

**Por favor, revise y marque las siguientes dos casillas para certificar que usted es elegible para participar en el programa de premios académicos de Marin Quality Counts (MQC)**

- Estoy empleado en un programa de cuidado infantil que participar en Marin Quality Counts y que cumple los requisitos de elegibilidad\*.
- Estoy trabajando para lograr un Permiso de Maestro del Desarrollo de Niño de CA y/o un Grado AA o BA en ECE o Desarrollo Infantil o matriculado en un Programa de Credenciales para lograr un Credencial de Materias Múltiples.

\*Los sitios elegibles incluyen Head Start, Early Head Start, Título 5, Proveedores de Family Child Care Home Education Network, Sitios que reciben cupones/financiación del Programa de Pago Alternativo o de CalWorks.

**Si Ud. no puede marque los 2 frases anteriores, Ud. no califica para el programa de premios académicos de MQC**

**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 premios académicos de Marin Quality Counts (MQC).**

- Entiendo que para poder ser inscrito en el programa de los premios académicos de MQC, debo presentar los siguientes elementos:
  - *Completar un formato de solicitud en línea atrás el sitio del CA Workforce Registry*
  - *Un Formulario de Elegibilidad de MQC, firmado*
  - *Un Formulario de Liberación e Intercambio de Información, firmado*
  - *Un Formulario W-9, firmado*
  - *Un Formulario del Plan y Metas del Educación Estudiantil con una firma de su Consejero de Colegio con una copia del plan. Por favor comuníquese con [tmyers@marinschools.org](mailto:tmyers@marinschools.org) si no tiene un consejero universitario*
  - *Sus Transcripciones (Expediente Académico) para verificar las unidades académicas hasta la fecha*
- Entiendo que es recomendado que cursos universitarios sean aprobadas antes de la inscripción por la Consejera de Crecimiento Profesional ECE en MCOE para garantizar ese curso cumple con los requisitos del programa.
- Entiendo que unidades académicas sólo será aceptada con una calificación de C o mejor. Las unidades deben ser hacia terminación de un grado y/o son USC/CSU transferible. Cursos de educación extendidos o CEU's no califican para el premio.
- Entiendo que estoy obligado a reunirme con la Consejera de Crecimiento Profesional de MCOE ECE dos veces al año para crear y actualizar mi Plan de Desarrollo Profesional o proporcionar una copia de un Plan de Crecimiento Profesional o Plan de Educación Estudiantil dos veces al año a la Consejera de Crecimiento Profesional de MCOE ECE.

## MQC 2021-2022 Formulario de Elegibilidad del Premio Académico



- Entiendo que debo presentar transcripciones (*Expediente Académico*) antes del 10 de junio de 2022 para verificar la finalización de un mínimo de 3 unidades.
- Entiendo que debo presentar una Encuesta Anuario antes del 10 de junio de 2022.
- Entiendo que yo debo ser empleado continuamente por lo menos 9 meses en un programa de cuidado infantil (ECE) de Marin Quality Counts al tiempo recibo mi premio.
- Entiendo que no pueda recibir el total del premio que califiqué si no hay fondos suficientes para pagar a todos los solicitantes elegibles.
- Entiendo que soy responsable por todos los costos incurridos en las clases universitarias.
- Entiendo que los premios son imponibles. Los impuestos no están retenidos de este estipendio y son responsabilidad del receptor.
- Entiendo que premios pueden ser negados, retirados o retenidos en el futuro si cualquier información reportada se encuentra intencionalmente engañosa o inexacta.
- Autorizo al programa de los Premios Académicos 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 premio.

\_\_\_\_\_  
**Nombre de Solicitante**

\_\_\_\_\_  
**Firma de Solicitante**

\_\_\_\_\_  
**Fecha**

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
		<b>2</b> Business name/disregarded entity name, if different from above	
		<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <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  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
		<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
		<b>6</b> City, state, and ZIP code	
		<b>7</b> 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## 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.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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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](http://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.*

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# Liberación e Intercambio de Información

Consentimiento del estudiante para la divulgación y el intercambio de información

Fecha:



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## Información Identificativa

Estudiante:

Fecha de Nacimiento:

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## Recipientes Autorizados y Reveladores con La Siguiete Agencia

**Agencia:** ECE Department, Marin County Office of Education

### **Recipientes Autorizados y Reveladores:**

- College of Marin y Departamento de Consejería
- Santa Rosa Junior College y Departamento de Consejería
- Contra Costa Community College y Departamento de Consejería
- Sonoma State University y Departamento de Consejería
- CSU East Bay y Departamento de Consejería
- Otro Colegio y Departamento de Consejería:
- Otro Colegio y Departamento de Consejería:

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## Propósito/Limitaciones de Uso

Entiendo que el propósito de la divulgación e intercambio es proporcionar información para ayudar la Consejera de Desarrollo Profesional en La Oficina de Educación del Condado de Marin en la determinación de la finalización de los requisitos para la participación del estudiante en el programa de premios académicos de Workforce Pathways Development de Marin Quality Counts.

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## Cantidad/Tipo de Información

La información que se divulgará e intercambiará incluirá información educativa, como El Plan del Educación Estudiantil, Metas Estudiantil, El Número de Identificación Estudiantil, y Calificaciones del Estudiante.

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## Vencimiento/Revocación

Yo entiendo que puedo revocar este consentimiento en cualquier momento, excepto en la medida en que se hayan tomado medidas al respect, y que, en cualquier caso, este consentimiento caduca un año después de la fecha firmada.

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## Consentimiento

Por la presente doy mi permiso para que las agencias/individuos/colegios/departamentos mencionados anteriormente intercambien información sobre el/la estudiante mencionado anteriormente.

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Firma

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Fecha

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Nombre del Firmante

**Por favor mantenga una copia para usted mismo y envíe el original a:**

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](mailto: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"> <li><input type="checkbox"/> AA/AS Degree</li> <li><input type="checkbox"/> BA Degree</li> <li><input type="checkbox"/> Complete coursework to obtain <u>first</u> CA Child Development Permit</li> <li><input type="checkbox"/> Complete coursework to obtain <u>higher level</u> CA Child Development Permit</li> <li><input type="checkbox"/> Complete coursework to meet job requirements</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Other:</li> </ul>		
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](mailto: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*

<b>EMPLOYER VERIFICATION</b> To be completed Supervisor/Director. Please Print or type. <b>VERIFICACIÓN DEL EMPLEADO</b> <i>Para ser llenado por el Supervisor/Director de su programa. Por favor escriba o imprima.</i>		
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