



ECS PROVIDER APPLICATION

Date: _____

Organization's Name: _____

Address:

Street:

City: _____ State: _____ Zip: _____

Contact Name: _____

Email: _____

Person Completing Application: _____

Email: _____

Contact Phone _____ Fax: _____

1. Provider Scope of Work. Please give a complete description of the programs or services you wish to offer. _____
2. Population(s) to Serve. Please be specific and list all that apply.
3. Proposed Date Range of Service: _____
4. Proposed Days and Times of Service: _____
5. Approximate Number of Students/Adults to Serve: _____

6. Estimated Value of In-Kind Service: _____

7. Provider Needs of Evans Community School. Please be specific and complete (room, technology, student access, recruitment, other). _____

8. Desired Outcome(s) of Service or Program: _____

9. Data to be Collected: _____

10. How will this service help students improve their academics? _____

11. How will this service assist students to graduate, enroll in the military, or become industry certified? _____

12. How will this service help students reach their maximum potential and/or life-long prosperity? _____

13. Will this service be paid for by grant funds? _____

If yes,

Grant Title: _____

Does this grant specifically name Evans as school for service? _____



FOR ECS STAFF ONLY

APPLICATION REVIEW

DATE OF APPLICATION REVIEW: _____

PERSON(S) COMPLETING REVIEW: _____

NOTES: _____

ALIGNS WITH ECS/EHS GOAL(S): _____

ALIGNS WITH ECS NEED/GAP: _____

PROVIDER CALL BACK: _____

FINAL OUTCOME: _____