MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)

EXTENDED LEARNING

SCHOOL AGE COMMUNITY (SAC) GRANT APPLICATION

This application contains all attachments and appendices needed to apply for the 2011-2012 SAC Grant. Please refer to the School Age Community Grant Guidelines/Requirements for more information pertaining to this application process.

For questions regarding this application please contact the Extended Learning office at 573-522-2627.

ATTACHMENT ONE

STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Request for Proposal
Grant NO. SAC11-12
TITLE: School Age Community Program Grant (SAC) (Federal, CCDF)

CONTACT PERSON: Kim Wolf
PHONE NO.: (573) 522-2627
E-MAIL: kim.wolf@dese.mo.gov

ISSUE DATE: Monday, May 16, 2011

RETURN PROPOSAL NO LATER THAN: 3:00 p.m. Tuesday, June 28, 2011 **(Must be in our office, not postmarked)**

MAILING INSTRUCTIONS: Print or type **Grant Number** and **Return Due Date** on the lower left hand corner of the envelope or package. Delivered sealed proposal must be in the office by the return date and time.

RETURN PROPOSAL TO:

MAILING ADDRESS (U.S. Mail):	**STREET ADDRESS (Courier Service):**
SCHOOL AGE COMMUNITY PROGRAM **EXTENDED LEARNING** **DEPT OF ELEMENTARY AND SECONDARY ED** **P.O. BOX 480** **JEFFERSON CITY MO 65102-0480**	**SCHOOL AGE COMMUNITY PROGRAM** **EXTENDED LEARNING** **DEPT OF ELEMENTARY AND SECONDARY ED** **205 JEFFERSON STREET (7TH FLOOR)** **JEFFERSON CITY MO 65101**

Grant Period: Date of Award – June 30, 2012

The grantee hereby declares understanding, agreement, and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Application. The grantee further agrees that the language of this Application shall govern in the event of a conflict with his/her proposal. The grantee further agrees that upon receipt of an authorized purchase order from the DESE or when this Application is countersigned by an authorized official of the state of Missouri, a binding contract shall exist between the grantee and the DESE.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE (Superintendent)	DATE
PRINTED NAME	TITLE
DISTRICT NAME	
DISTRICT COUNTY CODE	SITE NAME
MAILING ADDRESS	CITY, STATE, ZIP
PHONE NO.	E-MAIL ADDRESS (Required)

NOTICE OF AWARD (STATE USE ONLY)

ACCEPTED BY STATE OF MISSOURI AS FOLLOWS:	
TITLE Chris L. Nicastro, Ph.D., Commissioner of Education	DATE
Total Amount Awarded:	

ATTACHMENT TWO

CONTACT INFORMATION		
DISTRICT NAME		
PRIMARY CONTACT PERSON NAME	TITLE	
Mailing Address (For Contact Person)	PHONE	
City, State, Zip	FAX	
E-MAIL (FOR CONTACT PERSON)		
NAME OF PRIMARY KIDS CARE CENTER CONTACT	E-MAIL FOR PRIMARY KIDS CARE CENTER CONTACT	
SUPERINTENDENT INFORMATION		
SUPERINTENDENT NAME	PHONE	FAX
MAILING ADDRESS	CITY, STATE, ZIP	
NON-PROFIT PARTNER- If applicable, provide the name and address of the outside agency or organization (must be not-for-profit) that administers; or will administer the program. Attach a copy of the Letter of Agreement or contract between the district and the not-for-profit agency if applicable.		
NAME OF ORGANIZATION	NAME OF CONTACT PERSON	
MAILING ADDRESS	CITY, STATE, ZIP	
PHONE	FAX	E-MAIL
Site Information (Complete the box for the site that will provide a SAC Program)		
SITE NAME		
PHYSICAL SITE ADDRESS		
CITY, STATE, ZIP		
SITE CONTACT PERSON NAME		
SITE CONTACT PHONE	SITE CONTACT E-MAIL	

ATTACHMENT THREE

PROGRAM PLANNING

Check one:

__ _ **NEW SERVICES** (Implementing new program as defined in Eligibility page 3 of the guidance/requirements.)

_____ **EXISTING SERVICES** (Enhance/expand existing program as defined in Eligibility page 3 of the guidance/requirements.)

Complete either part (Information pertains to SAC program for which grant is intended).

New Services

Estimated number of low-income children you expect to provide programming for _____

Estimated number of special needs children you expect to provide programming for _____

Estimated number of all other children served _____

Estimated total enrollment of all children to be served _____

Existing Services

Number of low-income children currently in the program _____

Number of special needs children currently in the program _____

Number of all other children currently in the program _____

Total number of all children currently being served _____

Anticipated number of additional children to be serve by this grant _____

A. Will the program be located on the school site? __ _Yes _____No

If no, where:_____

B. For each grade level you plan to serve with this grant, complete the following:

Grade Levels	Ages of Children	Estimated Enrollment (non-duplicative)
K		
1		
2		
3		
4		
5		
6		
7		
8		
9		

C. Which date (month and day) will the program begin and conclude during this school year?

Begin:_____/_____ Conclude:_____/_____

(month) (day) (month) (day)

D. Total number of hours program will operate each week_____. Total number of days program will operate each week_____.

List the beginning and ending times program is in operation (during non school hours):

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Summer (include the months):

Holidays:

Break:

Other, describe:

E. Is the program currently licensed? ___ __Yes __ __No

If yes, you must attach a copy of your current state license as Appendix B. If grant is awarded the program must be licensed by one year from date of award.

F. Is the program currently accredited? _____ Yes _____No

If yes, you must attach a copy of your current certificate.

G. If not currently licensed or accredited, does the applicant intend to work toward:

State License? _____Yes __ __ No

School Age Accreditation? _____ Yes __ ___ No

If yes, which Accreditation Organization? __ ___ Missouri Accreditation (MOA) __ ___ Council of Accreditation (COA)

H. Has this program site received SAC funding previously? _ _Yes _____ No

If yes, what years:

____00-01 _01-02 _02-03 _ 03-04 _04-05 ____05-06 (Contracts) _ _06-07 (Contracts) _ _08-09

I. Is the program a current 21st Century Community Learning Center (CCLC) grantee? _ _Yes _ _No

If yes, list date of award:_____

K. Are you charging a fee for your program? _ Yes _ _ No

If no, do you plan to in the future? _ _ Yes _____ No; When? _____

ATTACHMENT FOUR

PROGRAM NEED
DEFINE THE NEED: 1. Describe the nature and extent of the need, using data that is current and relevant to your particular locality (for more information see page 7 of the guidance/requirements). 2. Describe how this grant will address the needs identified. 3. Attach needs assessment survey to Appendix E. ***All information must be confined to this space plus one single additional page (if needed) but the font size may not be smaller than 11 point. Be sure to label 2nd page with Section Number and Name.*** *Please attach additional page directly behind ATTACHMENT FOUR*.

ATTACHMENT FIVE

PROGRAM PARTNERS
Collaborative Partners 1. List all collaborative efforts used in planning and implementing this program (be sure to include any formalized partnerships outside of the school district). 2. Program collaborates and coordinates with other childcare, health, Caring Communities, and educational services available in the community. 3. For each specified collaborative effort, fully describe how it will enhance the quality of the program. 4. Describe your Advisory Council (i.e., who sits on it and how often they meet). Please Note: These collaborative efforts build partnerships which will be vital to a program's sustainability success. ***All information must be confined to this space plus one additional page (if needed) and the font size may not be smaller than 11 point.***

ATTACHMENT SIX

PROGRAM GOALS AND OBJECTIVES

Program Goals and Objectives You MUST list three (3) goals at a minimum. Please Note: Refer to page 7 of the guidance/requirement for more information.

1. Please state your goals and measurable objectives. Note: measurable objectives are statements of intended outcomes that can be measured (Example: "45 percent of participating students will show improvement in the reading grades" Not "students will improve in reading").
2. Check number one (1) for goal one, number two (2) for goal two, and number three (3) for goal three.
3. For each goal, please write objectives and plan on measurement.
4. For each goal, please check all classifications that apply to each goal.

Make additional copies of this page as needed for your goals.

Goal (check one) ☐ **1** ☐ **2** ☐ **3**

Measurable Objective(s):

What instruments and data will be used to measure the results?

Classification (*check all that apply for this goal*):

☐ Improve student achievement ☐ Improve student behavior ☐ Provide a safe and secure environment

☐ Retain participating students ☐ Meet planned hours of operation ☐ Offer a particular type of activity or service

☐ Foster community collaboration ☐ Facilitate a social development of participating students

☐ Reach targeted participation levels in core educational services

Alignment with the DESE goals (*check all that apply for this goal*):

☐ Goal 1: All Missouri students will graduate college and career ready.

☐ Goal 3: Missouri will prepare, develop and support effective educators.

ATTACHMENT SEVEN

Department Goals
Department Goals: You must describe how your program will align to one or both of the DESE goals in the section below (refer to page 8 for more information). The DESE goals one (1) and three (3) are as follows: 1. Missouri public education will rank in the top ten on national and international measures of performance. 2. Missouri will recruit, prepare, retain, and support effective teachers and leaders.

ATTACHMENT EIGHT-A

PROGRAM DESIGN
Implementing the Plan 1. Describe how the program will be implemented and include a timeline. 2. Describe where the program will take place in the building. 3. Describe a clear picture of what the program will look like. Include but not limited to: target audience; staff to child ratio; special needs children (if applicable); types of activities, typical daily schedule, etc. 4. Describe how this grant award will improve the quality and/or increase the availability of School Age Community Afterschool Programs. ***All information must be confined to this space plus no more than two additional pages (if needed) and the font size may not be smaller than 11 point. Be sure to label 2nd & 3rd pages as ATTACHMENT EIGHT-A.***

ATTACHMENT EIGHT-B

PROGRAM DESIGN (*CONTINUTED)*

School Age Community Staff

1. Use the space below to list current or proposed positions, the minimum educational background required and School Age/Afterschool experience required of staff. (You may add pages if staff is large enough). Include the Program Administrator. For new programs, these positions may be unfilled but still list the requirements for the job. *Please Note: For every 16 children, you must have one full time staff member.
2. Attach a ONE PAGE resume for the program administrator/site director ONLY as Appendix D.
3. If jobs are not filled, please attach job requirements for all grant funded positions directly behind this page.

NAME OF STAFF	WORKS DIRECTLY WITH CHILDREN?
JOB TITLE	SPECIAL SKILLS, CREDENTIALS, ETC. STAFF MEMBER POSSESSES
EDUCATION BACKGROUND	
NUMBER OF YEARS EXPERIENCE IN SCHOOL AGE	

NAME OF STAFF	**WORKS DIRECTLY WITH CHILDREN?**
JOB TITLE	**SPECIAL SKILLS, CREDENTIALS, ETC. STAFF MEMBER POSSESSES**
EDUCATION BACKGROUND	
NUMBER OF YEARS EXPERIENCE IN SCHOOL AGE	

NAME OF STAFF	**WORKS DIRECTLY WITH CHILDREN?**
JOB TITLE	**SPECIAL SKILLS, CREDENTIALS, ETC. STAFF MEMBER POSSESSES**
EDUCATION BACKGROUND	
NUMBER OF YEARS EXPERIENCE IN SCHOOL AGE	

NAME OF STAFF	**WORKS DIRECTLY WITH CHILDREN?**
JOB TITLE	**SPECIAL SKILLS, CREDENTIALS, ETC. STAFF MEMBER POSSESSES**
EDUCATION BACKGROUND	
NUMBER OF YEARS EXPERIENCE IN SCHOOL AGE	

NAME OF STAFF	**WORKS DIRECTLY WITH CHILDREN?**
JOB TITLE	**SPECIAL SKILLS, CREDENTIALS, ETC. STAFF MEMBER POSSESSES**
EDUCATION BACKGROUND	
NUMBER OF YEARS EXPERIENCE IN SCHOOL AGE	

PROGRAM DESIGN (*CONTINUED*)
Staff 1. Describe the role and responsibility of all key staff. 2. Explain how the program will provide ongoing staff development and training. ***All information must be confined to this space plus one additional page (if needed) but the font size may not be smaller than 11 point. Be sure to label 2nd page with ATTACHMENT EIGHT-C.***

ATTACHMENT NINE

SUSTAINABILITY
Sustainability 1. Describe how the program will be funded and sustained beyond the grant award period (See page 11 of guidance/requirements for additional information). ***All information must be confined to this space plus one additional page (if needed) but the font size may not be smaller than 11 point. Be sure to label 2nd page as ATTACHMENT NINE.***

ATTACHMENT TEN

PRICING PAGE

Price for Service

The applicant must state a firm, fixed price for services provided for the original award period and a maximum price for services provided for each of the two renewal periods, in accordance with the provisions and requirements of this Application.

