

2024-2025 NC Pre-K Site Allocation Change Request Form

SITE INFORMATION

Name of Site: _____
 Type of Program: Private CCS HS
 NC Pre-K Site Administrator's Name: _____
 Contact Number: _____

Date of Request: _____
 Current SY Slot Allocation: _____
 Current Number of NC Pre-K Classroom: _____
 Request to: Reduce Slots Increase Slots

ALLOCATION REDUCTION REQUEST

Request reduction of _____ slots <small style="text-align: center;">Number</small>	Classroom #1: From _____ slots to _____ slots <input type="checkbox"/> Close Classroom
	Classroom #2: From _____ slots to _____ slots <input type="checkbox"/> Close Classroom
	Classroom #3: From _____ slots to _____ slots <input type="checkbox"/> Close Classroom

Reason for reduction: _____

ALLOCATION INCREASE REQUEST

Request increase of _____ slots <small style="text-align: center;">Number</small>	Classroom #1: From _____ slots to _____ slots
	Classroom #2: From _____ slots to _____ slots <input type="checkbox"/> New Classroom
	Classroom #3: From _____ slots to _____ slots <input type="checkbox"/> New Classroom

1. Will adding more slots require a new Teacher Assistant? Yes No
 If so, please provide the Name of Teacher Assistant: _____ Degree/CDA: _____
2. Will adding more slots require the creation of a new classroom? Yes No
 If so, please provide qualified teacher(s) for the new classroom:
 Name of lead teacher: _____ Degree: _____ License: _____
 Name of Teacher Assistant: _____ Degree/CDA: _____

**Please attach proof of staff's education*

SIGNATURE REQUIRED

Site Administrator or Designee's Signature: _____ **Date:** _____

PFC STAFF ONLY

- | | |
|---|--|
| 1. LT Education Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> NA | 1. Site's Current Allocation: _____ |
| 2. TA Education Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> NA | 2. Site's Requested Reduction: _____ |
| 3. Allocation Rubric Score: _____ | 3. Site's Requested Increase: _____ |
| 4. Program Specialist Reviewed: _____ | 4. Site Total Allocation if the request is approved: _____ |

RECOMMENDATION

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	NC Pre-K Manager Signature _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	PFC Grant Manager Signature _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	PFC President Signature _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	PFC Contract Coordinator Signature _____	Date: _____

Please Submit All Documents to the NC Pre-K Unit
 Documentation can be emailed to NCPREK@ccpfc.org