

## EITC Eligibility Support Letter Request Form

This form must be completed and submitted by any organization seeking approval from The School District of Philadelphia as an (1) Eligible "educational improvement organization" (EIO); (2) scholarship organization (SO); or (3) Pre-kindergarten scholarship organization (PKSO) for the Pennsylvania Department of Community and Economic Development's (DCED's) Educational Improvement Tax Credit Program.

Any questions please email [grants@philasd.org](mailto:grants@philasd.org).

\* Required

1. Name of Organization: \*

---

2. Mailing Address (P.O. Boxes are not accepted): \*

---

---

---

---

---

3. Name and Title of Contact Person: \*

---

4. Phone Number: \*

---

5. E-mail Address: \*

---

### Register as a School District Partner

In order to be considered for EITC eligibility, The School District of Philadelphia requires a partnering organization to complete its online Partnership Census <http://bit.ly/partnercensus>

If you haven't registered as a School District Partner, please complete the Partnership Census.

6. Have you registered as a School District Partner? \*

Mark only one oval.

Yes

No

### Information About the Request

The following section is required.

**7. Please indicate the specific date by which the support letter is required: \***

Example: December 15, 2012

**8. Did you request a support letter last year? \***

Mark only one oval.

- Yes
- No

**9. Were you given approval as an EITC organization? \***

Mark only one oval.

- Yes
- No
- N/A

**10. If yes, how much money did you receive as a result of the listing:**

\_\_\_\_\_

**11. If you were approved as an EIO, please e-mail the document of the "Appendix V. Education Improvement Organization Monitoring Report" that you were required to submit to PDE. If you were approved as an SO or PKSO, please attach the document or submit a link below of "Appendix IX: Scholarship Monitoring Report." YOUR REQUEST FOR A NEW LETTER OF SUPPORT WILL NOT BE PROCESSED WITHOUT THIS DOCUMENT.**

Check all that apply.

- I have emailed the document to [grants@philasd.org](mailto:grants@philasd.org)

## Project Description

**12. Please briefly describe the overall purpose of your organization. Identify the specific project(s) for which you are seeking approval for EITC listing, describe the types of services provided in the past and and changes/additions you plan to make for the coming year. Please identify specific benefits for the School District, etc. \***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. **Target Population.** Please identify the District schools, teachers, students, grades, etc., who were served by this/these projects in the last year for which you received funding. For each school, please indicate the number of students impacted by the project and your contact at the school. Do you anticipate any change in this information for the coming year? \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. **If you have not received EITC funding in the past, please project what you anticipate what your target population (see above) will be for the coming year.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Evidence of Impact

15. **Has your program(s) undergone an evaluation? \***

*Mark only one oval.*

- Yes
- No
- Not Applicable
- Other: \_\_\_\_\_

16. **If yes, was this evaluation conducted internally or by a third party?**

*Mark only one oval.*

- Internally
- Third Party

17. **If applicable, please submit a copy of the evaluation(s), or a summary of the results**

*Check all that apply.*

- I have emailed the document to [grants@philasd.org](mailto:grants@philasd.org)

### Cost to the District schools, students or families

Please address all of the following questions.

**18. Is there any cost to schools, students or families to take advantage of the program for which you are requesting EITC funding (e.g. tuition, admission, transportation, etc.) \***

---

---

---

---

---

**19. Please describe any data requests that will be required to conduct the program. \***

---

---

---

---

---

**20. Please identify any time demands on students/teachers, or other activities that will result in interference with instructional time. \***

---

---

---

---

---

### **District Partners**

Please note that we will not comply with your request without this information. Information must be correct.

**21. Please identify the name, title and office of District staff (Central Office and/or school-based) with whom you have discussed this project or worked with during this past year (this does not include staff from the Office of Grant Development.) \***

---

---

---

---

---

