



Child Care Planning Committee

PRIORITY CHANGE REQUEST FORM

Contractor Information		
Requesting Agency:	Date of Request:	
Name of Contact Person:	Telephone Number:	
	E-mail address:	
Contract type for which change is requested:		
Program currently services:		
Ages of children	Number of spaces	
		<input type="checkbox"/> Full-day <input type="checkbox"/> Half-day
		<input type="checkbox"/> Full-day <input type="checkbox"/> Half-day
		<input type="checkbox"/> Full-day <input type="checkbox"/> Half-day
Current area of service (list zip codes:		
Service Change Proposal		
Service Change Proposed:		
<input type="checkbox"/> Relocation of spaces/subsidy from one area to another <input type="checkbox"/> Expansion of service area <input type="checkbox"/> Change in the ages of children to be served		
Describe the changes you are proposing in detail, including number of spaces, ages of children, program types and areas of service.		
Reason for relocation of subsidized spaces: <i>(check all that apply)</i>		
<input type="checkbox"/> Difficulty earning full contract amount. <input type="checkbox"/> Less need for type of service in current zip code area. <input type="checkbox"/> Too many other similar programs available in the same area. <input type="checkbox"/> Opportunity to use a suitable site in a new area. <input type="checkbox"/> Cannot afford to provide the service. <input type="checkbox"/> Change is aligned with a collaborative opportunity.		

Explain in detail why this change is necessary:

Background: *(respond to all that apply)*

1. Do you have a facility ready to use for the relocated spaces? If not, what is your plan?

2. If you are proposing to change the age group served, do you have experience with the proposed age group?

3. Why were the relocation or expansion zip codes selected? What Priorities (1, 2, 3, NA) do these zip codes have for the services you are proposing?

4. What other contractors/programs are serving the area you are proposing to serve?

5. Have you searched the Los Angeles Centralized Eligibility List (LACEL) to see how many children are listed in the area you propose to serve? If so, how many are listed?

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Analysis by the Strategic Planning and Needs Assessment Work Group:

Results of Work group review:

The Strategic Planning and Needs Assessment Work Group

recommends does not recommend approval of this request.

Date:

Child Care Planning Committee Action: The Planning Committee voted

Date of Action: