



Promoting Excellence in Early Care and Education

MQC 2021-2022 INCENTIVE APPLICATION Professional Learning-21 hours

| PERSONAL INFORMATION – To be completed by applicant. Please print or type. INFORMACION PERSONAL – Para ser llenado por el solicitante. Por favor escriba o imprima. | | | | | | | |
|--|--|--|---|--|--|----|-----|
| LAST NAME / APELLIDO | FIRST NAME / PRIMER NOMBRE | MIDDLE NAME / SEGUNDO NOMBRE: | | | | | |
| CA WORKFORCE REGISTRY ID NUMBER – EL NÚMERO DE CA WORKFORCE REGISTRY** REQUIRED FOR STIPEND | | DOB (Month/Day/Year) / FECHA DE NACIMIENTO (Mes/Día/Año): | | | | | |
| HOME ADDRESS / DIRECCIÓN: | | | | | APT. #: | | |
| HOME PHONE / NÚMERO DE TELEFONO: | WORK PHONE / TELEFONO DE TRABAJO: | CELL PHONE / TELEFONO CELUAR: | | | | | |
| EMAIL - You are required to have your own email <i>CORREO ELECTRÓNICO – Necesita tener su propio correo electrónico</i> | | | | | | | |
| Do you have a degree? <i>¿Tiene una Título?</i> | YES/SI | NO | Please indicate all that apply <i>Marca todo que aplican</i> | AA | BA | MA | EdD |
| TITLE / FIELD OF DEGREE: ÁREA / NOMBRE DE TÍTULO: | | | | | | | |
| Do you have a Child Development Permit? <i>¿Tiene un Permiso del Desarrollo de Niño?</i> | YES/SI | NO | Permit Document Number: <i>El Número del Documenta de Permiso:</i> | | | | |
| Please indicate your Child Development Permit level / Por favor marca su nivel de Permiso del Desarrollo de Niño | | | | | | | |
| Assistant Teacher <i>Asistente de Maestro</i> | Associate Teacher <i>Maestro Asociado</i> | Teacher <i>Maestro</i> | Master Teacher <i>Maestro Principal</i> | Site Supervisor <i>Supervisor de Centro</i> | Program Director <i>Director del Programa</i> | | |
| RACE/ETHNICITY - <i>ETNIA/RAZA:</i> | | | LANGUAGES SPOKEN / <i>IDIOMAS QUE HABLA</i> | | | | |

DEADLINE TO APPLY: October 1, 2021

FECHA LIMITE: 1 de octubre, 2021

All completed application packets **MUST** be sent to:

Todos los paquetes de solicitudes llenados deben enviar a:

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

tmyers@marinschools.org

(415) 491-6609

MQC 2020-2021 21 Hours Professional Learning Incentive



Please check the following boxes to certify that you meet the primary criteria for participation in the Marin Quality Counts (MQC) 21 Hours Professional Learning Incentive Program

- I am employed in a Marin County Early Care and Education program at least 20 hours weekly
- My program participates in Marin Quality Counts or P3 ECE

If you could not affirm the statement above, you do not qualify for the MQC 21 Hours Professional Learning Incentive

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) 21 Hours Professional Learning Incentive Program.

- I understand that in order to be enrolled in the MQC Incentive Program, I must submit the following items by October 1, 2021:
 - The MQC Application Packet which includes:
 - The MQC Application with CA ECE Workforce Registry Number
 - The MQC Eligibility Form
 - Employer Verification Form
 - W-9 Form
- I understand that I can receive a Professional Learning Incentive for participating in 21 hours of approved Professional Learning activities at MCOE and the Luna Dance Institute during the 21-22 school year.
- I understand I can only receive one Professional Learning Incentive. Marin Quality Counts staff from MCOE and MC3 staff will determine which incentive you will receive.
- I understand that I must be continuously employed for at least 9 months in an ECE classroom/program at the time I receive my stipend.
- I understand that I may not receive the full amount of the incentive that I qualify for if there are insufficient funds available to pay all eligible applicants.
- I understand that incentives are taxable income. Taxes will not be withheld from this incentive award and are the responsibility of the recipient.
- I understand that incentive 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 Incentive 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 incentive.

Applicant's Printed Name

Applicant's Signature

Date

MQC 2020-2021 21 Hours Professional Learning Incentive



Por favor, revise y marque las siguientes dos casillas para certificar que usted es elegible para participar en el programa Marin Quality Counts (MQC) para los incentivos del aprendizaje profesional de 21 horas

- Estoy empleado en un programa de cuidado y educación en la primera infancia al menos 20 horas por semana en el Condado de Marin
- Mi programa está participando en Marin Quality Counts o el Proyecto P3 ECE

Si usted no puede afirmar las frases anteriores, usted no califica para el programa de incentivos de Marin Quality Counts

Si fueras capaz de afirmar la declaración anterior, por favor continúe marcando cada una de las siguientes casillas de certificar que conoce y comprende todos los requisitos de elegibilidad del programa de incentivos de Marin Quality Counts (MQC).

- Entiendo que para poder ser inscrito en el programa de incentivos de MQC, debo presentar los siguientes artículos antes del 1 de octubre de 2021:
 - El Paquete de Solicitud de MQC que incluye:
 - El Solicitud de MQC con el número de CA ECE Workforce Registry
 - La Forma de Elegibilidad de MQC
 - Verificación del Empleado
 - Forma W-9
- Entiendo que puedo recibir un Incentivo de Aprendizaje Profesional por participar en 21 horas de actividades de Aprendizaje Profesional aprobadas en MCOE y el Luna Dance Institute durante el año escolar 21-22.
- Entiendo que solo puedo recibir un incentivo de aprendizaje profesional. El personal de Marin Quality Counts de MCOE y MC3 determinará qué incentivo recibirá.
- Entiendo que yo debo ser empleado continuamente por lo menos 9 meses en un aula de cuidado infantil (ECE)/programa al tiempo recibir mi incentivo.
- Entiendo que no pueda recibir el total del incentivo que califiqué si no hay fondos suficientes para pagar a todos los solicitantes elegibles.
- Entiendo que los incentivos son imponibles. Los impuestos no están retenido de está estipendio y son responsabilidad del receptor.
- Entiendo que los incentivos pueden ser negados, retirados o retenidos en el futuro si cualquier información reportada se encuentra intencionalmente engañosa o inexacta.
- Autorizo al programa de incentivos de MQC para utilizar la información incluida con el propósito de determinar mi elegibilidad para el programa y presentación de informes.
- Declaro que toda la información presentada es correcta y entiendo que si no satisfacer todos los requisitos por cualquier razón, no seré elegible para el incentivo.

Nombre de Solicitante

Firma de Solicitante

Fecha



MQC 2021-2022 INCENTIVE APPLICATION
Professional Learning-21 hours

| | | |
|--|--|---------------|
| 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 an Early Care and Education classroom/program <u>and</u> works directly with children or is the site leader. 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 |

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.

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|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| 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.

**VIRTUAL Professional Learning Opportunities from
Marin Quality Counts (MCOE)**

For the Early Care and Education Community (serving children birth to preschool age), please register for events on the CA ECE Workforce Registry website at <https://caregistry.org/>. You can search for the events by typing **Marin County Office of Education** in the “Sponsor Name” box.

| | | |
|---|--------------------------------------|----------------------------|
| <p>DRDP 2015 Teacher Training</p> <p><i>If you are interested in the DRDP 2015 training, please contact tmyers@marinschools.org</i></p> | <p>September 11 September 25</p> | <p>8:30-11:30 a.m.</p> |
| <p>DRDP Meaningful Observation</p> <p>Registration Link: https://caregistry.org/index.cfm?module=trainingEventDetails&trainingId=1333&eventId=31589</p> | <p>January 15 January 22</p> | <p>12:30-3:30 p.m.</p> |
| <p>DRDP Planning with Data</p> | <p>TBD March 12 March 19</p> | |
| <p>DRDP-K</p> | <p>TBD March 30</p> | |
| <p>Teaching Pyramid Refresher</p> | <p>August 28</p> | |
| <p>Teaching Pyramid Modules with Sonoma Cohort</p> | <p>Teams have been selected</p> | |

