**Name of Lead Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of PCHP Subcontractor (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grantees proposing to serve communities required to include PCHP programming must complete this form**. Please refer to Appendix F for required number of families to be served with PCHP in proposed service area. Please see Appendices N and O for additional PCHP program requirements and service delivery information.

|  |  |  |
| --- | --- | --- |
|  | **Projected FY 2020[[1]](#footnote-1)** | **Actual FY 2020[[2]](#footnote-2)** |
| 1. How many **children** will participate in the **state-funded** portion of the PCHP? |  |  |
| 1a. How many of the **children** reported in Question 1 will be enrolled in **Program I**? |  |  |
| 1b. How many of the **children** reported in Question 1 will be enrolled in **Program II**? |  |  |
| 2. How many **Program I and II children** will be enrolled for less than a full program year (*less than 17 weeks*)[[3]](#footnote-3)? |  |  |
| 3. How many **families** will participate in **state-funded** portion of the PCHP? *(This number should be equal to or less than Question 1.)* |  |  |
| 4. How many additional **families** will be served with PCHP in FY2020 with funds other than CFCE funds? |  |  |
| 4a. Please list the funding source(s) for non-state funded PCHP families. (if applicable) |  |  |
| 5. How many of the participating families will complete the Ages and Stages Questionnaire? |  |  |
| 6. How many **families** will continue into the next program year? |  |  |
| 7. How many **families with age-eligible children** are on the program’s PCHP waitlist? |  |  |
| 8. How many **teen parents** will participate in PCHP? |  |  |
| 9. How many **families experiencing homelessness** will participate in PCHP? |  |  |
| 10. How many **family, friend and neighbor** (informal) caregivers will participate in PCHP? |  |  |
| 11. Of the total number of children who will be served by PCHP, please list the number served by each community in your proposed grant coverage area. |  |  |
| 12. What is your cost per family for PCHP? |  |  |

1. Statistics are based on services provided from July 1, 2019 through June 30, 2020. [↑](#footnote-ref-1)
2. Statistics are based on services provided from July 1, 2019 through June 30, 2020. [↑](#footnote-ref-2)
3. **Twenty-three weeks is considered a full program year**. The number of children who participated in less than 17 weeks of the program is collected for statistical purposes only. [↑](#footnote-ref-3)