**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)