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#### 1. Board Information

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

### 2. Agency

Operated By		Ext:		
Name		Telephone		
Address			Address 2	
Postal Code			E-mail Address	
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	E-mail Address	
	# 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	

# 5. Education Programs Enrolment: FTE Projected 2023-24 Actual Actual (Application for Liaison/Administration has 2021-22 2022-23 no enrolment data) September October November December January February March April May June July August Total Number of Students Served 2021-22

#### 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 (i.e 09:00-03:00)	
Program Attendance Expectations	

BSID	
-	

Location

#### 7. Statistical Information

	Actual 2021-22	Actual 2022-23	Projected 2023-24
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 2023-24 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

					MINISTRY REGIO	ONAL OFFICE ONLY
Spring	Previ	ious Year	Proj	ections	Projectio	n Approval
Salaries and Benefits		October 022-23		rojected 023-24		Approval 23-24
	#	\$	#	\$	#	\$
Teachers						
Educational Assistants						
Other Salaries (EET)						
Program Amount						
Furniture and Equipment						
TOTAL						

Spring Actuals		Previous Year Actuals  Actual 2022-23		Previous Year Actual Approvals  Actual Approval 2022-23	
Salaries and Benefits					
		#	\$	#	\$
eachers					
lucational Assistants					
ner Salaries (EET)					
ogram Amount					
rniture and Equipment					
OTAL					

### 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					
Approval and Signoff					
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.					