

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Gateway’s #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person/Agency Requesting Checks Made Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Checks Should be Mailed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that funds will be disbursed in the following months and that if I fail to meet my**

**commitments as outlined in the program expectations as outlined in the program application I will not**

**be eligible to receive a stipend.**

**Initials: \_\_\_\_\_\_\_\_\_\_\_**

**A W-9 must be on submitted with this form for payment to be issued. Payments will be**

**issued from the Early Childhood Coalition of the Illinois Quad Cities Area. You will be issued a Form**

**1099 tax document for dollars received in this project and are responsible for reporting funds received**

**as required for tax purposes. Should the mailing address reporting above change during this project it**

**will be your responsibility to inform a representative of the Early Childhood Coalition of the Illinois**

**Quad Cities Area of this change to ensure payments and tax documents are received.**

**Initials: \_\_\_\_\_\_\_\_\_\_\_\_**