



CONTRA COSTA COUNTY  
Office of Education  
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Contra Costa County  
Local Planning and Advisory Council  
for Early Care and Education

LAST NAME: \_\_\_\_\_

## 2018-2019 CONTRA COSTA PROFESSIONAL DEVELOPMENT PROGRAM (PDP) APPLICATION

Clearly print **FIRST** and **LAST NAME**: \_\_\_\_\_

Clearly print **Student Id#** (from CCC, DVC, or LMC): \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

### **APPLICATION DIRECTIONS & CHECK-LIST**

#### **ALL APPLICANTS:**

- PRINT your last name in the space provided—top right corner—on each Application page.
- Employment Verification (EV) Form is required; form is on Application p. 6
- Early Care and Education Workforce Registry Account and Registry ID required; form on Application p. 7
- A W-9 Form is required; form is on Application p. 8.
- Make sure that Application is complete and includes all required signatures and attachments. **Priority will be given to complete applications received by October 15, 2018.**
- Keep a copy of Application for your records. **Signed, original Application must be submitted to your PDP College Advisor.**

#### **NEW APPLICANTS:**

- EDUCATION: Attach a copy of any and all degrees you have earned (diploma or transcript(s)).
- CHILD DEVELOPMENT PERMIT: Attach a copy of your current permit.
- Complete Application p.5

#### **RETURNING APPLICANTS:**

- EDUCATION: If you did not have a change in degree attainment/status since June 2018, you do NOT need to attach a copy of any and all degrees you have earned (diploma or transcript(s)).
- CHILD DEVELOPMENT PERMIT: If you did not have a change in permit attainment/status since June 2018, you do NOT need to attach a copy of your current permit.
- You still must complete Application p.5.**

#### **IMPORTANT:**

**All PDP applicants are required to have an Early Care and Education Workforce Registry Account and Registry ID number** to be issued a stipend. Your Workforce Registry ID number is required on your PDP Application, p. 7

**College Coursework applicants** must meet with a PDP College Advisor to complete or update an Education Plan identifying coursework for the current academic year (see *Program Guide*, p. 7).

**Training applicants** must meet with a PDP Advisor to create or update a Professional Growth Plan for the current program year and created between January 1, 2018 – January 15, 2019 (see *Program Guide* p. 10).

**SUBMIT APPLICATION TO YOUR PDP COLLEGE ADVISOR. APPLICATIONS RECEIVED AFTER JANUARY 15 WILL NOT BE ACCEPTED**



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### PROGRAM COMPONENT OF INTEREST

The PDP Guide provided details about the program components. Please indicate which one(s) you are applying for and match your professional development goals:

- I intend to take College Coursework.
- I intend to take a practicum course and apply for Lost Wages reimbursement.
- I have an AA degree/or higher and I intend to take Trainings.

### ELIGIBILITY CRITERIA:

You must verify that you meet at least ONE of the PDP eligibility criteria below. Please check all that apply:

- Employed at a Quality Matters program/worksite  
Name of program: \_\_\_\_\_
- Employed at State-funded (subsidized child care) program/worksite  
Name of Program: \_\_\_\_\_
- Employed at a program/worksite located in one of the following target zip codes:
 

Antioch: 94509, 94531	Martinez: 94553
Brentwood: 94513, 94514	Oakley: 94561
Byron: 94514	Pinole: 94564
Concord: 94518, 94519, 94520, 94521	Pittsburg/Bay Point: 94565
Crockett: 94525 & Port Costa 94569	Pleasant Hill: 94523
El Cerrito: 94530	Richmond: 94801, 94803, 94804
El Sobrante: 94803, 94820	Rodeo: 94572
Hercules: 94547	San Pablo: 94806
	San Ramon: 94582, 94583

- Work directly with infants-toddlers.
- Work directly with special needs children with IEPs and/or IFSP.

### OTHER REQUIRED INFORMATION:

I work at more than one program/worksite. The name of the other program/worksite where I am concurrently employed for \_\_\_ \_\_\_ hours per week is:

Program/Worksite Name \_\_\_\_\_ Classroom Name/# \_\_\_\_\_

Director/Owner First & Last Name \_\_\_\_\_

Director/Owner Telephone # or Email \_\_\_\_\_

Program/Worksite Address & Zip Code \_\_\_\_\_



LAST NAME: \_\_\_\_\_

## 2018-2019 CONTRA COSTA PROFESSIONAL DEVELOPMENT PROGRAM (PDP) APPLICATION

### PERSONAL INFORMATION **\*Fields must match your W-9 (see Application p.8)**

Last Name*		First Name*		Middle Initial*	
Previous Last Name (if applicable)			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State		
Date of Birth ____ / ____ / ____					
Mailing Address*					
City*			State*		ZIP*
Phone Number	Primary #			<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
	Alternate #			<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
E-Mail <b>(Required)</b>	PLEASE PRINT CLEARLY				

How do you identify your Race/Ethnicity? (Select all that apply.)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Hispanic <input type="checkbox"/> Latino but not Hispanic	<input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to State

What is your Primary Language? (Select one.)

<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian
<input type="checkbox"/> Armenian	<input type="checkbox"/> Filipino (Pilipino or Tagalog)	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish
<input type="checkbox"/> English	<input type="checkbox"/> Japanese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Vietnamese
			<input type="checkbox"/> Other



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## 2018-2019 CONTRA COSTA PROFESSIONAL DEVELOPMENT PROGRAM (PDP) APPLICATION

### CURRENT EMPLOYMENT

<b>Program/Worksite Name</b> (If you work at more than one site, please provide all this information for 2 <sup>nd</sup> site on Application p.2.)		
<b>Director/Owner First &amp; Last Name</b>		
<b>Program/Worksite Address</b>		
<b>City</b>	<b>Zip</b>	<b>Name/Number of Classroom</b>
<b>Program/Worksite Phone Number</b>	<b>Facility License Number (Optional)</b>	
<b>Start date</b> at Program/Worksite/Agency listed above ..... (Month/Year) _____ / _____ <b>When did you start working in the ECE/CD field?</b> ..... (Month/Year) _____ / _____ <b>How many hours do you work per week</b> at the program/worksite listed above? _____ <b>Income from ECE employment:</b> (check one) <input type="checkbox"/> per hour <input type="checkbox"/> per month <input type="checkbox"/> per year   \$ _____ <b>What is your position? (Select ONE.)</b> <input type="checkbox"/> Assistant / Aide <input type="checkbox"/> Master/Head/Lead Teacher <input type="checkbox"/> Assistant Director <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Substitute <input type="checkbox"/> Intern <input type="checkbox"/> Teacher <input type="checkbox"/> Program Director <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Volunteer <b>Which best describes this program/worksite? (Select ONE.)</b> <input type="checkbox"/> Child Care Center/Program <input type="checkbox"/> License-Exempt Program <input type="checkbox"/> Early Head Start Program <input type="checkbox"/> State Preschool Program <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Other (e.g., Cal-SAFE, Military Child Care, Parent Co-Op) <input type="checkbox"/> Head Start Program                                      Other, please specify: _____ <b>Number of children in your care? Answer must be a NUMBER.</b> <b>How many Infants</b> (Birth to 17 Months) _____? <b>NUMBER ONLY.</b> <b>How many Toddlers</b> (18 to 35 Months) _____? <b>NUMBER ONLY.</b> <b>How many PreK</b> (36 Months to Kindergarten Entry) _____? <b>NUMBER ONLY.</b> <b>What is the primary language you speak with children in the classroom? (Select ONE.)</b> <input type="checkbox"/> Arabic <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Sign Language <input type="checkbox"/> Armenian <input type="checkbox"/> Filipino (Pilipino or Tagalog) <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong <input type="checkbox"/> Punjabi <input type="checkbox"/> Vietnamese <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Other		





Contra Costa County Local Planning and Advisory Council for Early Care and Education LAST NAME: \_\_\_\_\_

## 2018-2019 CONTRA COSTA PROFESSIONAL DEVELOPMENT PROGRAM (PDP) APPLICATION

### EMPLOYMENT VERIFICATION FORM

The participant's center supervisor/director or the family child care owner must complete this form to verify current employment. *If the center director is the participant, an Agency representative must sign.*

<b>Participant's Name</b>		<b>Participant's Job Title</b>	
<b>Program/Worksite of Employment</b> (Name as listed on County Childcare License) _____		<input type="checkbox"/> Please check if participant has changed sites within the Agency during the previous year.	

#### SECTION I - SUPERVISOR/DIRECTOR

I hereby certify that I am currently the director/licensee of the program and supervisor of the participant identified above and that:

- The participant worked in this program for \_\_\_ hours per week since \_\_\_ / \_\_\_ (month/year). To the best of my knowledge, the participant meets the employment requirements for participation (a minimum of 15 hours per week for at least 9 months with the same employer preceding the date below) in the Contra Costa Professional Development Program (PDP).
- The participant currently works in Contra Costa County with children birth to pre-kindergarten age, 0-5 years.

