

## Section 1 - Grantee Information

GRANTEE NAME: \_\_\_\_\_

GRANTEE PROGRAM DIRECTOR/CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TOTAL # SITES/ENROLLMENT: Early Head Start \_\_\_ / \_\_\_ Head Start \_\_\_ / \_\_\_

## Section 2 - E/HS Grantee Monitoring Evidence & Other Compliance Documentation

### 1. Please submit a copy of the Grantee’s most recent comprehensive federal monitoring report.

*If your program has begun the 5-year grant/review cycle, please include monitoring reports from these reviews. If any of these reports show a finding of non-compliance or a deficiency relevant to any ExceleRate standard, please also include a copy of the follow-up review report documenting that the finding or deficiency has been resolved.*

*If the Grantee was placed into the Designated Renewal System (DRS) and successfully renewed the Early Head Start or Head Start (E/HS) grant, you are eligible to apply through this pathway. If you are still in the process of re-competition under DRS, you are not eligible for the expedited E/HS enrollment pathway. However, you may still apply through the standard routes of accreditation or full site assessment.*

### 2. If applicable, please submit a copy of your current IDCFS License for each site noted as part of this application.

*E/HS sites are required to meet all IDCFS Licensing, Fire Code and Health Code regulations. Please check the IDCFS Sunshine Site to resolve any areas of licensing non-compliance prior to application.*

### Section 3 - Certifications and Application Authorization

All community-based and school-based sites included in this application meet the following requirements:

- \_\_\_\_\_ All sites are directly-operated by this Early Head Start or Head Start (E/HS) Grantee
- \_\_\_\_\_ All classrooms are E/HS funded, and operate in accordance with E/HS Program Performance Standards for the full program day
- \_\_\_\_\_ The site administrator/director or Education Coordinator, and all required classroom teaching staff, are employed and supervised by the Grantee
- \_\_\_\_\_ If site operates with a blended/collaboration funding model, E/HS children are not separated by classroom or time of service

I certify that all information provided herein is true and accurate. By my signature below I authorize INCCRRA to verify any information and documents submitted as part of this application. I understand that false or misleading information may constitute grounds for denial of this application. I understand that my ExceleRate Circle of Quality, if awarded, will be published on the ExceleRate public website, and that aggregated site information may be used for research/evaluation purposes.

SIGNATURE, GRANTEE AUTHORIZED OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

E/HSGRANTEE: \_\_\_\_\_

List each community-based and school-based Early Head Start and Head Start site directly operated and funded by the Grantee. This inventory is for sites which provide daily classroom-based services and have direct responsibility for instructional services to children. Do not include home visiting enrollment, or collaborative partner sites where the Grantee provides only support services.

PLEASE COPY THIS PAGE AS NECESSARY FOR ADDITIONAL SITES.

SITE NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

SITE CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SITE CONTACT EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHECK ONE:

COMMUNITY-BASED SITE DCFS LICENSE #, IF APPLICABLE \_\_\_\_\_

SCHOOL-BASED SITE SCHOOL DISTRICT NAME AND # \_\_\_\_\_

# ½ DAY CLASSROOMS/SESSIONS \_\_\_\_\_ # FULL DAY CLASSROOMS/SESSIONS \_\_\_\_\_

CURRENT ENROLLMENT: TOTAL EHS (AGES 0 – 3) \_\_\_\_\_ TOTAL HS (AGES 3 – 5) \_\_\_\_\_

IF REQUESTING GOLD ASSESSMENT, PLEASE CHOOSE TOOL:  CLASS  ECERS/ITERS

SITE NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

SITE CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SITE CONTACT EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHECK ONE:

COMMUNITY-BASED SITE DCFS LICENSE #, IF APPLICABLE \_\_\_\_\_

SCHOOL-BASED SITE SCHOOL DISTRICT NAME AND # \_\_\_\_\_

# ½ DAY CLASSROOMS/SESSIONS \_\_\_\_\_ # FULL DAY CLASSROOMS/SESSIONS \_\_\_\_\_

CURRENT ENROLLMENT: TOTAL EHS (AGES 0 – 3) \_\_\_\_\_ TOTAL HS (AGES 3 – 5) \_\_\_\_\_

IF REQUESTING GOLD ASSESSMENT, PLEASE CHOOSE TOOL:  CLASS  ECERS/ITERS