**Attachment 12**

**RFP # DOE 2017-05: Early Childhood Assistance Program**

**Site Information Chart**

Attach this “Site Information Chart” template(s) to explain how your program is the most appropriate to meet the needs of children and families in your service area. Fill out one chart for each site within your program, even if you are not applying for ECAP-funded enrollment at that site. Use multiple charts if you have multiple sites (from HSPPS 1302.20-1302.23).

* Box #4 identifies if you are applying for ECAP-funded enrollment at that site.
* In Box #5, provide a paragraph of evidence to demonstrate that the proposed site(s) is the area(s) of greatest need for ECAP services for three and/or four-year-olds based on your community assessment.

|  |  |
| --- | --- |
| 1. Site Name
 |  |
| 1. Site Address
 |  |
| 1. Geographic service area (zip codes or communities)
 |  |
| 1. Proposed number of ECAP-funded seats **at this site** for the three-year contract, if applicable
 |  |
| 1. Explanation of why this area is one of the greatest need for ECAP services for three- and/or four-year-olds based on your community needs assessment
 |  |
| **For the 2016-17 school year ONLY** |
| 1. Is this a 2016-17 ECAP site? If so, how many seats are ECAP-funded?
 |  |
| 1. Total number of students served
 | 3-year-olds: 4-year-olds:  |
| 1. Number of students on waitlist, by age
 | 3-year-olds: 4-year-olds:  |
| 1. Ratio and group size, by age
 | 3-year-olds: 4-year-olds:  |
| 1. Overall hours of operation
 |  |
| 1. Site’s yearly duration (number of days)
 |  |
| 1. Site’s Office of Child Care Licensing status, if applicable
 |  |
| 1. Site Star level
 |  |
| 1. Does this site participate in the CACFP program?
 |  |
| 1. Bullet any anticipated changes to Items 1-14 for this site between July 1, 2017 and June 30, 2020, if applicable
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