

MARC Head Start
Form 5150

Contracted Agency Name

The following information includes the detailed description of services to be provided as referenced in **Addendum A-Scope of Work**:

Enrollment

A. Number of Head Start / Early Head Start eligible children required to be in the program from the first day of operation (funded enrollment)

HS: _____ EHS: _____

B. Minimum number of children with disabilities (10%) required to be enrolled in the program by mid-year

HS: _____ EHS: _____

C. Number of Community Head Start/Early Head Start spots reserved by your program?

HS: _____ EHS: _____

Transportation services to be provided: YES: NO:

Operating Days

Monday Tuesday Wednesday Thursday Friday

Program Start Date:

Program potential end date:

Hours of operation:

Meals served (check all that apply):

Breakfast AM Snack Lunch PM Snack Supper

Provides 1,020 annual hours for Head Start Preschool Children. YES NO

Available for the full-working-day and full-calendar-year YES NO

Staff, Classroom and Funded Slots Table:

Early Head Start:

Classroom	Slots/ Funding	Teacher	Asst. Teacher	Asst. Teacher

Head Start:

Classroom	Slots	Teacher	Asst. Teacher	Asst. Teacher