



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:

Scope (Choose One): Site Classroom Classroom Session: AM PM

Type of Goal (Choose One):

Environment Instructional Support Emotional Support Classroom Organization Step Up to Quality

CIP Goal

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

Vendor:

Purchase Category: (Choose One):

Classroom Supports Compensation Staff Training/Professional Development Program Supports

Purchase Category Detail:

Curriculum Conscious Discipline Technology ProCare GOLD
 Furniture iPads Exhibits to Go 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 program, who is the check being made out to?

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 signing below you agree to: Participate in the Preschool Promise as outlined in the provider handbook and provider agreement. Reconcile all purchases made with Preschool Promise funds by submitting documentation of all purchases within 10 business days to the Preschool Promise, Director of Quality. Use Preschool Promise funds to expand high-quality programming as outlined in this document.

Preschool Promise Coach Signature: _____

Date: _____

Center Administrator/Director Signature: _____

Date: _____

Additional Notes: