AGENCY / AFFILIATE INFORMATION FORM

1. Agency /Affiliate Name: _____

2. EPE Rate: _____

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3. Division: _____

4. Address: _____

_____

5. City: _____ **6. State: _____** **7. Zip: _____**

8. Telephone: _____

9. Community School District: _____

10. Community Planning District: _____

11. Congressional District: _____

12. Assembly District: _____

13. Senatorial District: _____

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14. Funding Sources:

Code	Amount	Begin Date	End Date	Contract / Grant #	Purpose

15. Data Collection Periods:

Period Start	Period End	Period Name

Revised 9/2/2003