

Multi-Site Program Information

How many sites are you applying for?	
Main Contact Person	
Contact's Title	
Contact's Phone Number	
Contacts Mailing Address	
Who should award package information be sent to?	<input type="checkbox"/> Main contact for all sites <input type="checkbox"/> Contact at each site
Contact's Email	

Name of Site on License	
Director Name	
Facility Address	
Year Licensed	
License/Registration Number	
Days and Hours of Operations	
Contact Person (if someone other than the director)	
Contact's Title	
Contact's Phone Number	
Contact's Email	
Total # of Staff (Full and Part-time)	
Type of Facility (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please specific) <hr/>
Does the facility serve meals or snacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age Range of Children Served (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
Number of Children Currently Served	_____ of Infants (0 thru 11 months) _____ of Toddlers (12 months thru 3 years) _____ of Preschoolers (4 years thru 5 years)

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