

Year	2020-21
Application Form Number	1
Board	

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		
Funding Ministry (Select from list)		

3. Facility

Name	
* BSID	(Note: # must begin with 64)
Address	Address 2
Postal Code	Ext:
Contact Name	Telephone
# Agency Staff on Site	
# 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 Status	

	Actual 2019-20	Projected 2020-21	Actual 2020-21	(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 in 2019-20	
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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	
* Program Attendance Expectations	

BSID

7. Statistical Information

	Actual 2019-20	Projected 2020-21	Actual 2020-21
Total FTE	0	0	0
Average Monthly FTE	0	0	0
PTR	0	0	0

* PTR (According to agreement) :1

5. a) Program Type and Primary Need/Cluster / Type de programme et besoin primaire/groupement

* Note: Refer to *Instructions for ECPP Application Form 2020-21* for a breakdown of working definitions of Program Types and Primary Need/Cluster / *
 Remarque : Référez-vous aux Instructions relatives au formulaire de demande du PPEEC 2020-21 pour obtenir les détails des définitions de travail des types de programme et du besoin primaire/groupement

Program Type / Type de programme	
Program Sub-Type / Sous-type de programme	
Primary Need/Cluster / Besoin primaire/groupement	

5. b) Admissions & Transitions / Admissions et transitions

Referral Sources (select all that apply) / Sources de références (sélectionnez toutes celles qui s'appliquent)			
If "Other" was selected, please provide further information. / Si vous avez sélectionné « Autre », veuillez nous fournir davantage de renseignements.			

Is there a wait list? / Est-ce qu'il y a une liste d'attente d'élèves?	
# of Children/Youth on Wait List / Nombre d'enfants/jeunes sur la liste d'attente	
Admissions decision-making / Prise de décisions relative aux admissions	

8. Request for Approval

Salaries and Benefits	CHECK NOTIFICATION BOX IN SECTION 9				MINISTRY REGIONAL OFFICE ONLY	
	Previous Year		Projections		Projection Approvals	
	November Approval 2019-20		Projected 2020-21		March Approval 2020-21	
	#	\$	#	\$	#	\$
Teachers						
Educational Assistants						
Other Salaries (EET)						
Program Amount						
Furniture and Equipment						
TOTAL		0		0		0

Salaries and Benefits	Previous Year		Actuals		Actual Approvals	
	Actual 2019-20		Actual 2020-21		October Approval 2020-21	
	#	\$	#	\$	#	\$
Teachers						
Educational Assistants						
Other Salaries (EET)						
Program Amount						
Furniture and Equipment						
TOTAL		0		0		0
Teachers						
Educational Assistants		0		0		0

of funded staff in program
#

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.