



# WY QUALITY COUNTS!

AWARENESS & TRAINING FOR QUALITY CHILD CARE

## General Instructions for CDA Contractor Application

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**All DWS approved CDA Contractors acting as advisors must meet the standards delineated by the Council for Professional Recognition at [http://www.cdacouncil.org/CDA\\_ADV.htm#d](http://www.cdacouncil.org/CDA_ADV.htm#d).**

All applications for scholarships must be completed on the official application form and must be mailed or hand-delivered to:

Department of Workforce Services  
Attn: WY Quality Counts! Program  
Herschler Building, 2-East  
122 West 25<sup>th</sup> Street  
Cheyenne, WY 82002  
**1-866-373-6061 (Fax)**

Applications will only be accepted if postmarked, faxed or hand delivered no less than forty-five (45) days before the scheduled training.

Assistance is also available by contacting the DWS Administrative Office in Cheyenne at (307) 777-2475 or E-mail to: [wygcc@state.wy.us](mailto:wygcc@state.wy.us)

Please view our website at [www.wyqualitycounts.org](http://www.wyqualitycounts.org) for WY Quality Counts! Educational Development Program rules, as well as detailed information and application procedures for WY Quality Counts! Scholarships.

## Part I: Application Information

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### Section 1 – Program Summary

1. Project Title — The name of the CDA training program.
2. Total Cost of Project — If approved, this will be the Scholarship Award.
3. Type of Certificate — Indicate whether Participants will be working the initial, second setting or renewal certificate.
4. CDA Setting — Indicate whether the CDA program is community-based, community college or independent.
5. Dates of Training — The date actual training/coursework begins, through the last day of training/coursework.
6. Cost per Participant — Copy from line 29.
7. Number of Participants — The number of individuals who will be participating under this application to obtain their CDA's.
8. Indicate whether you plan to receive funds from any other source(s) to facilitate this training.
9. If you answered "yes" to question 8, list who you will be receiving fund from, or plan to receive funds from, the amount of the funds, and why you are receiving these funds.

### Section 2 – CDA Contractor

10. Contractor Name — The full, legal name of the individual who is authorized to sign the Contract, and who is accepting legal and fiscal responsibility for the scholarship on behalf of the Contractor. The person named in this block must personally sign the contract documents.
11. Job Title — The title of the Contractor.
12. Street Address — Physical residence of the individual applying to be a Contractor.
13. Mailing Address — If different from the street address.
14. City — City in which the Contractor lives.
15. State — State in which the Contractor lives.
16. Zip — Zip Code of the address for the Contractor.
17. Telephone — Primary daytime phone number in which the Contractor can be reached.
18. E-mail Address — E-mail address which correspondence for the Contractor will be directed to.
19. Social Security Number — Social Security Number of the Contractor.

### **Section 3 – Budget Worksheet(s)**

**Fill out one individual budget worksheet for each type of CDA you will serve. Each type you serve needs its own separate budget submitted. There are three budget pages in the application that are labeled at the top for each type of CDA that may be served. I.E. if you will only be applying to serve community college-based CDA programs, only submit the applicable (labeled) budget page, disregarding the others. If you wish to apply to serve all three types, submit all three budget pages.**

**Lines 20-26 place applicable fees in block “A” for “Direct Costs” and place fees in block “B” for fees you that are “Contractor Fees”.**

20. Instructor Fee or Tuition — List the amount of the instructor fee OR the tuition for this training.
21. Advisor Fee — If applicable, list the total amount for the Advisor Fee.
22. Books — The total amount of books for the Participants.
23. List any required fees.
24. The total for the CDA Packets for the Participants.
25. The total for the CDA Assessment Fees.
26. Administration — List any administrative costs associated with this application. Administrative costs **may not** exceed 5% of the total costs for the program. **This amount is ONLY applicable to the “Contractor Fees” line item.**

### **Section 4 – wyqualitycounts.org Web Site Trainer Registry**

30. Name — List your name as you would like posted on our website for potential participant’s that wish to contact as a Contractor, if approved.
31. Contact Telephone Number — Indicate a telephone number (if applicable) that you would like posted on our website for potential participant’s that wish to contact as a Contractor, if approved.
32. Contact E-mail address — Indicate an e-mail address (if applicable) that you would like posted on our website for potential participant’s that wish to contact as a Contractor, if approved.
33. Type of CDA Certificate(s) you serve — Indicate the type(s) of CDA Certificates you will serve as a Contractor, if approved.
34. CDA Setting(s) you serve — Indicate all CDA program(s) (community-based, community college or independent) you will serve as a Contractor, if approved.
35. Area(s) served — Indicate area(s) in Wyoming that you will serve as a Contractor, if approved.
36. Days/Hours of Service — Indicate days/hours of service you will serve as a Contractor, if approved.

**\*\*After approval of the application, the DWS approved CDA Contractor shall be recognized (Lines 30-36 of this application) in the Website's CDA Contractor Registry Page at wyqualitycounts.org. Here, participant's will have the ability to select the proper DWS approved Contractor to assist them in their coursework towards earning the CDA credential. Applicants will have the ability to view contact information as well as information and details on services that specific Contractor will be providing at our website.**

## **Part 2: Application Narrative**

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Write and attach to the application a complete narrative, not more than ten (10) pages in length, containing all the requested information in Part II of the application. The narrative should be typed, or clearly handwritten. Narratives that are not legible will not be accepted.

## **Signatures**

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The application must be signed by the individual applying to the Department of Workforce Services, WY Quality Counts! program, to be a Sponsor.

Failure to sign will result in rejection of the application.

The original, completed application, with any supporting documentation or letters, must be mailed or hand-delivered to the address on the application form. E-mailed applications will not be accepted.

***Thank you for your application!***