**MQC 2021-2022 Academic Award
Employer Verification Form**

Promoting Excellence in Early Care and Education

EMPLOYER VERIFICATION To be completed Supervisor/Director. Please Print or type. VERIFICACIÓN DEL EMPLEADO Para ser llenado por el Supervisor/Director de su programa. Por favor escriba o imprima.		
EMPLOYER (Name of Agency):		
SCHOOL SITE NAME:	CLASS NAME/NUMBER:	
ADDRESS:	CITY:	ZIP CODE:
SUPERVISOR/DIRECTOR'S NAME:	PHONE NUMBER:	
EMPLOYMENT START DATE:	Monthly salary or hourly wage:	
EMPLOYEE'S JOB TITLE:	Hours worked weekly:	
<p><i>I certify that this applicant is currently employed in the above-mentioned Early Care and Education classroom/program <u>and</u> works directly with children. I have approved their plan for Professional Learning and agree that it meets our program/agency requirements and need for professional learning and will support the applicant's continued growth as an educator for young children.</i></p>		
_____ Supervisor/Director's Printed Name	_____ Supervisor/Director's Signature	_____ Date