

ARPA Continuous Quality Improvement Grant Provider Instructions

This grant is only applicable to providers that are contracted with a local Early Learning Coalition for SR and/or VPK Services and your **CLASS score must be 5 or higher.**

Once you have completed your application for the Provider Eligibility and have been approved by the Coalition, you can begin your application for the Early Learning Bonuses. You can login to your Webauthor account by navigating to the URL below:

https://elcfv.webauthor.com/go/fx_arpa/default.cfm

When you log into Webauthor, your home screen should look like the one below. Click on the button labeled “ARPA” to view your submitted/approved applications.

Early Learning Coalition of Flagler & Volusia

C O R E

V A L U E S

- A**ssume Positive Intent
- B**e Effective
- C**hoose Responsibility
- D**eliver Excellent Customer Service
- E**mbrace Your Fun
- F**ind the Solution that Best Helps the Child

OUR MISSION

To enhance children's school readiness by providing opportunities for quality early learning, while strengthening family stability for a healthy community.

Our Diversity, Equity, and Inclusion Statement

Change starts from within; we are committed to valuing our diverse community with respect and sensitivity to age, race, gender, sexual orientation, national origin, religion, and ability.

We celebrate differences and welcome individuality. Through culturally sensitive and inclusive practices we are better able to work with families, providers, and children, as well as maintain a safe workplace for our team members.

Education is key, which is why we will continue to learn, grow, and implement equitable practices. We are all unique and for us to provide our best selves to our families, staff, and community, we are dedicated to maintaining an environment that embraces diversity, equity, and inclusion.

ARPA

MY PROFILE



Once you see your applications, you will be able to apply for funding on any of the applications that are showing approved in green on the right side of the screen. This overview is to help you apply for the Continuous Quality Improvement Grant, which you can access by clicking the gray button labeled “Continuous Quality Improvement.”

ARPA Home / ARPA / Dashboard

REQUESTS

MAP

VIEW

AMERICAN RESCUE PLAN ACT (ARPA)

+ New Eligibility Request Help ARPA Overview About ARPA

1

Approved
View Request

+ Educator/Director Request

+ Child Success and CLASS Observer

+ Child Care Supply Building

+ Continuous Quality Improvement

Staff/Item	Amount	Status	Submitted	Approved	Paid
	\$0.00				



Next you will fill out the most recent CLASS score and the date you received it.


Continuous Quality Improvement

The purpose of this funding is intended to positively affect outcomes for children at scale by improving adult-child interactions through training early learning teachers, staff, and administrators to support CLASS implementation at SR and/or VPK contracted providers with a CLASS composite score of 5 or higher.

SR and/or VPK contracted providers will have the opportunity to apply for funding to develop/implement a program to:

- Support effective interactions, and/or
- Strengthen business and leadership practices, and/or
- Support child assessment and screening with reliability, and/or

▼ READ MORE ▼

CLASS Date * 

CLASS Score *

In the following section, you will enter all your training plan information.

Application Details

Please provide a brief overview of your training plan, including priorities, weekly goals, and planned outcomes.

Training Plan *


Priorities *

Weekly Goals *

Planned Outcomes *

Trainings Programs must provide a minimum of 24 hours of training time for directors and staff. Training can include live coaching, live or virtual instruction, individual and group instruction, and other competency-based skill development exercises. Please provide the following information about the course/training(s) to be utilized in your training plan.

Course Title	Course Provider	Course Description	Training Format	Course Cost	Hours	



Use the blue “Add More” button to add additional trainings that will be included in your Quality Improvement Plan.

Training Plan Start Date *

Training Plan End Date *

Training Participants * Please list the names and position of staff who will attend the training. Directors must participate to ensure the entire programs benefits from the same preparation, work, and support.

Participant Name	Position	
Add More		

Budget Please provide a proposed budget below. Funds can be used to cover any program costs, including compensating employees for their training time.

Line Item	Description/Justification	Proposed Budget	Amount Spent	Amount Remaining	
Add More					

Total Budget \$

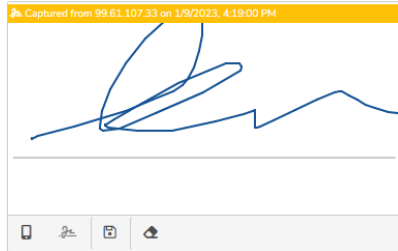
You will then indicate the dates of the training plan, who will be participating, and the total anticipated budget for the Quality Improvement Plan.

You will select the “Add More” button to add the participants that will be involved. You will select the “Add More” button under budget to upload additional line items to your budget breakdown. You can click “Add More” as many times as you need until all staff and budget information is listed.

In the next section, you will sign the form, confirm the electronic signature, and click “Save & Submit Entry” at the bottom.

I am submitting this application to qualify for and receive one or more of the above-listed ARP Act Child Success and CLASS® Observer Grant(s) and I understand all monies received by me or my provider location will be given to staff as bonuses indicated in Section 3. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative *



Total Amount

\$ 8500

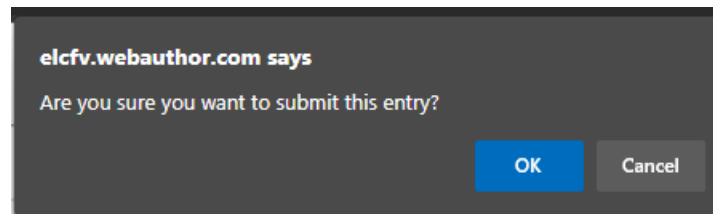
* I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Yes

Save Entry Save & Submit Entry Cancel

NOTES

There will be a pop-up asking if you are sure you want to submit the application. Click “OK” and it will then finish the submission.



**Please note that by submitting this application, there are no guarantees that the total requested budget will be approved.*

You will then be directed back to the detail view of your organization’s submitted requests.

You can get back to your Dashboard and continue submitting requests for your staff by clicking the top left button that looks like a newspaper cover.

A TO Z INVESTMENTS ENTERPRISE, INC. : 11204 INACTIVE - C07VO0335

1009 1/9/2023 9:37 PM C07VO0335 11204 Yes Approved

ID	Date Submitted	License #	Class Score	Provider ID	Signature Confirmation	ARPA Review

EDUCATOR APPLICATION [1/10/23] **1**

STAFF [1/9/23] **1**

*If you would like further assistance, please fill out our ARPA Help Form: [ARPA Help Form - Formstack](#).