Original Award Period **(Year One)** **2011-2012 School Year** *(Firm, fixed price) (12 months)*	**First Renewal Period** **(Year Two)** **2012-2013 School Year** *(Maximum price) (12 months)*	**Second Renewal Period** **(Year Three)** **2013-2014 School Year** *(Maximum price) (12 months)*
$_____	$_____	$_____

ATTACHMENT ELEVEN-A

BUDGET		
Year One Request and Renewal Projected Estimates 1. All figures **MUST** be rounded to the nearest dollar. Make certain all figures and calculations are correct. 2. Funding for a School Age Community Afterschool Grant is limited to one full award per funding year, per School Age Community afterschool site/school building. Funding up to, but not exceeding $30,000 per site or $60,000 per district for multiple sites may be awarded.		
BUDGET CATEGORY	**YEAR ONE** Dollars Requested	**OTHER FUNDS/IN-KIND** **(if applicable)**
Salaries	**$**	**$**
Benefits	Figured at ____% **$**	**$**
Travel and Transportation	**$**	**$**
Materials/Supplies	**$**	**$**
Equipment	**$**	**$**
Professional Development (educational training/conferences)	**$**	**$**
Purchased Services	**$**	**$**
Accreditation (see page 11 in guidance/requirements)	**$**	**$**
Other	**$**	**$**
SUBTOTAL **Direct Costs**	**$**	**$**
Indirect Costs (Do not include equipment category amount in this calculation. see page 11 in guidance/requirements)	Figured at ____% **$**	Figured at ____% **$**
TOTAL **(Direct PLUS Indirect Costs)**	**$**	**$**

BUDGET (*CONTINUED)*		
Renewal Projected Estimates 1. All figures **MUST** be rounded to the nearest dollar. Make certain all figures and calculations are correct. 2. Funding for a School Age Community Afterschool Grant is limited to one full award per funding year, per School Age Community afterschool site/school building. Funding up to, but not exceeding $30,000 per site or $60,000 per district for multiple sites may be awarded.		
BUDGET CATEGORY	**YEAR TWO** Dollars Estimated	**YEAR THREE** Dollars Estimated
Salaries	**$**	**$**
Benefits	Figured at ____% **$**	Figured at ____% **$**
Travel and Transportation	**$**	**$**
Materials/Supplies	**$**	**$**
Equipment	**$**	**$**
Professional Development (educational training/conferences)	**$**	**$**
Purchased Services	**$**	**$**
Accreditation (see page 11 in guidance/requirements)	**S**	**S**
Other	**$**	**$**
SUBTOTAL **Direct Costs**	**$**	**$**
Indirect Costs (Do not include equipment category amount in this calculation. see page 11 in guidance/requirements)	Figured at ____% **$**	Figured at ____% **$**
TOTAL	**$**	**$**

BUDGET (*CONTINUED*)

Budget Narrative

You must submit a budget narrative for each budget category

1. Describe how the funds will be spent and how this meets and relates to the program's goals and objectives.
2. Describe how items in each budget category relate to program content and how this increases and/or enhances quality.
3. Describe how this expense will be covered after year three if applicable.
4. Describe how costs are reasonable in relationship to the number of students to be served.
5. Indicate the average cost per child per day.

All information must be confined to this page plus no more than 2 additional pages (if needed) and the font size may not be smaller than 11 point. Be sure to label 2nd & 3rd pages with ATTACHMENT ELEVEN-C.

Appendices

Appendix A	Not-For-Profit Partner Letter of Agreement (if applicable)
Appendix B	Copy of Your Current State License from the Department of Health and Senior Services (if applicable)
Appendix C	Copy of Your Current Accreditation Certificate from MOA, NAA, or COA (if applicable)
Appendix D	Resume for the Program Administrator/Site Director or Job Descriptions
Appendix E	Needs Assessment Survey