



Quality Counts California
Early Learning and Care Workforce Pathways Grants
(QCC Workforce Pathways Grant)

Form A: Partner Signatures

Each member of the applicant-consortium (collectively, the applicant-members) applying for a Quality Counts California (QCC) Workforce Pathways Grant must complete and sign this form, to be included along with the consortium's application submitted in response to the Request for Applications (RFA).

QCC Workforce Pathways Grant

Lead Agency:

Lead Agency Name:

Name and Title of Representative

Signature:

Email:

Date:

QCC Lead Agencies

Lead Agency Type: *QCC Lead Agency*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:



Quality Counts California
Early Learning and Care Workforce Pathways Grants (QCC
Workforce Pathways Grant)

Date:

Lead Agency Type: *CSPP QRIS Block Grant Lead Agency*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *IMPACT Lead Agency*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:



Quality Counts California
Early Learning and Care Workforce Pathways Grants (QCC
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Required Partners

Lead Agency Type: *First 5 County Commission*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:



Quality Counts California
Early Learning and Care Workforce Pathways Grants (QCC
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Lead Agency Type: *Local Child Care Planning Council*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *Local Educational Agency*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *Local Resource and Referral Agency*

Lead Agency Name:



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Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *Alternative Payment Program*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *Institution of Higher Education*

Lead Agency Name:

Name and Title of Representative:

Signature:



Quality Counts California
Early Learning and Care Workforce Pathways Grants
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Email:

Date:

Lead Agency Type: *Foster Child Care Bridge (as applicable)*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Suggested Local Partners

Lead Agency Type: *Local Tribal Representative*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:



Quality Counts California
Early Learning and Care Workforce Pathways Grants
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Date:

Lead Agency Type: *County Health and Human Services Agency*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *Special Education Local Plan Area*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *County Department of Social Services*

Lead Agency Name:



Quality Counts California
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Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *Other Partners*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *Other Partners*

Lead Agency Name:

Name and Title of Representative:



Quality Counts California
Early Learning and Care Workforce Pathways Grants (QCC
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Signature:

Email:

Date:

Lead Agency Type: *Other Partners*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date:

Lead Agency Type: *Other Partners*

Lead Agency Name:

Name and Title of Representative:

Signature:

Email:

Date: