



## PROVIDER APPLICATION FOR TUITION ASSISTANCE REIMBURSEMENT

Providers that are eligible and interested in receiving Cincinnati Preschool Promise (“CPP”) Tuition Assistance reimbursements are invited to complete and submit this application. To be considered eligible to receive Tuition Assistance reimbursements on behalf of participating families, providers must:

- Be licensed by the Ohio Department of Education (ODE) or the Ohio Department of Job and Family Services (ODJFS)
- Be physically located within the geographical boundary of the Cincinnati Public School District
- Have a three, four, or five-star rating on Ohio’s Step Up To Quality rating system

For more information on eligibility, decision criteria for applicants, and the reimbursement process, please refer to the **CPP Tuition Assistance Provider Manual**.

Section 1: General Provider Information
<p><b>Please complete the following information for your program:</b>            (Note: Multi-site preschool programs must submit an application for each site, as tuition assistance reimbursement amounts will vary based on the SUTQ rating of the individual site.)</p>
<p><b>Program/Site Name:</b>   <i>If multi-site, please provide Agency Name:</i></p>
<p><b>License Number:</b>   <b>IRN Number (if applicable):</b></p>
<p><b>Program address (physical location)</b>             Street:             City:             Zip Code:</p>
<p><b>Please check the box of the Step Up to Quality (SUTQ) rating of your site’s program.</b> (Note: Providers must have a 3, 4 or 5-star SUTQ rating, or a pending application for a 3, 4 or 5-star rating, to be eligible for tuition assistance reimbursements)</p> <p><input type="checkbox"/> Unrated <input type="checkbox"/> 1-star <input type="checkbox"/> 2-star <input type="checkbox"/> 3-star <input type="checkbox"/> 4-star <input type="checkbox"/> 5-star</p>



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

\_\_\_\_\_/\_\_\_\_\_  
Month Year

**Do you have an application pending for a SUTQ rating of 3 stars or higher?**

Yes  No

*If yes, please indicate the SUTQ level for which you applied:*  3-star  4-star  5-star

**What is the total number of ECE classrooms in your program (i.e. 0-5 years)?** \_\_\_\_\_

*What is the breakdown of classrooms for the following:*

*Infant:* \_\_\_\_\_ *Toddler:* \_\_\_\_\_ *Preschool:* \_\_\_\_\_ *School Age:* \_\_\_\_\_

**Please indicate the number of ECE classrooms in your program that will be participating in Cincinnati Preschool Promise:**

Half Day: \_\_\_\_\_ Full Day: \_\_\_\_\_

**What was your program's seat capacity at the start of the 2018-19 school year?** \_\_\_\_\_

**What was your program's enrollment at the start of the 2018-19 school year?** \_\_\_\_\_

**What is your program's expected seat capacity for the 2019-20 school year?** \_\_\_\_\_

**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- and 4-year-old children)*

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

# half-day slots: \_\_\_\_\_ # full-day slots: \_\_\_\_\_

**Do you provide classroom instruction in a language other than English?**

Yes  No

*If yes, please specify:* \_\_\_\_\_

**Which curriculum do you currently use in your program?**



**(Optional) Do you offer a summer preschool program?**  Yes  No

If yes, how many weeks during the summer do you provide programming? \_\_\_\_\_

If yes, how much is the monthly tuition for your summer preschool program? \_\_\_\_\_

**(Optional) Do you offer an Extended School Day (greater than 8 hours per day)?**

Yes  No

If yes, please indicate the monthly additional amount charged above School Day Rates:

\_\_\_\_\_

## Section 2: Program Contact Information

**Phone:**

**Fax:**

**Website address:**

***Does your program have any social media pages (i.e. Facebook, Twitter, etc.)?***

Yes  No

If so, what are the websites for those pages?

**General email address:**

Please complete the information below for each designated contact, even if the contact will be the same. Cincinnati Preschool Promise will use this information to streamline communication for you and your organization.

Program Contact	First and Last Name	Phone Number	Email address
Owner			
Director			
Primary CPP contact			
CPP financial contact			



### Section 3: Program Funding

Please check all additional funding sources received by your program, and the corresponding number of seats for each funding source, if applicable:

Funding Type	Number of slots (if applicable)
Publicly Funded Child Care	
ODE Early Childhood Expansion Slots	
Head Start Preschool Slots	
Early Head Start Expansion Slots	
Other – please specify:	

### Section 4 – Statement of Commitment to Continuous Improvement

CPP does not equate high quality as simply being star-rated but also as pursuing these essential five aspects of quality:

- Implementing a comprehensive curriculum
- Engaging families in systematic and intentional ways
- Implementing an effective social-emotional framework
- Embracing policies and practices that reduce the achievement gap and foster equity
- Empowering children to develop the 21st-century skills that are essential for creating a competitive workforce

Please describe key attributes of your program's continuous improvement plan:



## Section 5 – Tuition Reimbursement Payment Form

CPP calculates tuition reimbursement payments based on the information submitted by the preschool program on the monthly attendance report. Once the amount of payment is determined, DPP will transfer payment directly to the preschool programs designated account on behalf of the eligible child’s family. To ensure prompt payment, please complete the information below.

Filling in this information authorizes CPP to initiate credit transactions and correcting debit transactions to the designated account. A debit withdrawal will only occur to this account if a credit (deposit) is originated in error. You will be notified if a debit to your account occurs.

In order to change or cancel authorization on the account information listed below, you must submit a written request to CPP at 2400 Reading Road, Cincinnati, OH 45202.

Account Type (check one):     Checking     Savings

Name of Authorized Account Contact:

Bank Name:

Account Routing Number:

--	--	--	--	--	--	--	--	--	--

Bank Account Number:

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## Section 6 – Attachments

Please include with your application the following documents:

- Signed Provider Tuition Assistance Agreement
- Copy of ODE or ODJFS license
- Copy of SUTQ rating certificate
- Copies of preschool classroom teachers’ credentials
- Copy of IRS Form W-9 – Request for Taxpayer Identification Number and Certification     Proof of General Liability, Worker’s Compensation, and Automobile insurance
- Proof of completion of child abuse trainings, as mandated by ODE and ODJFS



**Section 7 – Signature**

By signing below, Provider certifies that the information provided in this application is accurate, and that Provider agrees to the following:

- Provider has received a copy of the provider 2019-2020 Cincinnati Preschool Promise Provider Agreement
- Provider will participate in the 2019-2020 Cincinnati Preschool Promise as outlined in the Tuition Assistance Agreement
- Cincinnati Preschool Promise is permitted to post Provider’s preschool program’s information on websites, in its marketing material and in any other source related to Cincinnati Preschool Promise

Name of Provider:

Name of Representative:

Signature:

Date:

*Please submit your completed application with all required documentation to:*

[info@cincy-promise.org](mailto:info@cincy-promise.org)

*or you may mail your completed application with all required documentation to:*

**Cincinnati Preschool Promise  
P.O. Box 6629  
Cincinnati, OH 45206**