

CCEP Employer Participation Agreement

2017-2018



FACILITY INFORMATION			
Name of Facility		Provider ID:	Provider ID Extension
Address			
City		Zip	
Phone Number		Fax Number	
E-mail		Employer Identification Number (EIN):	

AUTHORIZED FACILITY REPRESENTATIVE INFORMATION			
Signature	<input checked="" type="checkbox"/> By electronic signature	Date	
Name		Daytime Phone Number	
Title			

Participation

Please complete the box below estimating the number of child slots by age you would like to hold.

Infant	Toddler	2 year olds	Pre 3	Pre 4	Pre 5	School Age
Total number of slots						

Participation Period

Planned participation is anticipated to begin on **7/1/2017** and end on **6/30/2018** pending approval and availability of funds through the Florida Partnership for School Readiness as authorized by the CCEP Board.

NOTICE TO PARENTS AND CHILD CARE EXECUTIVE PARTNER CONTRIBUTORS

Where a parent's employer is a Child Care Executive Partner ("CCEP") contributor, the Coalition will provide fifty percent (50%) of the cost for each child's participation in the child care program with funds from the State, administered by Miami-Dade County ("State Funds"), in order to serve eligible employees and children. The employer, a CCEP contributor, shall be responsible for the other fifty percent (50%) with matching funds ("Matching Funds"). If an employee's child participates in any other CCEP contributor's child care program, the Coalition shall not provide any Matching Funds. In no event shall the Coalition provide any funds in excess of the State Funds.

Complete the Information and upload to the Provider Portal, document library under CCEP. E-mail ccep@elcmdm.org indicating you have uploaded the CCEP agreement.

Agreement due by Friday, April 28, 2017