



**CHICAGO PUBLIC SCHOOLS  
OFFICE OF EARLY CHILDHOOD  
COMMUNITY PARTNERSHIP PROGRAM**

**PREVENTION INITIATIVE PROGRAM  
CONTINUING AGENCY/PROGRAM APPLICATION  
2008-2009**

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Budget Request \_\_\_\_\_

**PROGRAM MODEL:**

- Baby Talk
- Healthy Families
- Parents as Teachers
- Early Head Start-Center-Based
- CPS Birth to Three Center-Based Program
- Other \_\_\_\_\_

**SUPPLEMENTAL SERVICES:**

- Doula
- Fussy Baby Network
- Strengthening Families

Submit completed applications by 4:00 P.M., Friday, April 25, 2008 to:  
Chicago Public Schools  
Community Partnership Program  
Attention: Christine Ryan  
400 West 69<sup>th</sup> Street  
Chicago, Illinois 60621

**Completed applications include:**

- This cover page and site information pages
- Proposal Abstract
- Program Evaluation
- Rationale for Continuance
- Budget/Budget Breakdown
- Early Childhood Accreditation Form
- Certifications and Assurances
- M/WBE Compliance Forms – 100, 101, 103A (103B, 105 if needed) For Profits Only\*
- Taxpayer ID and Certification\*
- Contractor’s Disclosure Forms – pp. 1-11\*
- CPS Program Agreement Form

\*Available online at <http://www.csc.cps.k12.il.us/purchasing/index.php@tab=0&id=34.htm>

For CPS use only:  
Full Proposal:  
\_\_\_\_ Attached      \_\_\_\_ On file  
Total no. of children to be served \_\_\_\_\_  
Amount Requested \_\_\_\_\_  
Date visited \_\_\_\_\_

Agency:
Contact:



**CHICAGO PUBLIC SCHOOLS  
OFFICE OF EARLY CHILDHOOD  
COMMUNITY PARTNERSHIP PROGRAM**

**PREVENTION INITIATIVE PROGRAM  
CONTINUING AGENCY/PROGRAM APPLICATION  
2008-2009**

**SITE INFORMATION: Prevention Initiative Model (Birth-3)**

Site Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Community Served \_\_\_\_\_

Number of children to be served through this program model \_\_\_\_\_

Number of families to be served through this program model \_\_\_\_\_

**ADDITIONAL SITE INFORMATION:**

Site Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Community Served \_\_\_\_\_

Number of children to be served through this program model \_\_\_\_\_

Number of families to be served through this program model \_\_\_\_\_

Site Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Community Served \_\_\_\_\_

Number of children to be served through this program model \_\_\_\_\_

Number of families to be served through this program model \_\_\_\_\_