ARPA Supply Build Townhall

ARPA Supply Building Initiatives
22-23 Program Year
Registration and Enrollment Application
ARPA SB Registration Process

Click this link to get started: https://elcseminole.webauthor.com/go/fx_arpa/

1. Enter your First name
2. Enter your Last Name
3. Enter your E-mail Address
4. Click “Register”
• Enter a password that YOU will remember
  * Must Include: 8 Characters, 1 Upper Letter, 1 Lower Letter, 1 Number
• Confirm the password
• Click “Change My Password”
Terms and Conditions

- Read the Terms and Conditions
- Click the agreement “I Agree” or “I Do Not Agree” to continue

If you click “I Agree” continue to the next page.
Eligibility

Enrollment

Click the Blue Box “+ New Eligibility Request”
You Must Know Your Provider ID

https://providerservices.floridaearlylearning.com/

- Enter your username password for your login
- The Provider ID can be found in the Provider Site Summary area (center of the page) under the Business and DBA name. Label: Provider ID:

Provider ID
Required to Proceed

Provider Site Summary

Business name:
Doing business as:
Provider ID:
License number:
SSN / Federal ID number:
1. Enter your Provider ID in the first column labeled Provider ID.

   Your Provider Name, Address, Email Address, License # will pre-populate.
   
   **Verify this information is correct!**

2. In the Phone Number Field, enter your Phone number.

3. Click your Provider Type -
!!! STOP !!!!
READ THIS BEFORE PROCEEDING

DO NOT UNCHECK ANY OF THE OPTIONS AVAILABLE BELOW - SKIP TO THE NEXT SECTION

Indicate options for ARPA quality activities

<table>
<thead>
<tr>
<th>Quality Activities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment Bonus</td>
<td>✓</td>
</tr>
<tr>
<td>Health and Safety Bonus</td>
<td>✓</td>
</tr>
<tr>
<td>CLASS Bonus - PreK</td>
<td>✓</td>
</tr>
<tr>
<td>CLASS Bonus - Infant/Toddler</td>
<td>✓</td>
</tr>
<tr>
<td>Upskill Director Bonus</td>
<td>✓</td>
</tr>
</tbody>
</table>

Program Year *
2022-2023
ELIGIBILITY CRITERIA

- Do you have your Business W-9 available to upload?
  The ELCS is requesting a current W-9 for this grant opportunity.

- Check the Yes or No Box as it applies to the 5 Questions below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you contracted with a local early learning coalition for SR and/or VPK services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you under investigation or been convicted of child care fraud?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you on the Florida Child Care Food Program (CCFP) USDA Disqualified List?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had a contract with an early learning coalition terminated and eligibility revoked within the past five years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you previously submitted a W-9 form for payment?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Attestation -

STOP - Once you have read, please go to the next slide to continue for the signature

Provider Attestation - please read carefully before submitting

I am submitting this application to qualify for and receive one or more of the ARPA Supply Building Bonuses and understand all monies received must be used for the bonuses awarded. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it may be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Signature of Authorized Provider Representative *

* I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

[ ] Yes
Signature of Authorized Provider Representative
(The representative will be responsible for uploading all documents in the provider’s Webauthor account.)

Sign using your mouse/finger if touch screen is available
*Mobile Device follow next 2 pages
Signing Via Mobile Device

- Click the Icon on the far left that looks like a phone icon

- Enter your 9-digit cell/Mobile Number

- Click “OK”

- Go to your mobile and check for a text message
SIGNATURE TEXT MESSAGE

Click the link provided and a new window will open up

Sign in the box provided using your finger

Click **SAVE**
Sign Via Mouse or using a Touch Screen

- Press and hold the left or right side of your mouse to sign your name inside the empty signature box.
- If you have a touch screen you can use your finger or stylus pen to sign in lieu of the mouse signature.
1. Read the Confirmation
2. Click “Yes”

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.
Submitting Your Eligibility Application

Click “Save and Submit”
Completed Eligibility Application

Once you Submit it will take you to your ARPA dashboard where you can see the submitted eligibility application.

If any information is incorrect, you must contact the coalition. ARPA-SB@seminoleearlylearning.org

To view the status of your application you can click on the box as shown below.

The status is shown to the far right.
Questions
Please Email:
ARPA-SB@SeminoleEarlyLearning.Org