I understand that the incentive he/she receive(s) is in addition to his/her current wage and/or annual salary and that salary advancement will not be negatively affected by the incentive. I certify that all information related to his/her employment is true and correct.

_____ Signature of Supervisor/FCC Owner/Agency Representative	_____ Date (Must be on or after May 1)
_____ Print Name of Supervisor/FCC Owner/Agency Representative	_____ Job Title/Position
	_____ Work Telephone Number

#### SECTION II - PARTICIPANT

I hereby certify that I am currently employed at the site identified above and that I have been continuously employed for the past 9 months with the same employer:

- I work with children birth to pre-kindergarten age, 0-5 years, specifically:  Infants  Toddlers  Pre-K.

I understand that the incentive I receive is in addition to my current wage and/or annual salary and that salary advancement will not be negatively affected by the incentive. I certify that all information related to my employment is true and correct.

_____ Signature of Participant	_____ Date (Must be on or after May 1)
_____ Print Name of Participant	_____ Job Title/Position
	_____ Work Telephone Number

# 2018-2019 CONTRA COSTA PROFESSIONAL DEVELOPMENT PROGRAM (PDP) APPLICATION

## Early Care & Education Workforce Registry Instructions and Form

Enrollment in the Early Care and Education Workforce Registry at [www.caregistry.org](http://www.caregistry.org) is required. When your account is created, the Registry will issue you a Registry ID number (see example below). You are required to provide this ID number on the Form below as part of your PDP Application and to be eligible for a stipend. (Refer to page 11 of the Program Guide for additional information on the Workforce Registry.)

### Please follow these simple steps to complete your Workforce Registry Form:

**STEP 1** Please go to the Early Education Workforce Registry at <https://www.caregistry.org> and select "Register Now" to create an account.

**STEP 2** Once you create an account, you will receive a Registry ID number. Please enter this ID on the form below. The Registry ID number must be submitted in this Application for your PDP stipend to be processed and issued.

**STEP 3** Save this Registry ID number in your records or print and carry the ID card that will be available to you after you have completed creating an account

### If you have questions or require assistance, please contact:

Terrissa Hein, M.Ed, Education Liaison, Educational Services  
Contra Costa County Office of Education  
[thein@cccocoe.k12.ca.us](mailto:thein@cccocoe.k12.ca.us) 925.942.3397

Please enter your Early Care & Education Workforce Registry ID number in the space provided below

What is your nine-digit Workforce Registry ID? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You received this number when registering on the Early Care & Education Workforce Registry website, [www.caregistry.org](http://www.caregistry.org), and the number can be found on your membership card (see example below).





LAST NAME: \_\_\_\_\_

# 2018-2019 CONTRA COSTA PROFESSIONAL DEVELOPMENT PROGRAM (PDP) APPLICATION

Form **W-9**  
(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  Exempt payee

Other (see instructions) ▶ \_\_\_\_\_

Address (number, street, and apt. or suite no.)      Requester's name and address (optional)

City, state, and ZIP code

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

				-						
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Employer identification number**

		-								
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### Part II Certification

- Under penalties of perjury, I certify that:
- 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
  - 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
  - I am a U.S. citizen or other U.S. person (defined below).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.





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## 2018-2019 CONTRA COSTA PROFESSIONAL DEVELOPMENT PROGRAM (PDP) APPLICATION

### ACKNOWLEDGEMENT & SIGNATURES

Information from this and other PDP forms, as well as student academic records, are entered into a PDP database and this information is used to advise you on your educational progress. Further, information is shared from the database with the three Contra Costa Community Colleges, First 5 Contra Costa, Contra Costa County Office of Education / Local Planning and Advisory Council, and its designated evaluators for the sole purposes of aggregate program evaluation and stipend issuance. Your individual information will not be accessed for any other purposes, or given to any other entity.

I understand and agree to the statement above.

\_\_\_\_\_  
Signature Date

**By signing this Application I am certifying all of the information provided herein is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: ALL APPLICANTS MUST SUBMIT COMPLETED APPLICATION TO  
A PDP COLLEGE ADVISOR (see below)**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Contra Costa College  
**MAY SAETEURN**  
2600 Mission Bell Dr., AA-217  
San Pablo, CA 94806  
510-215-4985  
msaeteurn@contracosta.edu

Diablo Valley College  
**SUE HANDY**  
321 Golf Club Road, ECS-202  
Pleasant Hill, CA 94523  
925-969-2393  
shandy@dvc.edu

Los Medanos College  
**MELISSA JACKSON**  
2700 E. Leland Road, CSC-203  
Pittsburg, CA 94565  
925-473-7639  
mjackson@losmedanos.edu