

### III. PROGRAM INFORMATION

#### CCDF MATCH PARTNERSHIPS II

If your organization has identified multiple sites for funding, please include one Program Information sheet for each site.

ORGANIZATION INFORMATION	
Organization Name:	_____
Address:	_____
Contact Name:	_____ Position: _____
Phone:	_____ Email: _____

SITE INFORMATION
Site Name: _____
Address: _____
This site is:
<input type="checkbox"/> A new out-of-school time/afterschool program.
<input type="checkbox"/> An existing out-of-school time/afterschool program.

SITE PROGRAM INFORMATION
Indicate when the program will operate: <input type="checkbox"/> Before school <input type="checkbox"/> Afterschool <input type="checkbox"/> Summer <input type="checkbox"/> Weekends
Grade levels served: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Kindergarten children are served in the same program/classroom as the 1 <sup>st</sup> – 6 <sup>th</sup> grade children: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current number of children being served per day, Average Daily Attendance (ADA): _____
Number of children the program proposes to serve per day (proposed ADA): _____
Indicate the number of children the program expects to serve per year (unduplicated): _____
How many weeks* will the program operate during the school year? _____
<b>*For this purpose, a week is defined as a minimum of two school days during a calendar week.</b>
How many weeks will the program operate during the summer/interim (when school is not in session)? _____
Hours** of operation for new/expanding programs during the school year (e.g. 2:30-5:00):
AM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly Hours _____
PM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly Hours _____
<b>**For this purpose, hours of operation are defined as the number of hours children are actually participating in the program.</b>
Hours** of operation during the summer program (e.g. 9:00-5:00):
AM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly Hours _____
PM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly Hours _____
<b>**For this purpose, hours of operation are defined as the number of hours children are actually participating in the program.</b>

SITE SPECIFIC PREVENTION / EDUCATION COMPONENTS
Check the <b>three</b> primary prevention/education components the program proposes to offer utilizing appropriate curriculum and/or resources:
<input type="checkbox"/> Civic Engagement
<input type="checkbox"/> Education & Career Readiness
<input type="checkbox"/> Emotional Intelligence & Self-Concept
<input type="checkbox"/> Financial Literacy
<input type="checkbox"/> Physical Activity & Nutrition
<input type="checkbox"/> Positive Interpersonal Relationships
<input type="checkbox"/> Addiction Prevention
<input type="checkbox"/> Youth Violence & Gang Prevention