

**TEEN AFTERSCHOOL PREVENTION GRANT**

**II. PROGRAM INFORMATION**

**Organization:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

<b>SECTION A: PROGRAM SITE GRANT AMOUNT</b>	
Program Site Grant Request Amount <b>Per Year TOTAL:</b>	\$ _____
Program Site Grant Request Amount <b>Three-Year TOTAL:</b>	\$ _____

<b>SECTION B: PROGRAM SITE LOCATION - DWS ECONOMIC SERVICE AREA (ESA): See Attachment H, DWS ESA Map</b>	
<input type="checkbox"/> Bear River ESA (Box Elder, Cache, & Rich Counties)	<input type="checkbox"/> Southeast ESA (Grand & San Juan Counties)
<input type="checkbox"/> Castle Country ESA (Carbon & Emery Counties)	<input type="checkbox"/> Southwest ESA (Beaver, Garfield, Iron, Kane, and Washington Counties)
<input type="checkbox"/> Central Utah ESA (Millard, Piute, Sanpete, Sevier, & Wayne Counties)	<input type="checkbox"/> Uintah Basin ESA (Daggett, Duchesne, & Uintah Counties)
<input type="checkbox"/> Mountainland ESA (Juab, Summit, Utah, & Wasatch Counties)	<input type="checkbox"/> Wasatch Front North ESA (Davis, Morgan, & Weber Counties)
	<input type="checkbox"/> Wasatch Front South ESA (Salt Lake & Tooele Counties)

<b>SECTION C: PROGRAM INFORMATION</b>	
Indicate when the program operates: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends      Grade levels served: _____	
Current number of youth being served per day, Average Daily Attendance (ADA): _____	
Number of youth the program proposes to serve per day (proposed ADA): _____	
Indicate the number of youth the program expects to serve per year (unduplicated): _____	
School District(s) Date(s) for First Day of School (Month/Day/Year): _____	
Afterschool Program Start Date (Month/Day/Year): _____	
How many weeks does the program operate during the school year? _____	
<b>For purposes of this grant, a week is defined as a minimum of <u>three days per week</u>.</b>	
Current hours of operation during the school year, not including transportation (i.e. 2:30-5:00):	
AM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Total Weekly Hours _____
PM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Total Weekly Hours _____
<b>For this purpose, hours of operation are defined as the number of hours youth are actually participating in the program.</b>	
Projected hours of operation for the school year (i.e. 2:30-5:00):	
AM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Total Weekly Hours _____
PM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Total Weekly Hours _____
If the program provides formal transportation 10 miles or more per day to more than 50 percent of the ADA, indicate the amount of time this adds to the daily schedule (i.e.: 1 hour, 40 min, 1h 40m, etc.):	
Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Total Weekly _____