COUNTY OF LOS ANGELES

CHILD CARE PLANNING COMMITTEE

POLICY • PLANNING • PRACTICE

PRIORITY CHANGE REQUEST FORM

Contractor Information	
Requesting Agency:	**Date of Request:**
Name of Contact Person:	**Telephone Number:** **E-mail address:**
Contract type for which change is requested:	

Program currently services:

Ages of children	Number of spaces	
		⋯ **Full-day** ˙ ˙ **Half-day** ⋯
		⋯**Full-day** ˙ ˙**Half-day** ¨
		⋯**Full-day** ¨ **Half-day**

Current area of service (list zip codes):

Service Change Proposal

Service Change Proposed:
 	
     r   Relocation of spaces/subsidy from one area to another
     r   Expansion of service area
     r   Change in the ages of children to be served

Describe the changes you are proposing in detail, including number of spaces, ages of children, program types and areas of service.
Reason for relocation of subsidized spaces: *(check all that apply)*   Difficulty earning full contract amount.   Less need for type of service in current zip code area.   Too many other similar programs available in the same area.   Opportunity to use a suitable site in a new area.   Cannot afford to provide the service.   Change is aligned with a collaborative opportunity.

Revised and Approved: March 5, 2014

Explain in detail why this change is necessary:

Background: *(respond to all that apply)*

1. Do you have a facility ready to use for the relocated spaces? If not, what is your plan?

2. If you are proposing to change the age group served, do you have experience with the proposed age group?

3. Why were the relocation or expansion zip codes selected? What Priorities (1, 2, 3, NA) do these zip codes have for the services you are proposing?

4. What other contractors/programs are serving the area you are proposing to serve?

For Office Use Only

Analysis by the Access Work Group:

Results of Work group review:
The Access Work Group
   supports   does not support this request.

                                       Date: