



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

**PREVENTION INITIATIVE PROGRAM
CONTINUING AGENCY/PROGRAM APPLICATION
2009-2010**

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, May 22, 2009 to:
 Chicago Public Schools
 Community Partnership Program
 Attention: Christine Ryan
 400 West 69th Street
 Chicago, Illinois 60621

Completed applications include:

- This cover page and site information pages
- Proposal Abstract
- Program Evaluation
- Professional Development Plan
- 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:



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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 _____