

1. Board Information

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DSB
(Select from list)

Name of DSB

Superintendent

E-mail Address

Board Contact

Telephone

Partner DSBs Name

Ext:

2. Agency

Operated By

Telephone

Ext:

Name

Address 2

Address

E-mail Address

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

	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	
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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	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				
Benefits				
Direct Operating				
Capital				
TOTAL				

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

Spring Actuals	Current Year Actuals		Current- Year Actual Approvals	
Salaries and Benefits	Actual 2024-25		Actual Approval 2024-25	
	#	\$	#	\$
Teachers				
Educational Assistants				
Other Salaries				
Benefits				
Direct Operating				
Capital				
TOTAL				

Please describe the types of expenses that were included in your capital 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.