



DHLW Early Childhood Area
 Des Moines, Henry, Louisa, Washington
 PO Box 882
 Washington, IA. 52353

One-time Purchase Request Form

Instructions: Refer to DHLW Early Childhood Area Policy 4.9a for information and details of eligibility. Send a completed request form and other required materials to tbeghtol@dhlw.org.

Name of Organization:	
Address, City, Zipcode:	
Name & Title of person submitting request:	
Email:	
Phone:	

- What type of organization or business is requesting the funding? Select One
- Community Organization or Non-Profit that is not a childcare
 - Licensed Child Care Center
 - Registered Child Development Home
 - Child Care Home accepting CCA
 - Child care home business not registered with DHS

For Childcare Applicants Only:

What is your current QRS/IQ4K achieved level? _____

Will the items/activity requested increase your current QRS/IQ4K level? _____

Total requested amount _____

**Include copies of any quotes, order forms, or advertisements that justify the amount requested.*

All requests from **childcare businesses must include a note of support from CCR&R consultant, CCNC, or HHS. The note may be sent directly from the agency to tbeghtol@dhlw.org*

Provide a brief description in the box below about what you are requesting and why.

ASSURANCE: *By signing below the applicant affirms that all information in this request and supporting material are correct and true. If awarded funding, the Applicant is responsible for purchasing the item and then sending copies of receipts for reimbursement.*

Signed: _____ Date: _____