



# YES FOR EARLY SUCCESS

## PURCHASE REQUEST FORM

### VISION & MISSION ALIGNMENT:

YES FOR EARLY SUCCESS is dedicated to empowering marginalized communities, fostering equitable access to high-quality early learning opportunities, and creating sustainable growth for all. Each purchase request should reflect our commitment to these values, ensuring that the needs of our subcontractors, families, and communities are prioritized through a liberatory approach.

### REQUEST DETAILS

Please complete the form fully for accurate processing.

<b>Date of Request:</b>	<b>Region:</b>
<b>Site:</b>	
<b>Subcontractor:</b>	
<b>Vendor:</b>	
<b>Vendor Contact Information: (Email/Phone)</b>	

### DESCRIPTION OF PURCHASE REQUEST

Provide details about the requested items and their relevance to the ECEAP program.

<b>Items/Services Requested:</b>
<b>Description of Use:</b> (How does this purchase support ECEAP performance standards and align with YES FOR EARLY SUCCESS's mission?)

### PURPOSE & IMPACT

Explain how this purchase will impact the program, staff, or children.

<b>How will this request benefit the subcontractor, site, regional needs, or operational expense?</b>
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Is this purchase part of any of the following initiatives? Yes ☐ No ☐

*If yes, please describe:*

Parent Policy Council: Yes ☐ No ☐

*If yes, please describe:*

Program Emergency: Yes ☐ No ☐

*If yes, please describe:*

Professional Development: Yes ☐ No ☐

*If yes, please describe:*

Administrative Cost (e.g., Office Supplies):

Employee Expense:



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Total Cost (Estimate): \$

ECEAP Funding Source:

Other Funding Sources (if applicable):

### APPROVALS

Signatures required for processing this request.

#### ***Requesting Staff Name & Signature:***

(Printed Name)

(Signature)

(Date)

#### ***Regional Director Approval:***

(Printed Name)

(Signature)

(Date)

#### ***Finance Department Use Only:***

(Printed Name)

(Signature)

(Date)