

**Johnson County Childcare Coalition
Wage Enhancement Staff Application
Administered by Johnson County Social Services, Johnson County, Iowa**

Staff Name:	Childcare Center Name:	Employee ID #
Address (Street, City, Zip):		Date:
Phone Number:	Email:	Hire Date:
Certifications and Education:		Years of Experience:
F/T(32+hours/week) or P/T (<32 hours/week):	Average Hours Worked Per Week:	Current Wage:
Participating in CCA?	Duties at Center:	
Notes/Other Information we should know:		

Please acknowledge the following items by initials or checkmark:

- I have read and reviewed the program requirements and obligations of the Johnson County Childcare Coalition Wage Enhancement Program.
- I certify that the answers provided in this application are true, accurate, and agree to provide any requested documentation or information to substantiate the answers contained in the application throughout the course of this program upon request.
- I understand that my employer may need to share data and documentation to substantiate my wages, duties, and responsibilities in order to qualify for this program and that this data will be protected and treated as confidential by the County staff who will see this data.
- I understand that Johnson County Social Services is administering this program and understand that this program is voluntary and our organization will indemnify the Coalition members and Johnson County for any claims arising out of this program.
- I understand that this program is voluntary and reliant on the funds of donors, including the City of Iowa City and Johnson County, Iowa and as a result may be terminated by Johnson County Social Services for failure to comply with program requirements by my employer.
- I understand my employer's participation in this program is voluntary and they are no under no obligation to continue this program and may terminate in accordance with their duties and responsibilities.
- I understand that my employer is fully responsible for ensuring the wage enhancement is fully paid to me if qualified under the program.
- I certify that all wages prior to the enhancement must meet the minimum requirements of the Johnson County Official Minimum Wage as set by the Johnson County Supervisors for that fiscal year.

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- I understand that each qualifying staff member is to receive \$2.00/hour as a wage enhancement and this is to be paid to me and other qualifying staff members in accordance with standard payroll practices of my organization.
- I understand that an additional \$0.153 is being paid per \$2.00 wage enhancement as the program's contribution to my organization for the employer portion of the employee's payroll taxes and no other payments for taxes shall be paid by this program.
- I have had the opportunity to ask any questions that I have, receive example forms as needed, and will communicate with my designated representative regularly.

I agree that all information submitted within this application is true and correct to the best of my knowledge and as authorized representative of the Childcare Business named in this application, I understand that I will submit all required information to the administrators as requested.

Signature: _____ Date: _____

Submit Completed Applications to: socialservices@johnsoncountyiowa.gov OR Johnson County Wage Enhancement Program, 855 S. Dubuque St., Ste. 202B, Iowa City, IA 52240

For Application Assistance Contact: Missie Forbes 4C's at missie@iowa4cs.com OR 319-339-7684 (ext. 102)

For Enrollment Questions Contact: socialservices@johnsoncountyiowa.gov OR 319-356-6090

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