

**Department of Workforce Services – Safe Passages 2013**  
**Program Information**

**Submit One Per Site**

Organization: \_\_\_\_\_ Site: \_\_\_\_\_

Please indicate the percentage of youth in each category the program serves or plan to serve.

**Section A: Competitive Priority Points (Write 'yes' by all that apply, .5 points each)**

*All items must be supported through information found in the application.*

_____ >40% of youth served are eligible for free and reduced lunch	_____ Program provides a daily, nutritious snack including two food groups (Federal Snack Program is acceptable)
_____ Program operates 5 days per week	_____ Program provides Pregnancy/STI Prevention
_____ Program operates $\geq$ 36 weeks per school year	_____ A Licensed Educator is involved with the management of the program on a day to day basis

**Section B: Risk Determination**

**Anticipated Percentage to Be Served**

Youth eligible for free and reduced school lunch	
Youth with non- or limited-English capabilities	
Youth who are homeless	

**Section C: NUMBER AND TYPE OF CLIENTS**

Grade level (s) served: \_\_\_\_\_

On average, what is the current number of youth being served per day (Average Daily Attendance, ADA)? \_\_\_\_\_

What is the number of youth the program proposes to serve per day (proposed ADA): \_\_\_\_\_

Indicate the number of youth the program expect to serve per year (unduplicated): \_\_\_\_\_

Indicate when the program operates:  Before school  Afterschool  Summer  Weekends  
 other (please explain) \_\_\_\_\_

How many weeks will the program operate during the school year? For this purpose a week is defined as; a minimum of two school days during a calendar week. \_\_\_\_\_

How many weeks will the program operate during the summer/interim (when school is not in session)? \_\_\_\_\_

Please insert the hours of the day that this program is currently operating during the school year (i.e. 2:30-5:00)

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Total Weekly Hours \_\_\_\_\_

Please insert the projected Hours of Operation for new/expanding programs during the school year (i.e. 2:30-6:00)

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Total Weekly Hours \_\_\_\_\_

Parent registration fee per youth per year and explanation of the required sliding fee scale: