Applications for Educational Programs: Education and Community Partnership Program
(Grants for Student Needs Regulation)

Year	**2023-24**
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		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	
Program Description	

5. Education Programs Enrolment: FTE

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

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 (i.e. 09:00-3:00)	
Program Attendance Expectations	

BSID	

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 REGIONAL OFFICE ONLY	
Spring	**Previous Year**	**Projections**	**Projection Approval**
Salaries and Benefits	October 2022-23	Projected 2023-24	Spring Approval 2023-24
	#	$	#	$	#	$
Teachers						
Educational Assistants						
Other Salaries						
Benefits						
Direct Operating						
Capital						
TOTAL						

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

Spring Actuals		**Previous Year Actuals**	**Previous Year Actual Approvals**
Salaries and Benefits		Actual 2022-23	Acutal Approval 2022-23
		#	$	#	$
Teachers					
Educational Assistants					
Other Salaries					
Benefits					
Direct Operating					
Capital					
TOTAL					

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

9. Notifications
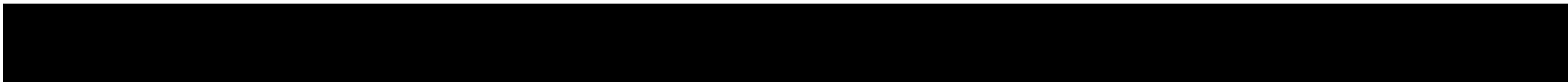
FOR OFFICE USE ONLY

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.