

The Chicago Department of Family & Support Services
Supplemental/Service Request Application

Amount Requested:	Date:	Check One: <input type="checkbox"/> Service Request <input type="checkbox"/> Supplemental Request	
Funding type: <input type="checkbox"/> Head Start (HS) ___Preschool for All (PFA) <input type="checkbox"/> Early Head Start (EHS) ___Prevention Initiative (PI) <input type="checkbox"/> Early Head Start-Child Care Partnership (EHS_CCP)		Category: <input type="checkbox"/> Facilities <input type="checkbox"/> Educational Supplies/Materials <input type="checkbox"/> *Other	
*If other, please describe:			
Enrollment Information			# of Sites
Head Start Funded Enrollment:		Head Start Current Enrollment:	
Preschool for All Funded Enrollment:		Preschool for All Current Enrollment:	
Early Head Start Funded Enrollment:		Early Head Start Current Enrollment:	
Prevention Initiative Funded Enrollment:		Prevention Initiative Current Enrollment:	
EHS_CCP Funded Enrollment:		EHS_CCP Current Enrollment:	
Applicant Information			
Agency Name:		Site Name:	
Main Office Address		Site Address	
Street 1: _____			
Street 2: _____			
Zip Code: _____			
Head Start /EHS, EHS_CCP, PFA/PI Program Director		Site Director	
First Name: _____			
Last Name: _____			
Title: _____			
Telephone Number: _____ Fax Number: _____		Telephone Number: _____ Fax Number: _____	
Email: _____		Email: _____	
Justification for Request			
Attach a brief but thorough narrative with an explanation of the following: 1] Why this request is needed to enhance the program			
*By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms if I accept using a City vendor. I am aware that any false, fictitious, or fraudulent statements or claims may jeopardize this and future requests.			



Executive Director Information			
*First Name: _____		*Last Name: _____	
*Title: _____			
*Telephone Number: _____	Fax Number: _____	* E-mail: _____	
*Signature of Executive Director: _____			*Date: _____

