**FY2020 Teen REACH Continuation Funding Notice**

**Appendix 3**

**Site Information Form**

Please complete one form for each Teen REACH site

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Name: | | | | | Program Option:  □ Teen REACH □ Teen REACH-Statewide | | | |
|  | | | |
| Site Name: | | | | | | |  | |
| Address: | | City: | | | | County: | | Zip:  (Community Area-Chicago only): |
| Site Manager: | | | | Title: | | | | |
| Phone: | Fax: | | Email: | | | | | |
| **Collaborating School(s):**  **Site Service Area:** *Describe the service area, using county(ies), City(ies), and/or ZIP code(s), as appropriate to your description. If your agency is located in the city of Chicago, please use the name of the Community Area(s), as referenced in* ***Appendix 4*** *of this NOFO. Reserve the use of other categories (such as townships, highways, street names) for a situation where that is the only way you can describe the area. If you will serve only a portion of a county, describe which portion.*  **Enrollment/Attendance Projections (number)**  Total Enrollment:  Average Daily Attendance:  Total Projected Youth Attendance Hours: | | | | | | | | |
| **Age (percent) Gender(percent)**  6-10 %­ Male %­  11-13 % Female %­  14-17 %­ | | | | | | | | |
| **Race (should add to 100 percent) Ethnicity (should add to 100 percent)**  American Indian/Alaskan Native: %­ Hispanic/Latino:\_\_\_\_\_%  Asian: % Non-Hispanic/Latino:\_\_\_\_\_%  Native Hawaiian or other Pacific Islander: %  Black/African-American: %  White: %  Multi-Racial:\_\_\_\_\_% | | | | | | | | |

(If additional site blocks are needed, please copy a block from above and paste-as needed)