



Community and Health Services Department
 Social Services Branch
 EarlyON Program

EarlyON Business Change Request Form - B

EarlyON program information

Agency name	
EarlyON program name	
EarlyON program address (full address)	
Submitted by (name and position)	
Telephone	
Designated (signing) Authority	Name: Position: Telephone: Signature:
Completion date (mm/dd/yyyy)	

Section 1: Proposed business change (impacting EarlyON Budget/ Schedule B)

	Relocating an EarlyON program <ul style="list-style-type: none"> Proposed new hours: Deleting hours: Adding hours:
	Adding or opening a new EarlyON program <ul style="list-style-type: none"> Proposed days:
	Closing a EarlyON program <ul style="list-style-type: none"> Deleting programs:
	Budgetary changes such as entering into a lease or agreement Please provide more information:
	Other requirement(s) Please state the other requirement(s):

Section 2: Details of proposed business change

Date proposed change to take effect (mm/dd/yyyy)	
Rationale for change	
Alternative options considered	
Proposed transition plan	Please include communication plan to notify families, other stakeholders and community of the proposed change.
Additional comments	
Description of project plan and purpose	Please include information about the new EarlyON program that increases the number of children served by a program and include supporting documents such as a business/project plan.
Is the proposed project located on leased space or owned space?	<p style="text-align: center;">Leased space Owned space</p> <p>If leased, please provide the following:</p> <ul style="list-style-type: none"> • Term of lease (years): • EarlyON program lease expiration date: • Option to renew lease: Yes No
Information about proposed project	<p>Estimated project cost (including taxes): \$</p> <p>Provider financial contribution to the project (if applicable): \$</p> <p>Total funding amount requested: \$</p> <p>*Provide copy of budget with full cost and start-up cost</p>
Timeline for project completion	<p>Construction start date (mm/dd/yyyy)</p> <p>Estimated completion date (mm/dd/yyyy)</p>
Additional comments	

Please submit the completed form to your Community Program Coordinator via email.

Section 3: Required documents

	Estimated cost including two quotes
	Copy of budget (full cost and start-up cost)
	Copy of Schedule B
	Business/project plan
	Transition plan

Please submit the completed form to your Community Program Coordinator (CPC) via email.

If you have any questions, please contact your CPC by telephone or email.

THIS SECTION TO BE COMPLETED BY YORK REGION STAFF ONLY			
Request approved	Yes	No	
Additional information required	Yes	No	
May require to be reviewed by	Finance :	Yes	No
	Legal:	Yes	No
	Risk:	Yes	No
	Other:	Yes	No
Comments			
Regional sign-off			
Manager, EarlyON program (signature)			
Date (mm/dd/yyyy)			
Director, Integrated Children's Services York Region (signature)			
Date (mm/dd/yyyy)			