Program Information

Submit One Per Site

Organization: _____Site: _____

SITE INFORMATION

Site/Program Name: _____

Address: _____ City:_____ State:_____ Zip Code:_____

Program Contact Name: _____Position:_____

Phone: _____Email: _____

Site Grant Request: $_____

The program is (please check one):

☐ A **new program** (Must provide 70% STEM programming)

☐ An **existing program** (Must significantly increase STEM programming)

Check the **two** primary areas of prevention/education the program proposes to offer:

- ☐ Addiction Prevention
- ☐ Civic Engagement
- ☐ Education & Career Readiness
- ☐ Financial Literacy
- ☐ Physical Activity & Nutrition
- ☐ Positive Interpersonal Relationships
- ☐ Self-Concept & Emotional Intelligence
- ☐ Violence & Gang Prevention

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

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)? _____