All Applicants must document conversations with each Head Start/Early Head Start grantee and ECEAP Contractor that may recruit children *within the same school district boundaries as the sites for which you are applying*. This is to ensure that Early ECEAP slots will not negatively impact the ability for existing ECEAP or Head Start/Early Head Start organizations to enroll to capacity. You must:

* Discuss the topics and questions identified below, with individual organizations or in a group meeting.
* Complete one copy of the form below with each organization and obtain signatures.
* Send these in a single pdf document titled “Exhibit C: Coordination with Neighboring Organizations – YOUR ORGANIZATION NAME.”

**In addition, if you are applying for Early ECEAP slots within the boundaries of a federally recognized tribal reservation and not operated by that tribe, you must complete this Exhibit with any early learning program operated by the tribe.**

* Discuss the topics and questions identified below, with individual tribes.
* Complete one copy of the form below with each tribe and obtain signatures.
* Send these in a single pdf document titled “Exhibit C: Coordination with Neighboring Organizations – YOUR ORGANIZATION NAME.”

Submit a brief letter of explanation if:

* There are no Head Start/Early Head Start grantees or ECEAP contractors currently recruiting children within the same school district boundaries as your request.
* You are unable to complete a discussion with neighboring organizations or tribe. Include the reason and your summary of potential impacts to the other organization(s).

DCYF reserves the right to communicate with organizations about the potential impact of your application and consider those communications during the scoring process.

Applicant’s Organization Name: ***Click here to enter text.***

Applicant’s Contact Name, Phone, and Email: ***Click here to enter text.***

Neighboring ECEAP, Head Start/Early Head Start, or Tribal Organization Name: ***Click here to enter text.***

Neighboring Organization Contact Name, Phone, and Email: ***Click here to enter text.***

Check topics discussed and add comments:

[ ]  What are the community needs for Early ECEAP slots (such as different models such as Part Day, Full School Day, or Extended Day or different delivery methods such as in schools, child care centers, or family child care homes)? ***Click here to enter text.***

[ ]  How does the Applicant intend to address these community needs? ***Click here to enter text.***

[ ]  Are there available eligible and unserved children in the Applicant’s proposed service area? ***Click here to enter text.***

[ ]  Will both organizations be able to recruit and enroll enough children to maintain full enrollment? ***Click here to enter text.***

[ ]  How will the applicant recruit groups of children not currently served? ***Click here to enter text.***

[ ]  How will the organizations coordinate recruitment and enrollment? ***Click here to enter text.***

[ ]  What are potential conflicts within the service area and how will the applicant work with the existing organization to alleviate conflicts? ***Click here to enter text.***

[ ]  Summarize any other discussion. ***Click here to enter text.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Applicant signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Neighboring Head Start/Early Head Start/ECEAP/Tribal Organization signature