



Panhandle Area Educational Consortium (PAEC)

753 West Blvd., Chipley, FL 32428

Participant Agreement

Please read this carefully and keep a copy for your records.

Training events/courses completed prior to application acceptance by PAEC do not qualify.

The training stipend will only be paid to the individual with an approved and properly completed agreement/application form, a stipend application and certification of course completion. The Office of Early Learning and the Panhandle Area Educational Consortium provide the final approval. This agreement will be submitted only once; however, the application for a training stipend, along with proper back-up documentation, should be completed each time a stipend is requested.

This form must be submitted and approved prior to submitting the application for training stipend unless pre-approval has been granted by OEL.

INSTRUCTIONS: Complete this Agreement and mail it with **all** documentation (or scan) to PAEC at the above address or submit your Participant Agreement along with all documentation through our online portal located here <https://www.paec.org/OfficeofEarlyLearningPartnership.asp>. Complete **all** information in the spaces provided. All applications must be accompanied by required documentation. Incomplete applications **will not** be processed.

The project described above is funded by the Preschool Development Grant – Birth through Five initiative (PDG B-5) Grant #90TP0068-02-00 from the Office of Child Care, Administration for Children and Families, U.S. Department of Health & Human Services and supported by the Florida Department of Education/Office of Early Learning.

Disclaimer: Document contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.





Participant Name:

(Please print or type) Last First Middle

Mailing Address:

Number Street Apt. # (if applicable) City State Zip Code

Participant Phone#: _____ Email Address: _____
(Please print clearly)

The following documentation is required and must be submitted with the application:

- Copy of current Florida identification
- Vendor Application Form
- W9 Form

I am applying under the following category: (Check the appropriate box.)

____ **Category 1:** Universal Strand (Max of \$150 per participant)

Participant in the REL Pre-Kindergarten and Kindergarten Language and Vocabulary Project Training (Universal Strand). In January 2021, the Office of Early Learning will provide PAEC a list of those who completed the five modules to receive the stipend.

____ **Category 2:** Early Childhood Educator (e.g., classroom teacher, assistant or program director) (\$75 per course, up to 3 courses-Max \$225 per participant)

Must meet the following:

- 1) Residency: Florida Resident (copy of a current valid FL ID is acceptable)

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2) Employment* (check appropriate box and provide documentation):

- Employed in a Licensed or License-Exempt childcare facility, or
- Employed in a licensed or registered family childcare home, or
- Employed by a licensed after-school program,

AND

I work a minimum of 20 hours per week with a birth through pre-K population or in an after-school program for a minimum of 520 hours per year.

AND

I have sponsorship of the childcare or after-school program that employs me, as evidenced by the signature below.

I attest that the provider is currently open for business and has a current/active SR and/or VPK contract with at least one early learning coalition or Redlands Christian Migrant Association, Inc. (RCMA). I submit approval of this sponsorship by signing below.

Business Name, Address, Telephone Number

Supervisor Name (Printed)

Supervisor Signature

Date

Category 3: Early Learning Coalition (ELC) Staff (One-time stipend of \$225)

I am currently employed with an early learning coalition and am a certified COP facilitator. A copy of the certification must be attached.

Employer Name, Address, and Phone

Supervisor Name and Contact information (telephone # and email address)

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____ **Category 4:** Applicant for the Florida Infant Mental Health Endorsement (FIMH-E®) (\$300 per course, up to 4 courses-MAX \$1,200 per participant)

I am a current participant in the FIMH-E project through the Office of Early Learning. OEL will confirm the applicant is a participant in the FIMH-E project.

I hereby certify that I am performing service in the capacity of an independent contractor. I have not nor do I intend to hire employees to assist in performing any services under this contract. This contract is for the sole purposes of receiving a stipend for services as an individual.

I hereby certify that I understand the contents of this agreement and that the information provided above is correct.

Participant Signature: _____ Date: _____

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**Washington County
School Board**

Panhandle Area Educational Consortium
Finance Department
753 West Boulevard
Chipley, FL 32428
Phone (850)-638-6131
Fax (850)638-6135

Application for Vendor Status

Company Name: _____
(your name if you do not have a company name)

Phone: _____

Fax: _____

Correspondence:

Address 1: _____

Address 2: _____

City/State/Zip: _____

Payment Address: (If different from above)

Name: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Tax Identification Number: _____

Nine Digit Federal Employer Identification Number (FEIN) or Social Security Number.

Internal revenue Service regulations require that vendors must furnish their Taxpayer Identification Number (TIN). Purchase Orders will not be issued to vendors who fail to provide a TIN on this form.

I certify that I am performing service in the capacity of an independent contractor. I have not nor do I intend to hire employees to assist in performing any services under this contract. This contract is for the sole purposes of receiving a stipend for services as an individual.

Signature

Print Name

Title

Date

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional) PARSLEY ENERGY 303 COLORADO STREET AUSTIN, TX 78701
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.