



Edwin M .Lee  
Mayor

***Revised February 8, 2017***



September Jarrett  
Director

**Notice of Funding Availability –  
Early Learning Scholarships  
Center Application Instructions**

**Application is DUE: 5:00 p.m., on Friday, March 3, 2017**

The application **must be received** on or before **5:00 p.m., on Friday, March 3, 2017**. Postmarks will not be considered in judging the timeliness of submissions. Applications that are submitted by fax will not be accepted. Late submissions will not be considered.

There are two forms that need to be completed as part of your full Notice of Funding Availability Application:

**1. The NOFA Application Form:**

- a. Please complete and submit the online NOFA Application Form by [clicking here](#) when you are ready to begin. This form can only be completed online. OECE suggests that applicants write their narrative responses in Word and then paste them into the online form. Please allow for 2-3 hours to complete the online form. See the tips for completing the online form below.

**2. The Projected Peak Enrollment Form:**

- a. Please complete one of the two possible Peak Enrollment Forms (both are Microsoft Excel spreadsheets available at [www.sfoece.org](http://www.sfoece.org)) for each site for which you are requesting funding and submit them together (for multiple site agencies) electronically by email to [Steve.Kim@sfgov.org](mailto:Steve.Kim@sfgov.org) AND [HSARFP@sfgov.org](mailto:HSARFP@sfgov.org). These forms will help OECE understand your agency's proposed peak enrollment in FY 2017-2018, and which enrollments you are requesting OECE funding for. See the last section of the Center NOFA Application Instructions for more details about the Projected Peak Enrollment Forms.

**In order for your Center's submission to be considered a complete response package, your Center must submit both the NOFA Application online AND email the Projected Peak Enrollment Form for each site to [Steve.Kim@sfgov.org](mailto:Steve.Kim@sfgov.org) AND [HSARFP@sfgov.org](mailto:HSARFP@sfgov.org) by March 3, 2017 at 5:00pm.**

**Tips for completing the online NOFA Application Form**

- OECE suggests that applicants write their narrative responses in Word and then paste them into the online form.
- OECE suggests reviewing these instructions and gathering all of the information you will need for the application BEFORE you start entering information into the online application form.
- Applicants may choose to submit the contents of their application after Sections A, B, C, D, E, F and G.

- For the question, “Do you want to continue to next section or save your application now and return to finish it later?” Click on “Save and return to finish later,” and then click “Next.” On the next screen, click on “Submit.” You can choose to continue your application at a later time by either: a) keeping your web browser open and clicking on “Edit your response” or b) going to the email account you entered at the beginning of the application and looking for an email from Google Forms with the subject line “San Francisco Office of Early Care and Education Notice of Funding Availability #747- Early Learning Scholarship for Licensed Centers.” To continue with your application, click “Edit Response” and it will take you to the section where you previously left off.

When ready, [click here](#) to begin the online Center NOFA Application Form, and begin by entering your primary email address and then selecting “Next.”

**Please note:** The “You are editing your previous response” pop-up message will remain as you continue to finalize your application. Do not click “Fill out a new response” unless you would like to start completely over.

#### A. AGENCY INFORMATION

1. **Center/Agency Name:** Insert the Center Name or the Agency Name, if a multi-site administrator.
2. **Center/Agency Address & Zip Code:** Insert the Center address or the Agency address, if a multi-site administrator.
3. **Federal Employer I.D. Number:** Insert the Federal Employer Identification number of the agency.
4. **Director’s Name:** Insert the name of the person with the highest official authority within the Center or Agency.
5. **Director’s Phone Number:** Insert the phone number of the person listed in #4 above.
6. **Director’s Email Address:** Insert the email address of the person listed in #4 above.
7. **Administrative Address & Zip Code:** Insert an Administrative Address if it differs from the Center/Agency Address & Zip listed in #2 above.
8. **Administrative Fax Number:** Insert fax number associated with the Administrative Address in #7 above.
9. **Address where funding will be sent:** Indicate which address the funding will be sent to if it differs from the Administrative Address & Zip Code in #7 above.
10. **Name and title of Program Contact:** Insert name of the person responsible for all programmatic management across the agency, if it differs from the person identified as the Director in # 4 above.
11. **Program Contact Phone Number:** Insert phone number of the Program Contact, if applicable.
12. **Program Contact FAX Number:** Insert fax number of the Program Contact, if applicable.
13. **Mailing address of Program Contact:** Insert mailing address of Program Contact, if applicable.
14. **Program Contact Email Address:** Insert email address of the Program Contact, if applicable.
15. **Name and title of Fiscal Contact:** Insert name of the person responsible for all fiscal management across the agency, if it differs from the person identified as the Director in # 4 above.
16. **Fiscal Contact Phone Number:** Insert phone number of Fiscal Contact, if applicable.
17. **Fiscal Contact FAX Number:** Insert fax number of Fiscal Contact, if applicable.
18. **Mailing address of Fiscal Contact:** Insert mailing address of Fiscal Contact, if applicable.
19. **Fiscal Contact Email Address:** Insert email address of the Fiscal Contact, if applicable.

