



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: