



STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
MISSOURI PRESCHOOL PROGRAM - RENEWAL APPLICATION

IFB/IFG NO.: HB1519R
TITLE: Missouri Preschool Program
ISSUE DATE: April 1, 2016

CONTACT PERSON: Angie Koetting
PHONE NUMBER: 573-751-2095
Email: Angie.Koetting@dese.mo.gov

RETURN APPLICATION NO LATER THAN: 1:00 p.m. on May 16, 2016

RETURN APPLICATION TO:

MAILING ADDRESS

Department of Elementary and
 Secondary Education
 Early Learning Section
 PO Box 480
 Jefferson City, MO 65102-0480

DELIVERY ADDRESS

Department of Elementary and
 Secondary Education
 Early Learning Section
 Jefferson State Office Bldg., 7th Floor
 205 Jefferson Street
 Jefferson City, MO 65101

****PRINT OR TYPE IFG NUMBER (HB1519R) AND RETURN DUE DATE ON THE LOWER LEFT HAND CORNER OF THE ENVELOPE OR PACKAGE.**

CONTRACT PERIOD: July 1, 2016 through June 30, 2017

The grantee hereby declares understanding, agreement and certification of compliance to provide the items and/or services in accordance with all requirements and specifications contained herein and the Terms and Conditions Invitation for Grant. The grantee further agrees that the language of this IFG 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 IFG is countersigned by an authorized official of the State of Missouri, a binding agreement shall exist between the grantee and the DESE.

SIGNATURE REQUIRED

AUTHORIZED REPRESENTATIVE SIGNATURE		DATE
PRINTED NAME		TITLE
LEAD AGENCY NAME		
FEDERAL EMPLOYER ID NO. (EIN) / SOCIAL SECURITY NO. (SSN)		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

NOTICE OF AWARD (STATE USE ONLY)

ACCEPTED BY STATE OF MISSOURI AS FOLLOWS:	
TITLE Commissioner of Education	DATE
CONTRACT AMOUNT NOT TO EXCEED: \$ _____	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.



**MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS – EARLY LEARNING**

FY 17

MISSOURI PRESCHOOL PROGRAM (MPP) RENEWAL APPLICATION

SECTION I - SITE INFORMATION

LEAD AGENCY		SCHOOL DISTRICT COUNTY/DISTRICT CODE		LEAD AGENCY Employer ID No, EIN	
PLEASE CHECK ONE					
<input type="checkbox"/> PUBLIC SCHOOL		<input type="checkbox"/> HEAD START		<input type="checkbox"/> PRIVATE PRESCHOOL	
<input type="checkbox"/> NON-PROFIT AGENCY					
RENEWAL YEAR					
<input type="checkbox"/> 1 ST RENEWAL		<input type="checkbox"/> 2 ND RENEWAL		<input type="checkbox"/> 3 RD RENEWAL	
LEAD EDUCATION AGENCY AUTHORIZED REPRESENTATIVE					
AUTHORIZED REPRESENTATIVE			EMAIL ADDRESS		
STREET ADDRESS		CITY		STATE	ZIP
				MO	
INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE) REGARDING PROGRAM ACTIVITIES					
CONTACT PERSON		TITLE		ORGANIZATION/ENTITY NAME	
STREET ADDRESS		CITY		STATE	ZIP
				MO	
TELEPHONE NUMBER		FAX NUMBER		EMAIL ADDRESS	

SECTION II – SITE BUDGET INFORMATION

	6100 Certified Salaries	6150 Noncertified Salaries	6200 Employee Benefits	6300 Purchased Services	6400 Materials & Supplies	6500 Capital Outlay	Total
3512 Early Childhood Instruction							
4000 Facilities Acquis. & Construction							
Administrative Costs							
Grand Total							

DESE COMMENTS - (FOR DESE USE ONLY)

AWARD #	FUNDS AWARDED	SIGNATURE OF AUTHORIZED DESE OFFICIAL	DATE APPROVED
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**REPLACE
THIS PAGE
WITH A COPY
OF THE MPP
ITEMIZED BUDGET**

REQUIRED FORMAT:

<http://dese.mo.gov/early-extended-learning/early-learning/missouri-preschool-program>

SECTION III - MPP CLASSROOM INFORMATION

MPP CLASSROOM CODE (REFER TO MPP CONSULTANT REPORT) _____ -- _____ -- _____ -- _____	CLASSROOM IS FUNDED WITH: (MARK ALL THAT APPLY) <input type="checkbox"/> MPP FUNDS <input type="checkbox"/> TITLE I FUNDS <input type="checkbox"/> HEAD START FUNDS <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION FUNDS		
REFER TO CHILD CARE LICENSE CHILD CARE LICENSE NUMBER _____ LICENSED CAPACITY _____ LICENSE IS EFFECTIVE THROUGH ____/____/____	ACCREDITING SOURCE: <input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN <input type="checkbox"/> PROGRAM IS ACCREDITED THROUGH ____/____/____ <input type="checkbox"/> PROGRAM IS WORKING ON INITIAL ACCREDITATION <input type="checkbox"/> PROGRAM IS WORKING ON RENEWAL ACCREDITATION		
PROGRAM NAME _____			
STREET ADDRESS _____	CITY _____	STATE MO	ZIP _____

MPP CLASSROOM DATA
Please include only those children served through MPP funds.

TOTAL NUMBER OF CONTRACTED MPP SLOTS IN THE MPP CLASSROOM	<input type="checkbox"/> 10 or 10AM/10PM (20) <input type="checkbox"/> 15 or 15AM/15PM (30) <input type="checkbox"/> 20 or 20AM/20PM (40)
LENGTH OF PROGRAM YEAR	<input type="checkbox"/> 12 MONTHS OR <input type="checkbox"/> SCHOOL YEAR
LENGTH OF PROGRAM DAY	<input type="checkbox"/> HALF DAY OR <input type="checkbox"/> FULL DAY
THE PROGRAM OFFERED EXTENDED DAY SERVICES	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
THE PROGRAM OFFERED TRANSPORTATION	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
THE PROGRAM IMPLEMENTED A FEE FOR PRESCHOOL SERVICES	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
THE PROGRAM PROVIDED MEALS/SNACKS (MEALS/SNACKS DURING MPP HOURS)	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> AM SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK

MPP CLASSROOM CHILD COUNT
The number of children can exceed the number of slots to accommodate turnover in students throughout the year.
Include all children enrolled from the start of the program year through June 30th.

	AGE 3 BEFORE AUGUST 1, 2016	AGE 4 BEFORE AUGUST 1, 2016
TOTAL NUMBER OF MPP CHILDREN		
OF THE TOTAL, HOW MANY WERE ENGLISH LANGUAGE LEARNERS (ELL) CHILDREN		
OF THE TOTAL, HOW MANY WERE LOW INCOME CHILDREN		
OF THE TOTAL, HOW MANY WERE SPECIAL NEEDS CHILDREN		
OF THE TOTAL, HOW MANY WERE HOMELESS CHILDREN		

LEAD TEACHER DATA

NAME: _____	DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING: <input type="checkbox"/> YES <input type="checkbox"/> NO
SALARY: <input type="checkbox"/> FULLY FUNDED WITH MPP <input type="checkbox"/> PARTIALLY FUNDED WITH MPP <input type="checkbox"/> NOT FUNDED WITH MPP	
QUALIFICATIONS: <input type="checkbox"/> EARLY CHILDHOOD <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION <input type="checkbox"/> 4 YEAR CHILD DEVELOPMENT	
CURRICULUM TRAINING: <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> EMERGING LANGUAGE & LITERACY CURRICULUM <input type="checkbox"/> HIGH/SCOPE® <input type="checkbox"/> PROJECT CONSTRUCT	

ASSISTANT TEACHER DATA

NAME: _____	DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING: <input type="checkbox"/> YES <input type="checkbox"/> NO
SALARY: <input type="checkbox"/> FULLY FUNDED WITH MPP <input type="checkbox"/> PARTIALLY FUNDED WITH MPP <input type="checkbox"/> NOT FUNDED WITH MPP	
QUALIFICATIONS: <u>PUBLIC SCHOOLS</u> <input type="checkbox"/> CDA <input type="checkbox"/> ACC <input type="checkbox"/> 60 HRS <u>NONPUBLIC SCHOOLS</u> <input type="checkbox"/> 2 YEARS	
CURRICULUM TRAINING: <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> EMERGING LANGUAGE & LITERACY CURRICULUM <input type="checkbox"/> HIGH/SCOPE® <input type="checkbox"/> PROJECT CONSTRUCT	

