**2023-2024 CCAP B-3 Seats Pilot Program Participation Application**

*Template that Networks could use with Providers*

*(could be entered in a Google Form, for example)*

1. Please enter the name of your site:

|  |
| --- |

1. Please enter the site code of your site:

|  |
| --- |

1. Please enter the license number of your site:

|  |
| --- |

1. Please select all that apply for your site:

* Type III center
* Family Child Care site
* Site currently offers infant seats
* Site is licensed to offer infant seats but does not have infants currently enrolled
* Site has score of Proficient or higher on Performance Profile Rating for 2022-2023 Academic Year
* All Lead Teachers currently have or are on the path to their ECAC
* Site participated in B-3 Seats in the 2022-2023 year
* Site has availability to place full-time seats (at least 6 hours of continuous care for five days per week)

1. Please share why your site should be selected to participate in the 2023-2024 CCAP B-3 Seats program:

|  |
| --- |

1. Please share the number of seats by age that you would like to serve in 2023-2024 through the CCAP B-3 Seats program, that you know you have space for and that you are confident that you will fill.

| Age Group | Number of Requested Seats |
| --- | --- |
| Infants |  |
| One-Year-Olds |  |
| Two-Year-Olds |  |
| Three-Year-Olds |  |

1. Please share any additional information that you believe is pertinent to the Network’s decision for where to place B-3 Seats.

|  |
| --- |