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| | | |
|--|---|-----------------------|
| <p>Fall 2021 Early Learning Summit: Creating a Math Identity Through the Arts</p> <p>Registration Link: https://caregistry.org/index.cfm?module=trainingEventDetails&trainingId=28591&eventId=31383</p> | <p>October 16</p> | <p>8:00-4:00</p> |
| <p>Spring 2022 Early Learning Summit: TBD</p> | <p>March 30</p> | <p>8:00-4:00</p> |
| <p>Creating a Culturally Informed Math Identity Through the Arts SERIES</p> <p>Registration Link: https://caregistry.org/index.cfm?module=trainingEventDetails&trainingId=28610&eventId=31431</p> | <p>Wednesdays</p> <p>October 13 November 3 December 1 January 5 February 2 March 2 April 13 May 4</p> | <p>4:00-6:00 p.m.</p> |
| <p>Creating a Culturally Informed Math Identity Through the Arts SERIES</p> <p>Registration Link: https://caregistry.org/index.cfm?module=trainingEventDetails&trainingId=28610&eventId=31433</p> | <p>Tuesdays</p> <p>October 26 November 16 December 14 January 11 February 1 March 8 April 12 May 10</p> | <p>5:30-7:30 p.m.</p> |

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| | | |
|---|---|-----------------------|
| <p>Trauma Informed Practice Resiliency Circles (English)</p> <p><i>Click on the dates for the registration link for that specific date.</i></p> <ul style="list-style-type: none"> • Preventing Burnout & Self-Care (Sept. -Nov.) • Trauma Responsive & Resilience Building Practices for Preschoolers (Dec.-Feb.) • Trauma Responsive & Resilience Building Practices for Infants/Toddlers (Mar.-May) • Top Tips (June) | <p>September 14 October 6 November 3 December 8 January 5 February 9 March 2 April 6 May 4 June 8</p> | <p>6:00-7:00 p.m.</p> |
| <p>Prácticas Informadas de Trauma: Círculos de Resiliencia (español)</p> <p><i>Haga clic en las fechas para el enlace de registro para esa fecha específica.</i></p> <ul style="list-style-type: none"> • Prevenir agotamiento y auto cuidado (sept.-nov.) • Prácticas de construir resiliencia y que responded al trauma para niños preescolares (dic.-feb.) • Prácticas de construir resiliencia y que responded al trauma para niños preescolares (mar.-mayo) • Los mejores consejos (jun.) | <p>septiembre 13 octubre 5 noviembre 2 diciembre 7 enero 4 febrero 8 marzo 1 abril 5 mayo 3 junio 7</p> | <p>6:00-7:00 p.m.</p> |
| <p>Dual Language Learner Modules</p> <p><i>Registration Link Coming soon and the following sessions from other counties have been approved!</i></p> <ul style="list-style-type: none"> • PEL Guide on 9/23 and 9/30 • PEL Guide on 9/14 and 9/21 | <p>TBD</p> | <p>TBD</p> |

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| | | |
|---|--|--|
| <p><u>Luna Dance: Love, Move, Play: Dance in Early Childhood</u> (cost: \$250)</p> <p><i>Register and pay through the Luna Dance Institute. Courses reimbursed while funds are available. Please reserve your reimbursement by completing the Luna Dance Reimbursement Application.</i></p> | <p>Saturdays, September 18- October 30</p> | <p>9:30-12:00</p> |
| <p><u>Luna Dance: Dance & the Preschool Learning Foundations (Science)</u> (cost: \$150)</p> <p><i>Register and pay through the Luna Dance Institute. Courses reimbursed while funds are available. Please reserve your reimbursement by completing the Luna Dance Reimbursement Application.</i></p> | <p>December 11</p> | <p>9:30-12:00</p> |
| <p><u>Luna Dance: Dance & the Preschool Learning Foundations (Math)</u> (cost: \$90-150.00)</p> <p><i>Register and pay through the Luna Dance Institute. Courses reimbursed while funds are available. Please reserve your reimbursement by completing the Luna Dance Reimbursement Application.</i></p> | <p>April 23</p> | <p>9:30-11:15 (Part One) 1:00-2:45 (Part Two)</p> |
| <p><u>Luna Dance: Dance in ECE Level 2</u> (cost: \$125)</p> <p><i>Register and pay through the Luna Dance Institute. Courses reimbursed while funds are available. Please reserve your reimbursement by completing the Luna Dance Reimbursement Application.</i></p> | <p>2022 TBD</p> | <p>2022 TBD</p> |