

FISCAL YEAR 2023-24 PROGRAM CALENDAR

CONTRACTOR NAME	VENDOR NUMBER	COUNTY NAME	CONTRACT TYPE
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Instructions: Enter an uppercase "X" on each day your program will operate. The totals for "Days of Operation," "Quarter Subtotals," and "Total Days of Operation" will then automatically calculate. Please verify accuracy.

	S	M	T	W	T	F	S
JULY 2023							1
DAYS OF OPERATION	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31					

			1	2	3	4	5
AUGUST 2023							
DAYS OF OPERATION	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31		

						1	2
SEPTEMBER 2023							
DAYS OF OPERATION	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30

FIRST QUARTER SUBTOTAL _____

	1	2	3	4	5	6	7
OCTOBER 2023							
DAYS OF OPERATION	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

			1	2	3	4
NOVEMBER 2023						
DAYS OF OPERATION	5	6	7	8	9	10
	11	12	13	14	15	16
	17	18	19	20	21	22
	23	24	25	26	27	28
	29	30				

					1	2
DECEMBER 2023						
DAYS OF OPERATION	3	4	5	6	7	8
	9	10	11	12	13	14
	15	16	17	18	19	20
	21	22	23	24	25	26
	27	28	29	30	31	

SECOND QUARTER SUBTOTAL _____

	S	M	T	W	T	F	S
JANUARY 2024		1	2	3	4	5	6
DAYS OF OPERATION	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31			

					1	2	3
FEBRUARY 2024							
DAYS OF OPERATION	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29		

						1	2
MARCH 2024							
DAYS OF OPERATION	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31						

THIRD QUARTER SUBTOTAL _____

		1	2	3	4	5	6
APRIL 2024							
DAYS OF OPERATION	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30				

				1	2	3	4
MAY 2024							
DAYS OF OPERATION	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	

							1
JUNE 2024							
DAYS OF OPERATION	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30						

FOURTH QUARTER SUBTOTAL _____

TOTAL DAYS OF OPERATION _____

IF THERE ARE CHANGES TO THE MINIMUM DAYS OF OPERATION (MDO), PLEASE EXPLAIN WHY.

CCDD CONSULTANT INITIALS (FOR CDSS USE ONLY)
DATE APPROVED BY CCDD CONSULTANT (FOR CDSS USE ONLY)