20. **Name of person completing the application:** Insert the name of the individual filling out the application.
21. **Phone number:** Insert the phone number of the individual filling out the application.
22. **E-mail:** Insert the email address of the individual filling out the application.
23. **Organizational Status (check one):** Insert whether the organization is a for-profit or not-for-profit.

**B. SITE INFORMATION –**

If you have more than one site, please continue entering information for your additional site(s) in the application. There are fields for 12 additional sites. If you do not have additional sites to enter information for, scroll to the end of the form and select continue to the next section or submit and return to finish later.

**For each site:**

1. **Site Name as listed on CCL license:** Insert the name of the facility as it is listed on the child care license issued by Community Care Licensing (CCL).
2. **Site Name Also Known As:** Insert the name of the site as it is commonly referred to, which may not exactly match the name as listed on the license issued by CCL.
3. **Site Street Address:** Insert the number and street name of the site as stated on license issued by CCL.
4. **Site Zip Code:** Insert the zip code of the site as stated on license issued by CCL.
5. **Distance in miles to closest public transit stop. :** Insert the number of miles to the closest Muni, BART, or other public transportation stop from the site (For example, 0.4 miles).
6. **License Number(s):** Insert the facility license number issued by CCL for the Site.
7. **Type of License:** Select the check box that corresponds to the type of license (i.e., Infant or Preschool).
8. **Licensed Capacity:** Insert the site’s licensed capacity according to Community Care Licensing.
9. **If the site has more than one license, please provide the license number for the Site's second license:** If applicable, insert the site’s second license number. .
10. **Type of License for the Site's second license:** Select the check box that corresponds to the type of license (i.e., Infant or Preschool) for the site’s second license.
11. **Licensed Capacity for the Site's second license:** Insert the licensed capacity, according to Community Care Licensing, for the site’s second license
12. **Most Recent QRIS Score/Date:** Insert the most recent QRIS composite score for the site and the date of the score. If the site has not been scored, enter N/S.

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**C. CLASSROOM STAFF WAGES (AGENCIES ONLY APPLYING FOR PRESCHOOL FOR ALL FUNDING DO NOT NEED TO COMPLETE THIS SECTION.)**

**Part I:** Please provide your agency’s proposed lowest and highest hourly wage rates for FY 2017-18 for all classroom staff corresponding to the job roles and minimum education levels indicated in the table if you are awarded the funding requested through this NOFA. If you are not a current C-Wages grantee, please also provide your agency’s average hourly wage rate in this current fiscal year (July 1, 2016 to June 30, 2017) for each relevant job role and minimum education level. DO NOT include any non-classroom staff in your reported averages.

1. In the form there are fields to enter up to 7 job roles with the following information:

- a. **Proposed FY 2017-18 Lowest Hourly Wage Rates (if awarded funding):** Insert the lowest hourly wage rate your agency proposes (if awarded the amount of funding requested through this NOFA) to pay for each relevant job role and minimum education level in your agency. Enter "N/A" if your agency does not have a job role with the minimum education level.
- b. **Proposed FY 2017-18 Highest Hourly Wage Rates (if awarded funding):** Insert the highest hourly wage rate your agency proposes (if awarded the amount of funding requested through this NOFA) to pay for each relevant job role and minimum education level in your agency. Enter "N/A" if your agency does not have a job role with the minimum education level.
- c. **FY 2016-17 Average Hourly Wage Rates for the Job role:** Insert the average hourly wage rate your agency currently pays staff for each relevant job role and minimum education level in your agency. Enter "N/A" if your agency does not have a job role with the minimum education level. *Current CWAGES grantees do not need to enter this information.*

**Note: DO NOT include any non-classroom staff in any of the above reported information.**

**Part II:** Please provide a brief description of your agency's proposed hourly wage rates for classroom staff for FY 2017-2018 if awarded the funding requested through this NOFA. Please describe how education, experience, and specialized skills are factored into wage rates. (400 words maximum)

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**D. STAFF BENEFITS AND WORKING ENVIRONMENT DESCRIPTION (DO NOT COMPLETE THIS SECTION IF ONLY APPLYING FOR PRESCHOOL FOR ALL FUNDING.)**

Provide a brief description of the following types of benefits your agency proposes to provide for all classroom staff, and efforts your agency takes to create supportive working conditions for all classroom staff.

1. Write a brief description of the health and dental benefits your agency proposes to provide for all classroom staff if awarded the funding requested through this NOFA. If your agency does not offer such benefits, please enter "None." (200 words maximum)
2. If applicable, write a brief description of the retirement contribution and/or benefits your agency proposes to provide for all classroom staff if awarded the funding requested through this NOFA. If your agency does not offer such benefits, please enter "None." (200 words maximum)
3. If applicable, write a brief description of any other benefits and any efforts to create supportive working conditions for classroom staff (examples include paid planning time, paid training time, education benefits, etc.). If your agency does not offer any other benefits or efforts to create supportive working conditions, please enter "None." (200 words maximum)

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**E. CURRENT FUNDING AND TUITION RATES**

**PART I:** Please provide the amount of funding your agency currently receives from each of the following funding sources

- FY 2016-17 CDE General Child Care and Development (CCTR) Contract Amount
- FY 2016-17 CDE California State Preschool Program (CSPP) Contract Amount
- FY 2016-17 Year-to-date Local Voucher (City Child Care, ACCESS, Family and Children's Services) Funding Amount
- FY 2016-17 Year-to-date State Voucher (California Alternative Payment Program and CalWORKS) Funding Amount
- Projected FY 2016-17 Tuition/Private Payers Funding Amount
- Projected FY 2016-17 Fundraising Amount Specifically for ECE Services
- Other FY 2016-17 Funding Sources and Amounts Not Captured in the Categories Above

**PART II:** Provide your most recent published monthly tuition rates, by age group. Also include the maximum number of hours of programming for a month with 20 days of operation that corresponds with those rates. Infants are defined as children ages 0 to 2 years old, toddlers are more than 24 months to less than 36 months, and preschoolers are ages 3-5.

For Infants, Toddlers, and Preschoolers please indicate separately

- Full-time monthly tuition rate
- Maximum hours of programming for full-time for a month with 20 days of operation
- Part-time monthly tuition rate
- Maximum hours of programming for part-time for a month with 20 days of operation

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**F. NARRATIVE (DO NOT COMPLETE THIS SECTION IF ONLY APPLYING FOR PRESCHOOL FOR ALL FUNDING.)**

In the form, please provide a brief description of the following aspects of your agency:

*(Responses to questions #1-3 will not be scored, but will provide OECE with context for each applicant. Responses to questions #4-7 will be scored.)*

1. Write a brief description of your agency's goals and philosophy for its ECE services, and how your agency promotes children's healthy development. *(200 words maximum)*
2. Write a brief description of how funding from OECE will help your agency make progress toward the goals and philosophy you described above in #1 of this section. *(200 words maximum)*
3. List the names of the evidence-based curricula your currently agency uses. If it is not a commercially available curricula and/or developed by your agency, write a brief description of the curricula. *(200 words maximum)*

*An evidence-based curricula aligns with either the [California Department of Education Infant/Toddler Learning & Development Foundations](#), [California Department of Education California Preschool Curriculum Frameworks \(Volumes 1-3\)](#) (if serving preschool-age children), or the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#)*

4. Enter the years of experience your agency has using an evidenced-based curricula.

5. Enter the years of experience your agency has provided ECE services to families with incomes at or below 70% of the State Median Income. For information about the State Median Income, refer to Appendix D of the NOFA.
6. Enter the years of experience your agency has provided ECE services to homeless families. Homeless is defined as a family in San Francisco experiencing homelessness on the streets or a homeless family staying in other temporary settings. This definition is subject to change.
7. Enter the years of experience your agency has provided ECE services to families involved in the child welfare system.
8. Enter the years of experience your agency has provided ECE services families that have children with identified Special Needs.
9. Enter the years of experience your agency has provided ECE services to low-income African American families.
10. Enter the years of experience your agency has provided ECE services to low-income Latino families.
11. Enter the years of experience your agency has provided ECE services to low-income English Language Learner families.
12. Enter the years of experience your agency has provided ECE services to low-moderate income families. Moderate income families are defined as families who earn more than 70% of the State Median Income and at or below 110% of the Area Median Income. For information about these income levels, refer to Appendix D of the NOFA.
13. Write a brief description of any training, infrastructure, and/or partnerships that support your agency's efforts to deliver ECE services to Target Populations. *OECE's Target Population families are: low-income African American children, low-income Latino children, low-income English Language Learners, families who are homeless, children at-risk of abuse and/or neglect or involved with the child welfare system, and children with identified special needs or disabilities. Low-income is defined as a family's income at or below 70% of the State Median Income (see Appendix D in the NOFA for more information). (200 words maximum)*
14. Write a brief description of your agency's approach to family engagement. *(400 words maximum)*

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**G. TRANSITION FUNDING (ONLY AGENCIES APPLYING FOR TRANSITION FUNDING SHOULD COMPLETE THIS SECTION.)**

**Note: Transition funding is limited and OECE has sole discretion to determine amounts awarded. Only agencies applying for transition funding should complete this section of the form.**

- In the form enter the following information for your agency:
  - Current OECE Funding Amount in FY 2016-17 and any comments
  - Projected Loss of OECE Funding in FY 2017-18 assuming Proposed ELS and PFA enrollments are fully funded and any comments
  - Total Transition Funding Requested for FY 17-18 and any comments

*NOTE: Transition Funding is a one-time amount, which can be divided over two years. Therefore, applicants can request different amounts of transition funding to be paid in FY 17-18 and in FY 18-19. For example, if the total requested/approved Transition Funding amount is \$15,000 applicants can request \$10,000 in FY 17-18 and \$5,000 in FY 18-19.*

- Total Transition Funding Requested for FY 18-19 and any comments
- Write a brief description of how your proposed transition funding will support continuity of services for children currently enrolled during the next two fiscal years. (500 words maximum)
- Write a brief description of the populations of families that would benefit from the transition funding. (400 words maximum)
- Write a brief description of why your agency should be considered for this transition funding. (400 words maximum)

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#### **H. PROJECTED PEAK ENROLLMENT IN 2017-18 FORMS**

Please complete one of the two possible Projected Peak Enrollment Forms (both are Microsoft Excel spreadsheets available at [www.sfoece.org](http://www.sfoece.org)) for each site for which you are requesting funding and submit them together (for multiple site agencies) electronically by email to [Steve.Kim@sfgov.org](mailto:Steve.Kim@sfgov.org) AND [HSARFP@sfgov.org](mailto:HSARFP@sfgov.org).

These forms will help OECE understand your agency's proposed peak enrollment in FY 2017-2018, and which enrollments you are requesting OECE funding for.

*Note: In order for your Center's submission to be considered a complete response package, your Center must submit both the online NOFA Application AND email a Projected Peak Enrollment Form for each site to [Steve.Kim@sfgov.org](mailto:Steve.Kim@sfgov.org) AND [HSARFP@sfgov.org](mailto:HSARFP@sfgov.org).*

On the online application, there is one final question, "Click the box below to confirm that you have read these instructions." Please check the box next to "I have read the instructions above."

Complete the appropriate version of the "PROJECTED PEAK ENROLLMENT IN FY 2017—18" Excel form **for each site**:

- If you are applying for Preschool for All-9 month or Preschool for All-12 month ONLY, please use the Center – Preschool for All ONLY- PROJECTED PEAK ENROLLMENT FOR FY 2017—18 and follow the instructions in **Section B below**.
- All other applicants, please use the Center – Early Learning Scholarship – PROJECTED PEAK ENROLLMENT FOR FY 2017—18 follow the instructions in **Section A below**.

#### **A. Instructions for the ELS -Center PROJECTED PEAK ENROLLMENT IN FY 2017—18 FORM:**

1. **Agency Name:** Insert the Center Name or the Agency Name, if a multi-site administrator.
2. **Site Name:** Insert the name of the site as it is commonly referred to, which may not exactly match the name as listed on the license issued by CCL. If this is a site that has not yet open, please list the date you expect it to open in the space next to the question on the right.

3. **Site Street Address:** Insert the number and street name of the site as stated on license issued by Community Care Licensing.
4. **QRIS Score:** In the table, insert the date of the site’s most recent QRIS assessment, and the score the site received from that QRIS assessment. If the site has not been scored, enter N/S.
5. **Current Peak Enrollments in FY 2016-2017 (This Year):** For each funding source in the table that applies to your site, indicate the CURRENT FY 2016-17 peak enrollment numbers, unduplicated, for infants, toddlers, and preschoolers for full day, part day, full year, and part year. Peak enrollment is the highest enrollment in any month for the year. Infants are defined as children ages 0 to 24 months, toddlers are more than 24 months and less than 36 months, and preschoolers are ages 3-5. Use your site’s own definitions for full day, full year, part day, part year.

The funding sources include: California Department of Education’s Title 5 General Child Care and Development (CCTR) contract, California Department of Education’s Title 5 California State Preschool Program (CSPP) contract, Local Vouchers (i.e., ACCESS, City Child Care, Family and Children’s Services), State Vouchers such as CalWORKS and California Alternative Payment Program (CAPP), Preschool for All’s Preschool Plus, Preschool for All’s Bridge, Preschool for All-9 Month, and Preschool for All-12 Month, Tuition Paying families who don’t receive a subsidy, and Other funding sources not listed above such as scholarships for families who can’t pay full tuition.

6. **Projected Peak State and Local Voucher Enrollments in FY 2017-2018 (Next Year) THAT WILL NOT BE INCLUDED IN YOUR FUNDING AGREEMENT:** The information you enter into this table will be used to project your potential earnings from serving state or locally vouchered families. Note: These projections are not included in your total projected funding amount, since enrollments for these programs are based on parental choice and therefore funding cannot be assigned to a particular site. Rather, these are estimates of the additional funding a center may earn serving state/local funded voucher enrollments under the new Early Learning Scholarship program.

Please insert your Center’s projected peak number of unduplicated enrollments by voucher type that you anticipate serving in FY 2017-2018. Enter these projections by funding type for infants, toddlers, and preschoolers for full day, part day, full year, and part year. Peak enrollment is the highest enrollment in any month for the year. Infants are defined as children ages 0 to 24 months, toddlers are more than 24 months and less than 36 months, and preschoolers are ages 3-5. Use OECE’s definitions for full day, full year, part day, part year, which are reflected in on pages 5-6 of the NOFA. The funding types include Local Vouchers for the lowest-income (earning below 70% of the State Median Income) families, which will be Early Learning Scholarship-City (Vouchers), AND State Vouchers (such as CalWORKS and California Alternative Payment Program) for which OECE will provide an enhanced rate using ELS-Gap funding. Each child may only be entered into one of the categories listed in Section 6 and Section 7. To view the rates for the ELS and PFA funding types, please look for the same color table on the Rates tab.

7. **Other Projected Peak Enrollments in FY 2017-2018 THAT WILL BE INCLUDED IN YOUR FUNDING AGREEMENT:** The information you enter in this table – except for the information in ELS-City (Moderate) - will be used to generate a Total Projected ELS and PFA funding request to OECE. Please insert your Center’s projected peak enrollments in FY 2017-2018 by funding type for infants, toddlers, and preschoolers for full day, part day, full year, and part year. Peak enrollment is the highest enrollment in any month for the year. Infants are defined as children



ages 0 to 24 months, toddlers are more than 24 months and less than 36 months, and preschoolers are ages 3-5. Use OECE's definitions for full day, full year, part day, part year, which are listed on pages 5-6 of the NOFA. Each child may only be entered into one of the categories listed in Section 6 and Section 7. To view the rates for the ELS and PFA funding types, please look for the same color table on the Rates tab.

- For **ELS-City (Reserved)**, indicate the projected number of unduplicated Target Population enrollments you are proposing be assigned (contracted) at your site in FY 2017-2018. ELS-City (Reserved) enrollments may not replace Title 5 CDE funded slots. For more information please refer to pages 3-4 in the NOFA.
- If you are a current CDE Contractor with a Title 5- **CCTR and/or Title 5- CSPP** contract, indicate the projected number contracted enrollments PLUS any anticipated enrollments due to contract transfers for FY 2017-2018.

If you are a current **Preschool for All-9-month or Preschool for All-12-month** contractor, indicate the projected number of unduplicated PFA enrollments for 4-year olds you anticipate serving in FY 2017-2018 by lead teacher permit level. There is one row for each lead teacher permit level. If you are not a current PFA 9-month or 12-month contractor, you are not eligible for Preschool for All funding. Note that for the Preschool for All program, PART DAY - PART YEAR is defined as providing services for less than 5 days a week (e.g., 3 days out of 5), however each proration is unique to each site depending on their program year schedule.

- For **ELS-City (Moderate)** indicate the projected number of unduplicated low-moderate income enrollments you are proposing be assigned (contracted) at your site in FY 2017-2018. Low-moderate income families are defined as: families earning above 70% of State Median Income and less than 110% of Area Median Income. For more information refer to page 4 and Appendix D in the NOFA. Note: ELS-City (Moderate) enrollments will not be calculated towards your requested funding amount. These assigned enrollments will be negotiated individually with each eligible provider.

For definitions and rates associated with these OECE funding types, please refer to pages 3- 7 in the NOFA.

**The Annual Quality Grant Amount** is automatically calculated on subsidized enrollments using the projected peak enrollment information you provide in Section 7 (excluding PFA 9-Month/12-Month and ELS-City Moderate) and is based on the Quality Grant funding formulas listed on the ELS Reimbursement Rates-Centers tab in the Excel form.

**The Total Projected ELS and/or PFA Funding Amount** is automatically calculated using the projected enrollment information you provide and the appropriate rates from the ELS Reimbursement Rates-Center tab of the Excel form.

**The Total Requested Quality Grant and ELS/PFA Funding Amount to be Included in Funding Agreement** is the sum of the Quality Grant Funding Amount and the Total Projected ELS and/or PFA Annual Funding Amount.

**The Projected Funding for State Voucher Enrollments** is automatically calculated using the projected State Voucher enrollment information you provide and the appropriate Early Learning Scholarship-Gap funding amounts from the ELS Reimbursement Rates-Center tab of the Excel form. **The Projected Funding for Local Voucher Enrollments** is automatically calculated using the projected State Voucher enrollment information you provide and the appropriate Early Learning Scholarship Reimbursement Rates from the ELS Reimbursement Rates-Center tab of the Excel form. Note: These two projections are not included in your Total Requested Quality Grant and ELS/PFA Funding Amount because enrollment for these programs are based on parental choice and therefore funding cannot be assigned to a particular provider. Rather, these are estimates of the additional funding a Center may earn serving state/local funded voucher enrollments under the new Early Learning Scholarship program.

8. **Projected Enrollment Exceeds Licensed Capacity** If your total projected enrollment for FY 2017-18, exceeds your total licensed capacity, please provide a brief explanation. If it does not, leave this table blank.
9. **Brief Explanation** If you want to provide a brief explanation for any of the information you have entered in this sheet, please use the space to the right.

**B. Instructions for Programs ONLY Requesting Preschool for All-9 Month or Preschool for All-12 month funding. Please use the following instructions for the PFA ONLY - PROJECTED PEAK ENROLLMENT IN FY 2017—18 FORM:**

1. **Agency Name:** Insert the Center Name or the Agency Name, if a multi-site administrator.
2. **Site Name:** Insert the name of the site as it is commonly referred to, which may not exactly match the name as listed on the license issued by CCL. . If this is a site that has not yet open, please list the date you expect it to open in the space next to the question on the right.
3. **Site Street Address:** Insert the number and street name of the site as stated on license issued by CCL.
4. **QRIS Score:** In the table, insert the date of the site’s most recent QRIS assessment, and the score the site received from that QRIS assessment.
5. **Current Peak Enrollments in FY 2016-17:** Indicate the CURRENT FY 2016-17 peak enrollment numbers for PFA 9 month or 12 month preschoolers for full day, part day, full year, and part year. Peak enrollment is the highest enrollment in any month for the year. Note that for the Preschool for All program, PART DAY - PART YEAR is defined as providing services for less than 5 days a week (e.g., 3 days out of 5), however each proration is unique to each site depending on their program year schedule.
6. **Projected Peak Enrollments in FY 2017-2018 (Next FY Year): The information you enter in this table will be used to generate a Total Annual Requested PFA Funding Amount to OECE.** Please indicate the number of projected **PFA 9-month or PFA 12-month** enrollments by lead teacher permit level you are proposing be assigned (contracted) to your agency in FY 2017-2018. For definitions and rates associated with these OECE funding types, please refer to the page 6 in the NOFA. Enter the projected number of PFA 9-month or 12-month enrollments in the appropriate teacher permit level.

7. **Projected Enrollment Exceeds Licensed Capacity** If your total projected enrollment for FY 2017-18, exceeds your total licensed capacity, please provide a brief explanation. If it does not, leave this table blank.
8. **Brief Explanation** If you want to provide a brief explanation for any of the information you have entered in this sheet, please use the space to the right.