

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 2

Address

E-mail Address

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

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

	Actual 2022-23	Actual 2023-24	Actual 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	Actual 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	Current Year		
Salaries and Benefits	Spring Approval 2024-25		
	#	\$	
Teachers			
Educational Assistants			
Other Salaries (EET)			
Program Amount			
Furniture and Equipment			
TOTAL			

Spring Actuals		Current Year Actuals		Current Year Actual Approvals	
Salaries and Benefits		Actual 2024-25		Actual Approval 2024-25	
		#	\$	#	\$
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.