

**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		
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 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				

**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

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	

Total Number of Students Served 2022-23		Total Number of Students Served 2023-24	
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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 (i.e. 09:00-3:00)	
Program Attendance Expectations	

BSID

**7. Statistical Information**

	Actual 2022-23	Actual 2023-24	Projected 2024-25
Total FTE			
Average Monthly FTE			
PTR			

\* PTR (According to agreement)  :1

**8. Request for Approval**

Spring	Previous Year		Projections		MINISTRY REGIONAL OFFICE ONLY Projection Approval	
	Spring Approval 2023-24		Projected 2024-25		Spring Approval 2024-25	
	#	\$	#	\$	#	\$
Salaries and Benefits						
Teachers						
Educational Assistants						
Other Salaries						
Benefits						
Direct Operating						
Capital						
<b>TOTAL</b>						

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	
	Actual 2023-24		Actual Approval 2023-24	
	#	\$	#	\$
Salaries and Benefits				
Teachers				
Educational Assistants				
Other Salaries				
Benefits				
Direct Operating				
Capital				
<b>TOTAL</b>				

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

**9. Notifications**



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.