

**Summer Activity Program
Children's Services Council of Okeechobee**

Submitted Date: _____ Agency: _____ Contact: _____ Address _____

Where The Summer Program Will Be Located: _____ Phone #: _____ E-Mail _____
DATES OF SUMMER ACTIVITY – **REQUIRED** _____ Time of Activities Starting : _____ Ending: _____

TITLE:

STATEMENT OF NEED:

DESCRIPTION OF ACTIVITY AND STRATEGIES FOR IMPLEMENTATION:

EXPECTED OUTCOME:

EVALUATION METHOD:

STAFF (TYPE & NUMBERS) ALLOCATED TO ACTIVITY:

ESTIMATED # CHILDREN SERVED (BY AGE) _____ 0 – 5 _____ 6 – 12 _____ 13 – 18

DESCRIBE WHAT FEES WILL BE CHARGED TO THE CHILDREN AND AVAILABILITY OF TRANSPORATION: _____

**PROPOSED ITEMIZED BUDGET
(USE SEPARATE SHEET)**