These forms are to be used with participants in the Quality Improvement (QI) Funds ExceleRate™ Illinois Cohort component. Programs are to attach the completed Continuous Quality Improvement Plan(s) (CQIP) developed during the ExceleRate™ Illinois cohort process.

When completing the forms digitally, certain information entered into the Budget Form will automatically fill fields in the Request Grid. Forms completed by hand must be printed first and then all required fields should be carefully and clearly filled.

Participants are to label each CQIP to correlate to the line number on the budget form. Label each CQIP in the upper left hand corner. For example:

Budget Line # 1 or Budget line # 1-5

Continuous Quality Improvement Program Planning Worksheet

Continuous Quality Improvement Objective: ❑immediate (0-3 months) ❑short term (3-6 months) ❑long term (6 months – 1 year)	Staff coordinating/ Staff involved	Projected date of completion
		Actual date of completion

Budget Form – *complete first*

1. Complete the program information.
2. Based on program self-assessment results and the CQIP, items are to be listed in order of need (highest need first)
3. Complete each column
   a. Age category: refers to what age range the item will serve
   b. Item name: list the name of the item
   c. Vendor name: refers to the company
   d. Catalog #: refers to the item number in the vendor catalog
   e. Quantity: refers to the amount of the item requested
   f. Cost per unit: amount for each individual item **round to the nearest dollar**
   g. Sub-total: multiple the quantity by the cost per unit *(if completed digitally, will calculate for you)*
   h. Taxes: if applicable, insert the tax amount
   i. Shipping/freight: if applicable, insert the shipping and/or freight amount
   j. Total: sub-total + taxes + shipping/freight (*if completed digitally, will calculate for you*)
4. Total each column: sub-total, taxes, shipping/freight, total cost (*if completed digitally, will calculate for you*)
5. Attach required documentation to the budget form:
   a. CQIP(s)
   b. If applicable:
      - Bids/estimates are required for any contracted work (e.g., fence installation). Bids must include a complete estimate from at least two (2) licensed contractors on contractor's letterhead. Bids and estimates must be current; OR
      - A materials list form a home improvement store is required if you will be doing the work yourself.

Request Grid Form

Environment Rating Scale (ERS)

1. Items are listed in the same order as the Budget Form.
2. Complete each column:
   a. Assessment tool – identify the tool used to determine the item requested:
      - **FCCERS** Family Child Care ERS Revised
      - **ITERS** – Infant & Toddler ERS Revised
      - **ECERS** – Early Childhood ERS Revised
      - **SACERS** - School-Age ERS
      - **BAS** - Business Administration Scale
      - **PAS** – Program Administration Scale
      - **Accreditation** – Accreditation Self-study from recognized accrediting institution
      - **CLASS** – Classroom Assessment Scoring System
   b. Indicator/Standard #: refers to the portion of the assessment/standard that revealed the specific need the requested item fills
   c. Identify need/concern: explain the need/concern that was identified by the assessment indicator/standard
   d. Item Requested: the name of the item (*if completed digitally, will self- populate from the budget form)*
   e. Program Improvement/Outcome desired: explain how the item requested will meet the need identified in the assessment
   3. Keep answers short and simple

Reminders:

- All items requested must be based on the results of a self-assessment & CQIP
- All items requested must be new
- All items requested must be age appropriate
- Double check the math!
- Include the program's name on all attachments
- CQIP(s) must be attached and labeled to correlate to the budget line #.

Quality Improvement ExceleRate Illinois Cohort – Budget Form FY17 (July 1, 2016 – December 31, 2016)

Program Name:_____ Budget page__ of __

Program Address: _____ this program is: ❑for-profit ❑not-for-profit ❑tax-exempt

THIS FORM MAY BE COPIED AS NEEDED. PLEASE NUMBER ALL PAGES OF THE BUDGET FORM(s).

Line #	Age Category	Item Requested	Vendor	Catalog #	Quantity	Cost/unit	Subtotal	Taxes	Shipping/ Freight	TOTAL COST
1							$ 0.00	$	$	$ 0.00
2							$ 0.00	$	$	$ 0.00
3							$ 0.00	$	$	$ 0.00
4							$ 0.00	$	$	$ 0.00
5							$ 0.00	$	$	$ 0.00
6							$ 0.00	$	$	$ 0.00
7							$ 0.00	$	$	$ 0.00
8							$ 0.00	$	$	$ 0.00
9							$ 0.00	$	$	$ 0.00
10							$ 0.00	$	$	$ 0.00
11							$ 0.00	$	$	$ 0.00
12							$ 0.00	$	$	$ 0.00
13							$ 0.00	$	$	$ 0.00
14							$ 0.00	$	$	$ 0.00
15							$ 0.00	$	$	$ 0.00
						TOTALS	**$** 0.00	**$** 0.00	**$** 0.00	**$** 0.00

Age Categories:

Infants: 6 weeks – 14 months
Toddlers: 15 months – 23 months
2 year olds: 24 months – 35 months
Preschool: 36 months – 59 months
School Age: Kindergarten – 12 years
All Ages: appropriate for 3 or more age groups

CCR&R USE ONLY:

Infant/toddlers/Twos	**All Ages**
$ 0.00	**$** 0.00
Review date:	
Funded amount:	
This page: $	**Total: $**

Program Name:_____ Request Grid __ of __

Program Address: _____ ***This form may be copied. Number all pages of the request grid(s).***

Line #	Assessment Tool	Indicator/ Standard	Identified Need/Concern	Item	Program improvement/Outcome desired
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					