2026-2027 Anti-Bias Learning Network & Incentive Program

OPTIMISTIC LEADERS AWARD APPLICATION
SOLICITUD DE PREMIO DE ESTIPENDIO DE LIDERES OPTIMISTAS

PERSONAL INFORMATION – *To be completed by applicant. Please print or type.* **Información Personal – A ser completada por el aplicante. Por favor escriba en letra molde o en computadora**		
LAST NAME Apellido	**FIRST NAME** Primer Nombre	**MIDDLE NAME** Segundo Nombre
NAME OF AGENCY/PROGRAM WHERE YOU WORK Nombre de la agencia o programa donde usted trabaja		**DOB (Month/Day/Year)** Fecha de Nacimiento (mes/día/año
HOME ADDRESS Dirección	**APT #**	**CITY & ZIP CODE** Ciudad y código postal
HOME PHONE Teléfono de Casa	**WORK PHONE** Teléfono de Trabajo	**CELL PHONE** Celular
EMAIL		
SCHOOL SITE NAME Nombre del Centro Escolar		
CLASSROOM NAME or NUMBER Nombre o Numero del Salon		
POSITION **Posición**		

DEADLINE TO RETURN COMPLETE APPLICATION PACKET: February 17, 2026

Send application packets to:
Iris Marin, ECE Project Specialist
Marin County Office of Education
1111 Las Gallinas Ave, San Rafael, CA 94903
(415) 491-6684, imarin@marinschools.org

What is a mutual learning community?

Mutual learning is two-way, reciprocal, and back-and-forth. As members of the community listen and pose new questions, and share observations & insights, everyone is enriched. Each member recognizes their own abilities, ideas, and strengths, in agency, and, not in comparison to others. Contributions to conversations are valuable and worthy of attention by others.

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Marin Quality Counts
Promoting Excellence in Early Care and Education

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VIRTUAL AGREEMENTS

ACUERDOS VIRTUALES

Virtual Agreements:

- I will turn my camera on so I can participate fully in a safe space without distractions.
- I understand that my name must be on the Zoom video screen so that the facilitator and/or other colleagues can reference it and so that my attendance will be counted.
- I will not access the sessions while caring for children, driving, or engaging in any other activity that would risk the safety of myself or others, or interfere with my ability to participate.
- I understand that I may be asked to leave the workshop and return when safely possible, if a facilitator perceives that I may be driving.
- I understand that I may be asked to leave the session if a facilitator perceives that I am attending to people, or other activities (cooking, paperwork, or other distractions) during the training or mutual learning sessions.
- Suggestion: Please do all you can to attend the training session on a laptop or desktop in a comfortable location with a drink and a snack close by. Cell phones and other similar devices (Tablet/iPad) do not display the content completely and interactive features cannot be effectively accessed.
- I understand that if MCOE staff determine that participants are consistently not fulfilling the above agreements or jeopardizing the safety and/or learning experience of the group, they will be asked to withdraw from the series.

Acuerdos virtuales:

- Encenderé mi cámara para poder participar plenamente en un espacio seguro sin distracciones.
- Entiendo que mi nombre debe estar en la pantalla de video de Zoom para que el facilitador y/u otros colegas puedan consultarlo y para que se cuente mi asistencia.
- No accederé a las sesiones mientras cuido a los niños, conduzco o participo en cualquier otra actividad que pueda poner en riesgo mi seguridad o la de los demás, o que interfiera con mi capacidad para participar.
- Entiendo que se me puede pedir que abandone el taller y regrese cuando sea posible de manera segura, si un facilitador percibe que puedo estar conduciendo.
- Entiendo que se me puede pedir que abandone la sesión si un facilitador percibe que estoy atendiendo a personas u otras actividades (cocina, papeleo u otras distracciones) durante las sesiones de capacitación o aprendizaje mutuo.
- Sugerencia: Haga todo lo posible para asistir a la sesión de capacitación en una computadora portátil o de escritorio en un lugar cómodo con una bebida y un refrigerio cerca. Los teléfonos celulares y otros dispositivos similares (Tablet/iPad) no muestran el contenido por completo y no se puede acceder a las funciones interactivas de manera efectiva.
- Entiendo que si el personal de MCOE determina que los participantes no cumplen sistemáticamente con los acuerdos anteriores o ponen en peligro la seguridad y / o la experiencia de aprendizaje del grupo, se les pedirá que se retiren de la serie.

_____	_____	_____
Applicant's Printed Name	**Applicant's Signature**	**Date**

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FORMA DE ELEGIBILIDAD

Please check the following boxes to determine your priority eligibility for participation in the Anti-Bias Learning Network & Incentive Program. Priority for application will be as follows:

- ☐ I am employed in a Marin Early Care and Education program, a Marin Elementary school, FCCH or FFN
- ☐ My program participates in Marin Quality Counts or a Marin School District or Charter School
- ☐ I am not being paid/compensated by my employer to attend stipend eligible professional Development

Please continue by checking each of the following boxes certifying that you meet and understand all the eligibility requirements for the Anti-Bias Learning Network & Incentive Program

- ☐ I understand that in order to apply for the Anti-Bias Learning Network & Incentive Program, I must submit the following items by February 17th, 2026:
  - *The Application Packet which includes:*
    - *The Application*
    - *The Eligibility Form*
    - *The Virtual Norms Agreement*
    - *Employer Verification Form*
    - *W-9 Form*

- ☐ I understand that I can receive an incentive based on my participation level and attendance in the Anti-Bias Learning Network & Incentive Program, *as long as I am not being compensated by my employer to attend.*

- ☐ I understand that to remain eligible for the incentive I must meet the attendance & participation requirements. Attendance less than 100% and over 80% is prorated. *Attendance under 80% is ineligible to receive an incentive.*

- ☐ I understand that I must be continuously employed for at least 9 months in an eligible classroom/program at the time I receive my stipend.

