

Rising Stars Payment Request

Program Name: _____

Address: _____

City/Town: _____ Zip Code: _____

Email: _____ Phone Number: (_____) _____

Current Star Level: _____ Date of Rating: _____

How will the funds you receive be invested in your program?

NOTE:

- Programs receiving a 1-Star rating are ineligible to receive an award. The exception to this is programs that are converting from 2009 to 2013 BrightStars Standards may receive an award at all levels, including star level 1.
- Programs can apply for funds once the program has received their new rating. Programs applying to BrightStars for the first time must achieve a rating of two stars or higher to be eligible for an award.
- Programs applying for funds must register and enter program data into the Rhode Island Early Care and Education Data System (ECEDS).
- If programs move up the quality continuum more than once during the quality bonus program period, they are eligible to receive multiple bonuses. After initial funding, awarded programs may only receive the difference between the initial bonus amount and the high bonus amount.
- Although use of funds is flexible, programs must provide planned use regarding how the money will be reinvested into the early learning program. **Rising Star awards are considered taxable income, and information on programs receiving payments will be reported to IRS, and a 1099 issued to program. Non DHS child care providers must submit W9 for payment.**
- Programs receiving Rising Star awards must be enrolled in BrightStars for at least one year following the award.
- There is a total \$500,000 allocated to the Rising Star Program. Programs that increase their BrightStars quality rating during the time period of June 1, 2015 through December 15, 2015 are eligible for a Rising Star award. Funding requests will be processed in order of receipt. *Note* that although the ending date is December 15, 2015, Rising Star awards will be closed when funding has been depleted so programs are encouraged to submit early.

Print Name _____

Signature _____ Date: _____

Email or mail completed application to Colleen Masterson (Colleen.Masterson@dhs.ri.gov)
Department of Human Services,
Louis Pasteur Bldg, 3rd floor, 57 Howard Avenue, Cranston, RI 02920