

Year	2022-23
Application Form Number	

**1. Board Information**

* DSB (Select from list)	
Name of DSB	
Superintendent	
E-mail Address	
Board Contact	Telephone
Partner DSBs Name	

**2. Agency**

Operated By Name		Telephone		Ext:
Address		Address 2		
Postal Code				
Funding Ministry (Select from list)		Identify additional ministry, if applicable		

**3. Facility**

Name	
* BSID	(Note: # must begin with 64)
Address	Address 2
Postal Code	
Contact Name	Telephone
# Agency Staff on Site	
# Agency Staff in Classroom	
# of Day Treatment Spaces	
# of Residential Beds/ Operational Bed Capacity	
# of Hospital Beds	

**4. Type of Application & Facility**

> Application Type	
* Facility Type	
Care and/or Treatment Focus of the Facility	
Setting	
Program Description	

	Actual 2021-22	Projected 2022-23	Actual 2022-23	(Application for Liaison/Administration has no enrolment data)
> September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
July				
August				

Total Number of Students Served Last Year	
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6. Panel

Division Type	
* Duration	
Language of Instruction	
# of Classrooms in DSB Schools	
# of Classrooms not in DSB Schools	
Location	
From Grade	
To Grade	
Hours of Instruction	
Program Attendance Expectations	

BSID

7. Statistical Information

	Actual 2021-22	Projected 2022-23	Actual 2022-23
Total FTE			
Average Monthly FTE			
PTR			

* PTR (According to agreement)		:1
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5. a) Program Type and Primary Need/Cluster

\* Note: Refer to Instructions for ECPP Application Form 2022-23 for a breakdown of working definitions of Program Types and Primary Need/Cluster

Program Type	
Program Sub-Type	
Primary Need/Cluster	

5. b) Admissions & Transitions

	Referral Source 1	Referral Source 2
Referral Sources (select all that apply)		
If "Other" was selected, please provide further information.		

Is there a wait list?	
# of Children/Youth on Wait List	

**8. Request for Approval**

Spring	Previous Year		CHECK NOTIFICATION BOX IN SECTION 9		MINISTRY REGIONAL OFFICE ONLY	
	Fall 2021-22		Projections		Projection Approval	
	#	\$	#	\$	#	\$
Salaries and Benefits						
Teachers						
Educational Assistants						
Other Salaries (EET)						
Program Amount						
Furniture and Equipment						
<b>TOTAL</b>						

Fall	Previous Year		Actuals		Actual Approvals	
	Actual 2021-22		Actual 2022-23		Fall Approval 2022-23	
	#	\$	#	\$	#	\$
Salaries and Benefits						
Teachers						
Educational Assistants						
Other Salaries (EET)						
Program Amount						
Furniture and Equipment						
<b>TOTAL</b>						

**9. Notifications**

**The Following Critical Fields are Missing:**  
 \*PTR \*FTE \*Application Type \* Facility Type \* DSB \* BSID \* Duration \* Program Attendance Expectations >>> Please enter all missing data

FOR OFFICE USE ONLY	
<b>Approval and Signoff</b>	
Status	
Monitoring Year	
Reviewed by Education Officer	
Regional Office	
Date	
Education Officer Notes	

Note: Agreements must be forwarded to the Regional Office. Information received is subject to review or audit.