

Year **2022-23**  
Application Form Number

**1. Board Information**

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

**2. Agency**

Operated By				Ext:
Name		Telephone		
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				Ext:
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	
Program Description	

**5. Education Programs Enrolment: FTE**

	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	
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

**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**

	CHECK NOTIFICATION BOX IN SECTION 9		MINISTRY REGIONAL OFFICE ONLY			
<b>Spring</b>	<b>Previous Year</b>		<b>Projections</b>		<b>Projection Approval</b>	
<b>Salaries and Benefits</b>	Fall 2021-22		Projected 2022-23		Spring Approval 2022-23	
	<b>#</b>	<b>\$</b>	<b>#</b>	<b>\$</b>	<b>#</b>	<b>\$</b>
Teachers						
Educational Assistants						
Other Salaries (EET)						
Benefits						
Direct Operating						
Capital						
<b>TOTAL</b>						

Please describe the types of expenses that were included in your direct operating expenditures, if applicable.

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

Please describe the types of expenses that were included in your direct operating expenditures, if applicable.

**9. Notifications**



<b>FOR OFFICE USE ONLY</b>	
<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.	