



Cloudsplitter Foundation
P.O. Box 1357
Saranac Lake, NY 12983

CHILDCARE EXCELLENCE AWARD PROGRAM
NOMINATION APPLICATION

NOMINEE NAME: _____ Org # _____

NOMINEE'S DATE OF BIRTH: _____

NOMINEE'S ADDRESS: _____

NOMINEE'S EMPLOYER INFORMATION

Name of Organization: _____ ("Employer")

QUALITYstarsNY Participant? YES or NO

Details of Education Program (location, number of students, etc.):

NOMINATION STATEMENT. Please provide a description of Nominee's demonstrated commitment to early childhood education and summarize their past successes and/or achievements in the early childhood education field, including during Nominee's participation in the QUALITYstarsNY program on behalf of their above-named Employer. Please also provide any other information that the Selection Committee may find relevant to its review of this nomination application.

SIGNATURE AND ATTESTATION

I, _____, in my position as a representative of QUALITYstarsNY, and subject to the Disclaimer below, hereby submit this Nomination Application to nominate the above-named Nominee for a Childcare Excellence Award and certify that the Nominee was actively involved in the rating of their above-named Employer in the QUALITYstarsNY Program by (check one):

___ Successfully qualified for entry into the QUALITYstarsNY program.

___ Advanced to a new level in the QUALITYstarsNY program.

Attested to by:

Ann Fraser

QUALITYstarsNY Quality Improvement
Specialist

Signature

DISCLAIMER: By signing this nomination application, I acknowledge and understand that (i) the Cloudsplitter Foundation is under no legal obligation to make a grant to any Nominee; (ii) the decision to approve or deny a nominee application, and if approved, the amount of any grant to be awarded, rests in the sole discretion of the Cloudsplitter Foundation and its authorized Selection Committee; and (iii) The mere acceptance of this nomination application is not an indication of whether or not funds have been made available for the Childcare Excellence Award Program. Only when the attached Award Certificate is signed and issued by the Selection Committee to the Nominee as an Awardee will the Nominee be entitled to a grant award.

**This application should be submitted to the Childcare Excellence Award Program
Selection Committee, [afraser@qualitystarsny.org]**



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Award Certificate Number _____

CHILDCARE EXCELLENCE AWARD PROGRAM
AWARD CERTIFICATE

This \$4,000 award is presented to _____ (Awardee), an early childhood educator and childcare employee of the below named childcare education facility, in recognition of Awardee's excellent performance, dedication, and commitment to supporting and sustaining high quality early childhood education and Awardee's efforts in achieving recognition by QUALITYstarsNY on behalf of their Employer as attested to by QUALITYstarsNY Quality Improvement Specialist under Awardee's Nomination Application, a copy of which is attached hereto.

The undersigned certify that the foregoing is true and accurate, and that Awardee is qualified under the Program's Eligibility requirement as set forth in the Childcare Excellence Award Program Guidelines (www.Cloudsplitter.org/Award).

SIGNATURES AND ATTESTATIONS

I, _____, Awardee, hereby certify and attest to each of the following:

- I have participated in the QUALITYstarsNY program on behalf of my employer _____ (a childcare education facility).
- During the QUALITYstarsNY Program rating or re-rating period, I was engaged in the provision of childcare on a full-time basis with my employer, but in no event consisting of less than 25 hours per week.
- As of the date of this application, I am actively engaged in the provision of childcare at a fully-qualified childcare provider that has joined the QUALITYstarsNY program.
- Based on my knowledge and belief, neither me, nor any of my relatives, has any relationship or other involvement with the Cloudsplitter Foundation, as a director, officer, employee, or substantial contributor thereof.

Awardee Name

Awardee Address

Awardee Signature

Date

Attested to by:

The Childcare Excellence Award Program Selection Committee

By:

Name: Jamie Basiliere
Title: Selection Committee Chair

Date

This award can be redeemed on presentation to Director, Cloudsplitter Foundation
P.O. Box 1357, Saranac Lake, NY 12983, Director@Cloudsplitter.org