This is not a form to complete, it is a copy of the application survey for you to use as a reference. Please use as a reference guide only. Applications will only be accepted through the survey link.

Before you begin the application survey, please review the Comprehensive Early Learning Application Guide and Comprehensive Early Learning Application Reference Document posted on the ECEAP website. These tools may help you prepare your responses to the application questions in the survey.

Allow yourself enough time to complete the survey in one sitting, as you cannot save and complete the application later.

- If you receive an award of slots, you will be required to implement the ECEAP policies and procedures as described in these documents.

Once you gather your information, please use the following survey link to complete the application: <a href="https://app.smartsheet.com/b/form/9faa1eae6306468fb52a009b93e2cfd3">https://app.smartsheet.com/b/form/9faa1eae6306468fb52a009b93e2cfd3</a>

- 1. Organization Name
- 2. Primary Contact Information
  - Name
  - Address
  - School District
  - Phone Number
  - Email Address
- 3. Secondary Contact Information
- 4. Organization Type
- 5. Washington State Business License
- 6. Are you a new or existing ECEAP Contractor?
- 7. Applying for:
  - Expansion Birth-3 ECEAP
  - Expansion Pre-K ECEAP Part Day
  - Expansion Pre-K ECEAP School Day
  - Expansion Pre-K ECEAP Working Day

- Mid-year Pre-K Expansion School Day (existing contractors only)
- Conversion Pre-K ECEAP Part Day to School Day (existing contractors only)
- ECLIPSE layered funding (existing contractors only)
- Complex Needs funding (existing contractors only)

#### **Birth-3 ECEAP Slots**

DCYF does not anticipate any *new* Birth-3 slots at this time. However, please include the number of Birth-3 slots you would request, should additional funding become available. By taking the time to provide information around the number of slots that you could provide allows us to share with the Legislature the current need and capacity for expansion of this programming.

#### **ECLIPSE Layered Funding Requests**

DCYF does not anticipate additional ECLIPSE funding at this time. However, please include the number of ECLIPSE layered funding slots you would request, should additional funding become available. DCYF will not collect further application materials for *new* ECLIPSE Layered Funding. By taking the time to provide information around the number of slots that you could provide, allows us to share with the State Legislature the current need and capacity for expansion of this programming.

### **Complex Needs Funding**

Please provide the best estimate for the amount of CNF you would request.

8. Site Specific Information

### Site Specific Information

To be used if applying for any B-5 ECEAP service provisioning.

Please enter either N/A or zero in required fields that do not apply.

Site Name - Site #1 *						
Physical Address - Site #1 *						
Is Site #1 a new or existing location? *						
If this site is already providing ECEAP Services then please check existing, otherwise check new.						
○ New ○ Existing						
School District - Site #1 *						
Select or enter value	•					
County - Site #1 *						
Select or enter value	•					
Provider License Number - Site #1 * (If applicable, otherwise N/A)						
Early Achiever's Participation Status - Site #1 *						
	•					
Participating						
Early Achievers Status - Site #1 *	•					
Early Achievers Status - Site #1 *  Select or enter value	•					
Early Achievers Status - Site #1 *  Select or enter value    Enrolled	•					
Early Achievers Status - Site #1 *   Select or enter value    Enrolled   In the Queue	٠					
Early Achievers Status - Site #1 *   Select or enter value   Enrolled In the Queue  Program Profile	•					
Early Achievers Status - Site #1 *  Select or enter value  Enrolled In the Queue  Program Profile  Video Highlights	•					
Early Achievers Status - Site #1 *   Select or enter value   Enrolled In the Queue  Program Profile	•					

Number of PD Slots Requested - Site #1 *	
Number of SD Slots Requested - Site #1 *	
Number of WD Slots Requested - Site #1 *	
Number of Midyear SD Slots Requested - Site #1	
Existing Contractors Only	
Conversion Request - Site #1 *	
Existing Contractors Only Please enter answer in the following format: ## PD to ## SD	
Number of NEW Classrooms - Site #1 *  How many new classrooms will be created as a result of expansion slots? If none, enter zero.	
Start Date - Site #1	
Select or enter value	•
New Contractors - please enter specific date services will begin at this site.	
As soon as possible (existing contractors only)	
FY25-School Year 2024-2025 (existing contractors only)	
ELF Award - Site #1 *	
○ Yes ○ No	
Do you have a 2nd site to enter? *	
○ Yes ○ No	

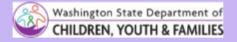
### 9. Final Thoughts

Brief Narrative - Your Why \*

Example: Need to convert from 19 PD to 19 SD to make program work for families in the community.

How would not receiving the requested slots impact the community?

If you would like an interview, please check the box.  Yes, I would like to participate in an interview.							
Send me	a copy of my responses						
Submit							



Success! We've captured your response.

If you are interested in applying for the Complex Needs Fund Grant, please click the following link for the application: <a href="https://tinyurl.com/CNF-Grant-Application">https://tinyurl.com/CNF-Grant-Application</a> and the guide: <a href="http://tiny.cc/d9gdvz">http://tiny.cc/d9gdvz</a>

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