



UTAH OFFICE OF CHILD CARE AND UTAH REGISTRY FOR PROFESSIONAL DEVELOPMENT
**INTERIM PROFESSIONAL DEVELOPMENT COST SHARING
 APPLICATION FOR LICENSED CHILD CARE CENTERS**



Application Deadline is APRIL 30, 2021

Please allow up to 6 weeks for processing

SECTION 1: ELIGIBILITY AND INSTRUCTIONS

- All licensed centers are eligible.
- Each program may receive an interim PD Cost Sharing Award once during the time period of September 1, 2020 - April 30, 2021.
- 20% of caregivers (rounded up) must have completed at least 20 hours of Career Ladder approved training in the 12 months prior to application date.
- The total number of caregivers is based on the staff assigned the caregiver role "C" in the Child Care Licensing portal.
- The 12-month documentation period for this program will start exactly one year prior to the date the application is submitted (Ex: If an application is submitted on October 22, 2020, the documentation period for Career Ladder approved training hours would be October 22, 2019 through October 21, 2020.)
- To be counted, all training must have taken place within the documentation period and must be submitted, approved and recorded on caregivers' registry transcripts at <https://careaboutchildcare.utah.gov> for Career Ladder credit prior to the application date.

**EMAIL COMPLETED APPLICATION
 TO: urpd@usu.edu**

Please note: your SSN or EIN will need to be set up in PaymentWorks which is the secure system used by URPD to issue your payment. Please watch for an email from URPD with information on how to create your PaymentWorks profile.

*****ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN APRIL 30, 2021*****

SECTION 2: PROGRAM IDENTIFICATION

PROGRAM NAME (LEGAL NAME OF PROGRAM)		PROGRAM TELEPHONE	
STREET ADDRESS	CITY	COUNTY	ZIP CODE
OWNER/DIRECTOR NAME		CELL PHONE NUMBER	
EMAIL ADDRESS			
I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND I CAN BE PENALIZED BY LAW IF I COMMIT PERJURY BY PURPOSELY PROVIDING FALSE INFORMATION ON THIS APPLICATION AND MAY BE REQUIRED TO RETURN AWARD FUNDS RECEIVED BY PROVIDING FALSE INFORMATION AND/OR BE SUBJECT TO FINES. I ALSO UNDERSTAND I MAY LOSE MY PRIVILEGE TO PARTICIPATE IN FUTURE CAREER LADDER AND DEPT OF WORKFORCE SERVICES GRANT PROGRAMS.			
OWNER/DIRECTOR SIGNATURE _____			DATE / /



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URPD OFFICE USE ONLY

LICENSE CHECK	20% OF CAREGIVERS	AMOUNT	DATE	APPROVED	INDEX #	ACCT CODE
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SECTION 3: PD COST SHARING REIMBURSEMENT AMOUNTS

# of Caregivers Employed at Program	PD Cost Sharing Amount
40-49+	\$2,700
30-39	\$2,150
20-29	\$1,600
10-19	\$1,050
1-9	\$500

SECTION 4: STAFF LIST FOR 20% CALCULATION

TOTAL # OF CAREGIVERS EMPLOYED AT PROGRAM	x .20	TOTAL NUMBER OF CAREGIVERS ROUNDED UP WHO NEED AT LEAST 20 HOURS OF CAREER LADDER APPROVED TRAINING WITHIN 12 MONTHS OF THIS APPLICATION	**LIST AT LEAST THIS MANY CAREGIVERS BELOW
<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>	

NAME OF CAREGIVERS ***DO NOT LIST ALL STAFF, PLEASE ONLY INCLUDE THOSE WHO ARE PART OF THE 20% CALCULATION WITH AT LEAST 20 HOURS OF CAREER LADDER TRAINING WITHIN 12 MONTHS OF THIS APPLICATION**	CAREGIVER ROLE OF "C" ASSIGNED IN CCL PORTAL	COMPLETED AT LEAST 20 HOURS OF CAREER LADDER APPROVED TRAINING WITHIN 12 MONTHS OF THIS APPLICATION AND ALL TRAINING IS LISTED ON THE CAC TRANSCRIPT
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>

***ATTACH ADDITIONAL SHEET(S) IF 20% OF CAREGIVERS IS MORE THAN 20