



**2021-2022  
Luna Dance Reimbursement Application**



<b>PERSONAL INFORMATION – To be completed by applicant. Please print or type. INFORMACION PERSONAL – Para ser llenado por el solicitante. Por favor escriba o imprima.</b>		
LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE	MIDDLE NAME / SEGUNDO NOMBRE:
CA WORKFORCE REGISTRY ID NUMBER – EL NÚMERO DE CA WORKFORCE REGISTRY (ECE OR FCCH)		DOB (Month/Day/Year):
HOME ADDRESS / DIRECCIÓN:		APT. #:
HOME PHONE / NÚMERO DE TELEFONO:	WORK PHONE / TELEFONO DE TRABAJO:	CELL PHONE / TELEFONO CELUAR:
EMAIL / CORREO ELECTRÓNICO		
SCHOOL NAME / ESCUELA		
TITLE/POSITION / CARGO/PUESTO DE TRABAJO		

	<b>I plan to attend the following APPROVED LUNA DANCE MODULES for REIMBURSEMENT (mark all that apply) Planeo asistir a los siguientes MÓDULOS APROBADOS DE LUNA DANCE para REEMBOLSO (marque todos los que correspondan)</b>	
	<u><a href="#">Dance in ECE Level 2</a></u> Date/Fechas: TBD in 2022 Registration through Luna Dance Institute/Inscripción a través de Luna Dance Institute	\$125
	<b>Dance in TK (TBD)</b> Dates/Fechas: TBD Registration through Luna Dance Institute/Inscripción a través de Luna Dance Institute	\$125
	<b>A Day of Dance and the Preschool Learning Foundations (TBD)</b> Dates/Fechas: TBD Registration through Luna Dance Institute/Inscripción a través de Luna Dance Institute	\$90-\$150
	<u><a href="#">Love, Move, Play: Dance in Early Childhood Fall 2021</a></u> Saturdays, September 18-October 30, 9:30-12:00 Registration through Luna Dance Institute/Inscripción a través de Luna Dance Institute	\$250

**DEADLINE TO APPLY for access to the Luna Dance Reimbursement: October 31, 2021**  
**FECHA LIMITE el acceso al Reembolso de Luna Dance: 31 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](mailto:tmyers@marinschools.org)  
 (415) 491-6609



2021-2022  
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**Eligibility Form**

**Please check the following boxes to certify that you meet the primary criteria for participation in the Luna Dance Reimbursement Program**

- I am employed in a Marin County Early Care and Education program or a TK or Kindergarten classroom
- My program participates in Marin Quality Counts or P3

***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 Luna Dance Reimbursement Program.***

- I understand that in order to be enrolled in the Luna Dance Reimbursement Program, I must submit the following items:
  - *The Luna Dance Reimbursement Packet which includes:*
    - *The Luna Dance Reimbursement Application*
    - *The Eligibility Form*
    - *W-9*
    - *The Reimbursement Form, upon completion of modules*
    - *Proof of payment for approved Luna Dance Modules*
    - *Verification of attendance at approved Luna Dance Modules*
- I understand that I am responsible for payment of the approved Luna Dance Modules at the time of registration with Luna Dance Institute
- I understand I am required to submit verification of attendance and proof of payment with the Reimbursement form
- I understand that I must be continuously employed in a Marin Quality Counts or P3 Early Learning and Care Program, TK or Kindergarten classroom at the time I receive my reimbursement.
- I understand that I may not receive the reimbursement that I qualify for if there are insufficient funds available to pay all eligible applicants. Reimbursements are dependent on the availability of funding.
- I understand that reimbursements may be denied, withdrawn, or withheld in the future if any information reported is found to be intentionally misleading or inaccurate.
- I authorize the MCOE ECE Department 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.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Formulario de Elegibilidad

**Por favor, marque las siguientes casillas para certificar que cumple con los criterios principales para la participación en el Programa de Reembolso de Luna Dance:**

- Estoy empleado en un programa de cuidado y educación en la primera infancia o un aula de TK o Kinder
- Mi programa está participando en Marin Quality Counts o el Proyecto P3 ECE

**Si pudo afirmar la declaración anterior, por favor continúe marcando cada una de las siguientes casillas certificando que cumple y entiende todos los requisitos de elegibilidad del Programa de Reembolso de Luna Dance.**

- 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 del Reembolso de Luna Dance que incluye:*
    - *El Solicitud del Reembolso de Luna Dance*
    - *El Formulario de Elegibilidad*
    - *El Formulario W-9*
    - *El Formulario de Reembolso, al completar los módulos*
    - *Prueba de pago de los módulos aprobados de Luna Dance*
    - *Verificación de la asistencia a los módulos aprobados de Luna Dance*
- Entiendo que soy responsable del pago de los módulos aprobados de Luna Dance en el momento de la inscripción con Luna Dance Institute
- Entiendo que estoy obligado a presentar la verificación de la asistencia y el comprobante de pago con el formulario de reembolso
- Entiendo que yo debo ser empleado continuamente por lo menos 9 meses en un aula/programa de cuidado infantil (ECE) o un aula de TK o Kinder al tiempo recibir mi reembolso.
- Entiendo que no pueda recibir el total del incentivo que califico si no hay fondos suficientes para pagar a todos los solicitantes elegibles.
- 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 Departamento de ECE en MCOE para utilizar la información incluida con el propósito de determinar mi elegibilidad para el programa y presentación de informes.
- Afirmo que toda la información presentada es correcta.

\_\_\_\_\_  
**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> See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><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.</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  <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) ▶ _____         </p>	<p><b>4</b> 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><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> 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.

<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>	<p><b>Signature of U.S. person ▶</b></p>	<p><b>Date ▶</b></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](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.*