



REQUEST FOR FUNDS

Please attach all documentation to this form.

School Year: _____

Coach's Name: _____

Program Requesting Funds: _____

Classroom Teacher's Name\ Administrator's Name: _____

Site: (Choose One): Preschool Promise Site Starbound (Non-Preschool Promise Approved Site)

Site Type: (Choose One): Center Type A Licensed Center Type B - Family Child Care

Type of Goal (Choose One):
Environment Instructional Support Emotional Support Classroom Organization Step Up to Quality

Purchase Description and CIP Goal

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Cost of Items	Cost of Shipping	Tax	Total Amount Requested
\$	\$	\$	\$

Vendor:

Purchase Category: (Choose One)

Classroom Supports Compensation Staff Training/Professional Development Coaching Program Supports

Purchase Category Detail: (Check all that apply)

Curriculum Conscious Discipline Technology GOLD Furniture
Coaching Compensation Outdoor Equipment Other

Would you like a check written to the program or will Preschool Promise be purchasing the items?

Check Written to program

Preschool Promise to Purchase

If the check is being written to the center, please list the proper center name:

What mailing address should the check be sent to, or what is the delivery address of the requested items?

Address: _____

Address 2: _____

City: _____

State: _____ Ohio _____

Zip: _____

Special Shipping Instructions:

Authorizing Agreement

By typing your name below you agree to participate with Preschool Promise, Inc. as outlined in the provider handbook, and/or provider agreement, and/or the Starbound MOU; to reconcile all purchases made with Preschool Promise funds by submitting documentation of all purchases within 10 business days to Preschool Promise; and to use Preschool Promise funds to expand high-quality programming as outlined in this document.

Center Administrator/Director Signature: _____

Date: _____

Preschool Promise Coach Signature: _____

Date: _____

Preschool Promise Approval: _____

Date: _____

Additional Notes: