Western Oregon UNIVERSITY

2023

Spark Support Funds Request Form

Spark

Who is eligible? All early learning programs and providers that are participating in Spark except certain publicly funded programs such as Head Start.

How much can programs receive? Amounts range from $1,000 - $2,000 based on licensed capacity and are a one-time payment. Programs that hold certain national accreditations (NAEYC, NAFCC, ASCI) are eligible for different amounts of funding and should indicate below if they hold one of these accreditations.

When can programs apply for Support Funds? Programs can apply for Support Funds after joining Spark and planning to make quality improvements. These quality improvements must lead to completing either a quality improvement cycle or a Spark portfolio. Programs are able to apply for Support Funds at any time during their Spark participation and must currently be in operation to receive funds.

What can Support Funds be spent on? Support funds can be spent on anything related to quality improvement such as learning materials, program equipment, safety materials, items for family engagement, and training. Refer to the table below and any planning forms you are using for guidance.

Appropriate uses for Support Funds include:	**Inappropriate** uses for Support Funds include:
• Curricula/assessment materials • Equipment, supplies & classroom materials • Laptop/printer supplies for program administration • Training/professional development	• Capital improvements (permanent structural changes to property) • Sectarian materials (e.g. religious texts) • Operating costs (electric bill, water, rent, etc.) • Personal use not related to program improvements

How do I receive Support Funds for my program? Complete and submit this form and a WOU Substitute W-9 through the payment forms portal: https://wou.edu/tri/forms/ or to the address on the last page. It will take 3-6 weeks to receive your funds.

Program/Provider Name

Date

Program License #   ☐ Not Licensed

( )
Phone #

Spark Contact Name (if different)

Email Address

Does your program hold any of these accreditations?

☐ NAFCC (National. Assoc. for Family Child Care)   ☐ NAEYC (National Assoc. for the Education of Young Children)   ☐ ASCI (Association of Christian Schools International)   ☐ No/Not sure

Mailing Address: (Must match WOU Substitute W-9.) mailing

Physical Address: ☐ Check if same as

Street Address

Street Address

City   State   Zip   City   State   Zip

Check Program Size/Type	**Amount**
☐ Unlicensed/License Exempt*	$1,000
☐ Small Program (1-20 Licensed Capacity)	$1,000
☐ Medium Program (21-49 Licensed Capacity)	$1,500
☐ Large Program (50+ Licensed Capacity)	$2,000

* Unlicensed programs can submit enrollment documentation if actual enrollment is over 20 to qualify for a larger amount of funds.

Budget Table

Check one:
- ☐ **I plan to complete a Spark Portfolio**
- ☐ **I plan to complete a Quality Improvement Cycle and have completed my QI documentation form**

As you begin this process you may think of things that you would like to spend funds on to improve the quality of your program. Check the box if you are planning to make improvements in that domain, briefly describe the improvements, and estimate the cost. You do not need to make improvements in every domain.

	Domain	Description	Cost
☐	Learning & Development (LD)		
☐	Health & Safety (HS)		
☐	Personnel Qualifications (PQ)		
☐	Family Partnerships (FP)		
☐	Administration & Business Practices (AB)		
		Total	$

I agree that any Spark Support Funds received will be used to increase program quality. I will not use funds in any way listed in this document as inappropriate or otherwise reasonably understood to be inappropriate. **By receiving these funds, I commit to completing program improvements.** I also understand there could be tax consequences by accepting these funds and I may want to consult with a tax professional. I agree to keep my receipts for a minimum of 7 years in the event of an audit to verify how the funds were used. I also agree to be subject to such audit if chosen on a random basis or as a result of an investigation.

By signing below, I agree to the above and verify that the information submitted is accurate:

_____   _____
Signature   Date

_____   _____
Printed Name   Title

Send this form with WOU Substitute W-9 to:

Western Oregon University
The Research Institute/Spark
345 N Monmouth Ave
Monmouth, OR 97361

Email: QRISHelp@wou.edu
Questions: 877-768-8290

For Office Use Only	
Amount Requesting:	Amount:
Eligibility Check: ☐	Invoice #:
Staff Name:	Index #:
Staff Signature:	Account Code:
Date:	Approved By: