**Applications for Educational Programs: Education and Community Partnership Program (Annual Funding Regulation)**

| | |
|---|---|
| Year | **2024-25** |
| Application Form Number | |

## 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

| | Actual 2022-23 | Actual 2023-24 | Projected 2024-25 | (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 2022-23 | | Total Number of Students Served 2023-24 | |
|---|---|---|---|

### 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 | |
|---|---|

| Site Location | |
|---|---|

### 7. Statistical Information

| | Actual 2022-23 | Actual 2023-24 | Projected 2024-25 |
|---|---|---|---|
| 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 2024-25 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** | Spring Approval 2023-24 | | Projected 2024-25 | | Spring Approval 2024-25 | |
| | # | $ | # | $ | # | $ |
| Teachers | | | | | | |
| Educational Assistants | | | | | | |
| Other Salaries (EET) | | | | | | |
| Program Amount | | | | | | |
| Furniture and Equipment | | | | | | |
| TOTAL | | | | | | |

| Spring Actuals | | Previous Year Actuals | | Previous Year Actual Approvals | |
|---|---|---|---|---|---|
| **Salaries and Benefits** | | Actual 2023-24 | | Actual Approval 2023-24 | |
| | | # | $ | # | $ |
| Teachers | | | | | |
| Educational Assistants | | | | | |
| Other Salaries (EET) | | | | | |
| Program Amount | | | | | |
| Furniture and Equipment | | | | | |
| TOTAL | | | | | |

**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.