



PROVIDER INTEREST FORM

Programs that participate in the Cincinnati Preschool Promise initiative must be licensed by the Ohio Department of Education (ODE) or the Ohio Department of Job and Family Services (ODJFS) and must also be physically located within the geographical boundaries of the Cincinnati City School District.

The process to receive either Tuition Assistance funding or a Quality Improvement grant is outlined below:

- Indicate interest in receiving Preschool Promise funding by submitting this form
- Depending on your SUTQ star rating, you will be placed in either a Tuition Assistance application process, or a Quality Improvement Grant application process
- To apply for Tuition Assistance credits, you must have a SUTQ rating of 3, 4, or 5 stars
- To apply for a Quality Improvement Grant, your program must be unrated, or have a SUTQ rating of 1 or 2

Please complete the following information:

Program Name: _____

License Number: _____ IRN Number (optional): _____

Service Address: _____ City: _____ Zip Code: _____

Are you a multi-site program (circle one): Yes/No

Please check the box of the SUTQ rating of your program (if you are a multi-site program, please indicate the number of programs that satisfy each rating):

____ Unrated ____ 1-star ____ 2-star ____ 3-star ____ 4-star ____ 5-star

Please indicate the month and year you received your rating, if applicable: ____/____/____

Please indicate your Program Type (circle one):

Licensed Child Care Center

Licensed Type A Family Child Care Home

Licensed Type B Family Child Care Home

Other (list type) _____

Capacity Information

For the following questions, if you do not know the exact number, please provide an estimate.

How many seats in your program are reserved for preschool-aged children? _____
(Note: preschool-aged is defined as the 2 years prior to kindergarten, typically 3 & 4-year old children)

How many of the seats reserved for preschool-aged children are currently unfilled? _____

Please indicate the current number of preschool seats that are filled by:

half-day slots _____ # full day slots _____

The following question is for 3/4/5-star rated providers:

Will your program be able to expand the number of preschool seats offered by August 2017 (circle one):

Yes/No

If yes, how many seats will you be able to add (estimates are acceptable): _____

Program Contact Information

Primary Contact Name _____

Phone # ____/____/____ Fax # ____/____/____ Website Address _____

Email address _____

Secondary Contact Name _____

Phone # ____/____/____ Fax # ____/____/____ Website Address _____

Email address _____

Program Funding

Please check all additional funding sources received by your program:

- Publicly Funded Child Care
- ODE Early Childhood Expansion Slots
- Head Start
- Other – please specify: _____

Questions

If you have any questions regarding the CPP provider application process, please contact Vanessa White at Vanessa.White@uwgc.org or 762-7234.