- ☐ I understand that I may not receive the full amount of the incentive that I qualify for if there are insufficient funds available to pay all eligible applicants.

- ☐ I understand that incentives are taxable income. Taxes will not be withheld from this incentive award and are the responsibility of the recipient.

- ☐ I understand that incentive may be denied, withdrawn, or withheld in the future if any information reported is found to be intentionally misleading or inaccurate.

- ☐ I authorize the Marin County Office of Education, Marin P3, and Marin Quality Counts to use the included information for the purpose of determining my eligibility for the program and reporting.

- ☐ I state that all of the submitted information is correct and understand that if I do not satisfy all of the requirements for any reason, I will not be eligible for the incentive.

_____	_____	_____
Applicant's Printed Name	**Applicant's Signature**	**Date**

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FORMA DE ELEGIBILIDAD

Por favor, revise y marque las siguientes dos casillas para certificar que usted es elegible para participar en la Red de Aprendizaje Anti-Bias y el Programa de Incentivos. La prioridad de solicitud será la siguiente:

- ☐ Estoy empleado en un programa de cuidado y educación en la primera infancia, una escuela primaria, un FCCH, o FFN en el Condado de Marin
- ☐ Mi programa está participando en Marin Quality Counts o un Distrito Escolar de Marin o un Charter School
- ☐ Mi empleador no me paga/compensa por asistir a desarrollo profesional que es elegible para un estipendio.

Continúe marcando cada una de las siguientes casillas para certificar que cumple y comprende todos los requisitos de elegibilidad para la Red de Aprendizaje Anti-Bias y Programa de Incentivos.

- ☐ Entiendo que para poder ser inscrito en el Red de Aprendizaje Anti-Bias y Programa de Incentivos, debo presentar los siguientes artículos antes del 17 de febrero 2026:
  - *El Paquete de Solicitud incluye:*
    - *La Solicitud*
    - *Formulario de Elegibilidad*
    - *El Acuerdo de Normas Virtuales*
    - *Formulario de Verificación del Empleado*
    - *Formulario W-9*

- ☐ Entiendo que puedo recibir un incentivo basado en mi nivel de participación y asistencia en el Programa de Incentivos y Red de Aprendizaje Anti-Bias, *mientras que mi empleador no me compense por asistir*.

- ☐ Entiendo que para seguir siendo elegible para el incentivo debo cumplir con los requisitos de asistencia y participación. Se prorratea la asistencia inferior al 100% y superior al 80%. *La asistencia inferior al 80% no es elegible para recibir un incentivo*.

- ☐ Entiendo que yo debo ser empleado continuamente por lo menos 9 meses en un aula/programa elegible al tiempo recibir mi incentivo.

- ☐ Entiendo que no pueda recibir el total del incentivo que califico si no hay fondos suficientes para pagar a todos los solicitantes elegibles.

- ☐ Entiendo que los incentivos son imponibles. Los impuestos no están retenidos de está estipendio y son responsabilidad del receptor.

- ☐ Entiendo que los incentivos pueden ser negados, retirados o retenidos en el futuro si cualquier información reportada se encuentra intencionalmente engañosa o inexacta.

- ☐ Autorizo a la Oficina de Educación del Condado de Marin, Marin P3 y Marin Quality Counts (La Calidad de Marin Cuenta) a usar la información incluida con el fin de determinar mi elegibilidad para el programa y reportar

- ☐ Declaro que toda la información presentada es correcta y entiendo que si no satisfacer todos los requisitos por cualquier razón, no seré elegible para el incentivo.

_____	_____	_____
Nombre del Solicitante en letra molde o computadora	**Firma del solicitante**	**Fecha**

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EMPLOYER VERIFICATION

VERIFICACIÓN DEL EMPLEADOR

To be completed Site or Program Administrator. Please Print or type.
A ser completado por el administrador del programa o sitio. Por favor usar letra molde o computadora.

EMPLOYER (Name of Agency or District):		
SCHOOL SITE NAME:	CLASS NAME/NUMBER:	
ADDRESS:	**CITY:**	**ZIP CODE:**
SUPERVISOR/DIRECTOR OR ASSISTANT PRINCIPAL/PRINCIPAL'S NAME:	**PHONE NUMBER:**	
EMPLOYEE'S JOB TITLE:	**Hours worked weekly:**	

I certify that this applicant is currently employed in an Early Care and Education program, an Elementary School, or Family Child Care Home and works directly with children ages 0-8 years old and/or their families. I support the applicant's participation in the Anti-Bias Learning Network & Incentive Program, and their continued growth as an educator of young children and their families.

I certify that our agency is not compensating the applicant to attend ECE professional development for the stipend award program.

_____ _____
Site Leader or Administrator's Signature **Date**

_____
Site Leader or Administrator's Printed Name

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