

Partnership Proposal Form

PART I – ORGANIZATION INFORMATION

Name of the Organization: _____

Mission and Vision of your Organization:

Type of Organization:

- ☐ State/Local/Federal Agency
- ☐ Nonprofit Organization
- ☐ For Profit
- ☐ Community College/University
- ☐ High School
- ☐ Child Care Franchise
- ☐ International
- ☐ Other (please specify): _____

Contact Information:

Contact Name/Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Fax: _____

Child care settings for CDA® candidates you serve:

- ☐ Center-Based Infant/Toddler
- ☐ Center-Based Preschool
- ☐ Family Child Care
- ☐ Home Visitor
- ☐ All of the above

Language: ☐ English ☐ Spanish ☐ Other (please specify): _____

Please describe your organization's services:

If applicable, provide the annual number of CDA® candidates served by your organization: _____

Where are your services offered? Select all that apply.

- ☐ Local
- ☐ Statewide
- ☐ Regional
- ☐ Nationally (U.S. based)
- ☐ Outside the U.S.
- ☐ Online

Please list the address for each location below (If more than 10, please attach a separate list):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PART II – PARTNERSHIP BENEFITS & GOALS

Benefits to the Council: Please select one or more of the Council's goals below and describe how you will address each goal as a part of the partnership. For additional space, please attach your response in a word doc.

- ☐ Increase CDA® candidates. If selected, please provide a number of anticipated candidates:

- ☐ Support the Council's goals to expand the availability of the CDA® outside the U.S. market
- ☐ Share the Council's blogs, white papers, stories, research and other communications with your networks
- ☐ Support and participate in the Council's annual Early Educators Leadership Conference (EELC)
- ☐ Collaborate with the Council to expand early childhood educators workforce professional development
- ☐ Elevate the voice of early childhood educators through the development of a new CDA® alumni group
- ☐ Embed the CDA® as part of a state and local ECE career ladders
- ☐ Other, please describe below:

Description of how you will address each goal as a part of the partnership:

Benefits to Partner: How can a partnership with the Council support your organization? Please select one or more of the Council's partnership benefits. Please describe how the Council can address each goal. For additional space, please attach your response in a word doc.

- ☐ Dedicated account management to support your work with the Council
- ☐ Review and feedback on your CDA® training
- ☐ Bi-annual data about the total number of your CDA® candidates
- ☐ 10% discount on bulk book orders from the Council store
- ☐ Logo featured on the Council's website under the partner section, press release (cohort release) about your partnership with the Council, and feature link in the Council's newsletter
- ☐ Advance opportunities to learn about and help pilot new Council products, when applicable
- ☐ Customized opportunities to collaborate with the Council to support mutual goals
- ☐ Other, please describe below:

Description of how the Council can address each goal:

PART III – CDA® ARTICULATION (HIGHER EDUCATION AND HIGH SCHOOLS ONLY)

Does your CDA® training program articulate to continuing education units (CEUs) and/or credit hours?
If yes, how many units/credit hours are earned?

Does your program support credit transfers from existing CDA® credential holders? If yes, how many credits are transferrable?

On average how many candidates does your program support through the CDA® credentialing process?

Submitted by: _____ Title: _____

Phone: _____ Email: _____

THANK YOU FOR YOUR SUBMISSION.

FOR OFFICE USE ONLY

Received by: _____ Date: _____