

EARLYON PROGRAM INFORMATION

Agency name

EarlyON program name

EarlyON program full address

Submitted by (name and position)

Telephone

Designated (signing) Authority

Name:

Position:

Telephone:

Signature:

Completion date

SECTION 1: PROPOSED BUSINESS CHANGE (IMPACT TO EARLYON BUDGET/SCHEDULE B)

Relocating an EarlyON program Proposed new hours:

Deleting hours:

Adding hours:

Adding or opening a new EarlyON program

Proposed new days:

Closing an EarlyON program

Deleting programs:

Budgetary changes such as entering into a lease or agreement
Please provide more information:

Other requirement(s)
Please state the other requirement(s):

SECTION 2: DETAILS OF PROPOSED BUSINESS CHANGE

Date proposed change to take effect:

Rationale for change:

Alternative options considered:

Proposed transition plan:

Please include communication plan to notify families, other stakeholders and community of the proposed change:

Additional comments:

Description of project plan and purpose:

Please include information about the new EarlyON program that increases the number of children served by a program and include supporting documents such as a business/project plan.

Is the proposed project located on leased space or owned space? Leased space Owned space

If leased, please provide the following:

•Term of lease (years):

EarlyON program lease expiration date:

Option to renew lease: Yes No

Information about proposed project:

Estimated project cost (including taxes):\$

Provider financial contribution to the project (if applicable): \$

Total funding amount requested: \$

*Provide copy of budget with full cost and start-up cost

Timeline for project completion

Construction start date (mm/dd/yyyy)

Estimated completion date (mm/dd/yyyy)

Additional comments:

Please submit the completed form to your Community Program Coordinator via email.

SECTION 3: REQUIRED DOCUMENTS

Estimated cost including two quotes

Copy of budget (full cost and start-up cost)

Copy of Schedule B

Business/project plan

Transition plan

Please submit the completed form to your Community Program Coordinator (CPC) via email.

If you have any questions, please contact your CPC by telephone or email.

York Region Review

THIS SECTION TO BE COMPLETED BY YORK REGION STAFF ONLY

Request approved:	Yes	No	Additional information required:	Yes	No
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May require to be reviewed by

Finance :	Yes	No
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Legal:	Yes	No
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Risk:	Yes	No
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Other:	Yes	No
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Comments:

Regional sign-off

Manager, EarlyON program (signature)

Date (mm/dd/yyyy)

Director, Integrated Children's Services
York Region (signature)

Date (mm/dd/yyyy)