SF SEED Application Supplemental Forms

Thank you for applying for the SF SEED Fall 2019 Stipend!

The following forms are due on **November 21st, 2019**

Before turning in your forms, please read the following directions very carefully to ensure you have completed your application correctly:

- I understand the eligibility requirements to receive an SF SEED stipend*
- I have completed the online portion of the SF SEED application on [http://caregistry.org](http://caregistry.org)*
- My employer has completed all of the appropriate fields and signed page 1
- I have completed all of the appropriate fields on pages 1 – 5
  *On pages 2-4, I have filled out all of the fields next to the red arrows*
- I have attached a copy of my current Educational Plan
- If I do **not** attend SF State, I will order an **unofficial transcript** to be mailed to the SF SEED office after my grades from the Fall 2019 semester have been posted
- I will return the forms before the application deadline by emailing, dropping off, mailing, or faxing to:
  
  SF SEED  
  1600 Holloway Ave **GYM 106**  
  San Francisco, CA 94132  
  Fax: 415-405-2788

*For eligibility requirements and step by step instructions on applying to SF SEED, please visit our website at [http://sfseed.sfsu.edu](http://sfseed.sfsu.edu/)*

If you need assistance completing any of these forms or have questions, please email or call the SF SEED team at **sfseed@sfsu.edu** or **415-405-4342**
**Employment Verification Form**

**Applicant Information (Please print)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Email Address:</th>
</tr>
</thead>
</table>

**What degrees are you currently pursuing?**
- □ None  □ Associates (AA/AS or AA-T/AS-T)  □ Bachelors  
- □ Masters  □ Multiple Subject Credential

**What is the major of the degree you are currently pursuing?** (i.e. Child and Adolescent Development)

**What degrees do you currently hold?**
- □ None  □ Associates (AA/AS)  □ Bachelors  
- □ Masters  □ Multiple Subject Credential

**What are the major(s) of the degrees you currently hold?**

**If you have a California Child Development Permit; what is your permit level?**
- □ I do not have a permit  □ Teacher  □ Program Director  □ Assistant Teacher  □ Master Teacher  
- □ Children’s Center Instruction  □ Site Supervisor  □ Associate Teacher  □ Children’s Center Supervisor

**Employment Verification** - One of your staff members is applying for a SF SEED Stipend and employment verification is necessary. Please note that once an applicant is approved, in order to continue to be eligible for the stipend, they will need a semester signature to verify ongoing employment. (FCC Owners can verify their own employment)

**Date employee began working at this center or FCC:**

**Is this employee still employed at this center or FCC?**
- □ Yes  □ No
- If no, what was their last date of employment?

**If the staff member is paid hourly, what is their current average hourly wage?**

$________ per hour

**If staff member is salaried, what is their current annual salary before taxes?**

$________ per year

**On average, how many paid hours does this staff member work providing direct instruction to children per week?**

(During these hours the staff member must be counted in your center's adult-child ratio.)

________ hours per week

**Please check next to the age group this staff member primarily works with:**
- ____ Infant (0 to 23mos)  ____ Toddler (2 to 2yrs 11 mos)  ____ Preschool (3-5)  ____ Transitional Kindergarten (4-5)

**What is this staff member’s current title?**
- □ Substitute  □ FCC Assistant  □ Assistant  □ Associate Teacher  
- □ Teacher  □ Master Teacher  □ Site Supervisor  □ FCC Owner  □ Other: ________________

**Employer Title & Name (PRINT)**

**Phone Number:** (______)_____ - _____

**E-Mail:** ________________

**Employer Signature (If you are a FCC Owner you can sign) - By signing this form I certify that I am the person at this site/agency authorized to verify employment and that all information provided is true and correct:**

**Employer Signature:** ___________________________  **Date:** ____________

**Applicant Signature - By signing this form, I certify that the information provided is true and correct.**

**Applicant Signature:** ___________________________  **Date:** ____________

**Site Information**

<table>
<thead>
<tr>
<th>Site Type:</th>
<th>Agency Name:</th>
<th>Site Name:</th>
<th>Classroom Name:</th>
<th>License # (REQUIRED):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Center  □ FCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address:**

San Francisco, CA

(Street Number)________  (Zip code)________

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This information is required from each vendor/contractor doing business with the State of California. This form is required in lieu of IRS W-9 and State of California Form 204. The completed form must be on file with San Francisco State University prior to payment. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See SFSU Vendor/Payee Form Information for more information and Privacy Statement.

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

1. Name (as shown on your income tax return) ____________________________ Social Security Number (SSN) ____________________________

   Business name/disregarded entity name if different from above ____________________________ Federal Employer Identification Number (FEIN) ____________________________

Address (Number and Street or PO Box Number) ____________________________ City, State and Zip Code ____________________________

2. Check appropriate box for federal tax classification:

   ✔ Individual or Sole Proprietor ☐ Corporation ☐ Partnership ☐ Estate or Trust
   ☐ Limited Liability Comp. Please enter the tax classification S - corporation, C - corporation, P - partnership ☐
   ☐ Other, please explain ____________________________ ☐ Check here if company is not located in USA

3. Check the box which best describes your primary business with SFSU:

   ☐ Legal Services ☐ Legal Settlements ☐ Royalties
   ☐ Medical Services ☐ Non-Medical Services ☐ Interest
   ☐ Prizes/Awards ☐ Non-Employee Comp ☐ Rent
   ☐ Equipment/Supplies ☐ Other, please describe briefly Student

4. For California Tax Purposes:

   ☐ California Resident – Qualified to do business in CA or a permanent place of business in CA
   ☐ CA Nonresident – Payments for services by CA nonresidents may be subject to state withholding
   ☐ Waiver of State Withholding from Franchise Tax Board (attached)
   ☐ Services performed outside California

   For Federal Tax Purposes:

   ☐ US Citizen or Permanent US Resident Alien
   ☐ Alien (Not a US Citizen or a Permanent US Resident Alien)
   ☐ Visa Type ____________________________
   ☐ Services performed outside of the US

   For Aliens, additional information may be required. Please contact Tax Specialist at 415-338-2325 or visit ADM 356A in Fiscal Affairs room 358

5. Do you have relatives employed at San Francisco State University? Yes ☐ No ☐

   Name ____________________________ Dept. Name ____________________________ Relationship ____________________________

6. I hereby certify under penalty of perjury that the information provided on this document is true and accurate. I will promptly notify SFSU of any changes.

Authorized Representative's Name ____________________________ Phone ____________________________

Signature ____________________________ Title ____________________________ Date ____________________________

Exemptions (see instructions):

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting Code (if any).

For Aliens, additional information may be required. Please contact Tax Specialist at 415-338-2325 or visit ADM 356A in Fiscal Affairs room 358.
I. PARTICIPANT’S NAME: ___________________________ Last, First, Middle Initial (Please Print)

ADDRESS: _____________________________________________ Street Address City State Zip

SF STATE ID #: __________________________________________ TEL # / EMAIL: __________________________________________

II. STATEMENT OF PARTICIPANT:

US Citizen / Permanent: ☐ Yes ☐ No

Resident: Currently Enrolled: ☐ Yes ☐ No

I certify that I am aware this award may impose restrictions on my receipt of other financial benefit from University or US Government funds, and I will immediately notify the Project Director of any change in the information stated herein.

I understand that it is my responsibility to contact the Financial Aid Office if I have questions about how this will impact my financial aid package.

SIGNATURE OF PARTICIPANT: ___________________________ DATE: ____________

III. STATEMENT OF PROJECT DIRECTOR:

ACCT: 660804 FUND: 55342 DEPT: 3080 PROJ: 55342002

☐ Funding is from NSF. Is it to support research training? ☐ Yes ☐ No

☐ Funding is from NIH. Is it to support research training? ☐ Yes ☐ No

☐ Funding is from USDA-NIFA. ☐ Yes ☐ No

If Yes, the student/trainee must take the Responsible Conduct for Research training (complete also RCR form).

