



CHILD CARE EXECUTIVE PARTNERSHIP COMMITMENT FORM FY 2017-2018

Date: _____

Name of Child Care Provider (DBA): _____

Original Applicant (If applying after a change of ownership) _____

Authorized Representative (Owner or Director only): _____ Title: _____

Provider Site Address (street, city, zip): _____

Telephone Number: _____ Email address: _____

Dear _____:

The CCEP program provides financial assistance by paying for child care for low to moderate wage earners to enable families to secure stable child care arrangements that meet the social, emotional, and educational needs of the children requiring care. Reliable, affordable, and quality child care enables employees to focus on their job responsibilities and assists in reducing absenteeism.

This letter outlines the commitment and guidelines for participation. The Early Learning Coalition of Broward County, Inc., or its designee, Broward Regional Health Planning Council (BRHPC), will provide reports on program usage and financial data on a monthly basis.

Eligibility: The total family income of employees participating in the CCEP Program must follow eligibility guidelines. Participants are required to be employed a minimum of 20 hours per week to be eligible for participation. Changes in the employees work schedule or family income may affect eligibility for the program and any changes should be reported. The Early Learning Coalition of Broward County, Inc. and/or BRHPC, will determine employee eligibility for the program.

Parent Fees: Families will be required to pay a portion of the child care costs based on a sliding fee schedule or other amount documented and provided herein. The balance of the child care costs (after parent fees owed have been deducted from the total child care costs) are shared by the local purchasing pool and the CCEP program at 50 percent each.

Commitment: _____ agrees to be prepared to commit \$ _____ annually to this program, based upon actual usage of child care slots. This commitment will enable the following approximated employee(s) with child(ren) to access services through the CCEP program:

Number of employees to participate: _____

Number of Children to be Served: _____ **Indicate Age of Children to be Served:** _____

Number of Children New to Being Served: _____ **Indicate Age of Children New to Being Served:** _____

Period: This commitment is anticipated to begin on **July 1, 2017** and end on **June 30, 2018**, pending approval and availability of funds through the Florida Office of Early Learning as authorized by the CCEP Board.

By electronic signature (check box, type name below and send back via email)

Signature _____
Title

Name of Early Learning Coalition: Broward **Date of Signature:** _____

For reporting purposes please circle answer:

1. Minority-owned business	Non-minority owned business
2. Non-profit	For profit
3. Renewed CCEP participant	New CCEP participant