Will the Participant be required to perform services for this financial support? ☐ Yes ☐ No

If Yes, briefly describe services: ____________________________________________

Supporting early childhood educators who are working while attending school.

Are these services an academic requirement? ☑ Yes ☐ No

PERIOD OF AWARD: August 2019 to December 2019

GRAND TOTAL, STIPEND AWARD: $ __________________________

AMOUNT OF EACH PAYMENT: $ __________________________

This Participant is qualified for the proposed training, is eligible to receive the financial support, and the amount of the award as stated herein conforms with sponsor guidelines. I shall forward to the University any information which might affect continued eligibility for this support, as well as copies of any relevant documents required by the project sponsor. I shall also inform the SFSU Financial Aid Office of this appointment.

PROJECT DIRECTOR NAME: David Anderson

SIGNATURE: ___________________________ DATE: ____________

SF STATE FINANCIAL AID OFFICE: ___________________________ DATE: ____________
THE SAN FRANCISCO STATE UNIVERSITY
NON-SFSU STIPEND APPOINTMENT FORM

I. PARTICIPANT'S NAME: ____________________________

Last, First, Middle Initial (Please Print)

ADDRESS: ______________________________________

Street Address City State Zip

TEL # / EMAIL: ________________________________

SOCIAL SECURITY NO.: __________________________

SIGNATURE OF PARTICIPANT: ______________________ DATE: ____________

II. STATEMENT OF PROJECT DIRECTOR:

ACCT: 660824 FUND: 55342 DEPT: 3080 PROJ: 55342002

☐ Funding is from NSF. Is it to support research training? ☐ Yes ☐ No

☐ Funding is from NIH. Is it to support research training? ☐ Yes ☐ No

☐ Funding is from USDA-NIFA. ☐ Yes ☐ No

If Yes, the student/trainee must take the Responsible Conduct for Research training (complete also RCR form).

Will the Participant be required to perform services for this financial support? ☐ Yes ☐ No

If Yes, briefly describe services: __________________________________________________________

________________________________________________________

________________________________________________________

Does the activity relate to the Participant's educational goals? ☐ Yes ☐ No

If Yes, briefly describe the relationship: __________________________________________________

________________________________________________________

________________________________________________________

III. TO BE COMPLETED BY PROJECT DIRECTOR

PAYMENTS ARE DUE ON THE FOLLOWING DATES:


PERIOD OF AWARD: August 2019 to December 2019

GRAND TOTAL, STIPEND AWARD: $ __________________________

AMOUNT OF EACH PAYMENT: $ __________________________

This Participant is qualified to receive the financial support and will receive educational benefits from this activity. The amount of the award as stated herein conforms with sponsor guidelines and project budget.

PROJECT DIRECTOR NAME: David Anderson

SIGNATURE: ____________________________ DATE: ____________

CHECK PICK-UP

PLEASE CONTACT MAIL

ACCOUNTS PAYABLE PROCESSING

BY: ______________________ DATE: ____________

ORSP APPROVAL

BY: ______________________ DATE: ____________
EDUCATIONAL PLAN (ED PLAN):

Please attach a copy of your education plan to your SF SEED application. Please read the information below to support you with obtaining an education plan and to ensure your ED Plan will be accepted.

What is an education plan?
An education plan is a document created by you and a higher education professional that is used as a resource to plan out your courses, major, and other academic or career goals.

What must your education plan include?
- Current coursework and course plan for at least one semester in advance
- Coursework on your education plan must lead to a degree attainment
- Signature by your academic counselor

*If you work at a Title V center, we recognize that you may also need to take courses for your permit. Coursework that is only for your permit, and does not count for your degree, will not be eligible for the SF SEED stipend.

Tips
- Schedule your education plan appointment early in the semester to avoid last-minute scheduling.
- During your meeting ask about coursework that counts toward multiple education goals to ensure you're on the fast track to your academic and professional goals. For example, CDEV 65 at CCSF counts toward a permit upgrade, an AA/AS degree, and transferring.

If you have any questions about the education plan requirement or need more support with obtaining an education plan from your institution contact the SF SEED office (415) 405-4342 or sfseed@sfsu.edu