**REPLACE
THIS PAGE
WITH A
COPY OF
THE
CHILD
CARE
LICENSE**

**PROGRAMS ENTERING
THEIR 4TH YEAR PROVIDE
THE ACCREDITATION
CERTIFICATE.**

**PROGRAMS IN YEAR 1, 2,
OR 3 PROVIDE A
NARRATIVE EXPLAINING
WHAT STEPS HAVE BEEN
TAKEN TOWARDS
ACCREDITATION**

SECTION IV - PROJECT IMPLEMENTATION DESCRIPTION FOR THE RENEWAL YEAR

Provide a narrative description of the MPP program for **this year** including changes resulting from the **previous year's** evaluation including the Early Childhood Environmental Ratings Scale 3 (ECERS-3) Summary.

SECTION V - RENEWAL PLAN: Must complete each plan

a. PARENT ADVISORY COMMITTEE PLAN

Must include:

ROLE OF MEMBERS:

SELECTION PROCEDURE:

REPLACEMENT PROCEDURE:

NUMBER OF MEMBERS:

FREQUENCY OF MEETINGS:

b. FUNDING PLAN

Must include: **sliding fee scale (ATTACHMENT D)**

FOOD SERVICES:

LOCAL GRANTS:

FUNDRAISING:

CHILD CARE ASSISTANCE:

OTHER SOURCES:

**REPLACE
THIS PAGE
WITH A
COPY OF
THE
SLIDING
FEE
SCALE**

SECTION V - RENEWAL PLAN (continued): Must complete each plan

c. CHILD DEVELOPMENT, EDUCATION, AND CARE PLAN

Must address the following: **Required attachments include: daily schedule (ATTACHMENT E) and the physical classroom design which includes the number of children to be served in each MPP classroom. (ATTACHMENT F).**

RESEARCH BASED CURRICULUM:

DEVELOPMENTALLY APPROPRIATE ENVIRONMENT:

HEALTH & NUTRITION AND DEVELOPMENTAL SCREENINGS:

(plan should address service delivery, instruments used, and partners, such as Parents as Teachers)

PROGRAM GROWTH:

TRANSITION FROM PRESCHOOL TO KINDERGARTEN:

(e.g., orientation activities, home visits, etc.)

COMMUNITY LINKAGES AND RESOURCES:

(e.g., public library, police department, etc)

d. PROFESSIONAL DEVELOPMENT PLAN

Must show evidence of continuous professional development associated with the selected curriculum model. Include: activities that will support the curriculum such as educational courses through T.E.A.C.H. Early Childhood® MISSOURI, seminars, conferences, consultants, and explain how professional development is ongoing.

CONTINUOUS PROFESSIONAL DEVELOPMENT ASSOCIATED WITH SELECTED CURRICULUM:

EDUCATIONAL COURSES THROUGH T.E.A.C.H. Early Childhood® Missouri:

CONFERENCES:

OTHER:

**REPLACE
THIS PAGE
WITH A
COPY OF
THE
DAILY
SCHEDULE**

**REPLACE
THIS PAGE
WITH A
COPY OF
THE
PHYSICAL
CLASSROOM
DESIGN**

SECTION V - RENEWAL PLAN (continued): Must complete each plan

e. PARENT EDUCATION/ INVOLVEMENT/ COMMUNICATION PLAN

Must include: Parent education such as collaboration with the local school district's Parents as Teachers program; involvement such as classroom volunteers, advisory committee, etc.; communication such as newsletters, parent meetings, parent-teacher conferences, etc.

PARENTS AS TEACHERS SERVICES (see Section 2.1.8, 2.1.9 and 2.1.18):

CLASSROOM VOLUNTEERS:

COMMUNICATION:

PARENT MEETINGS:

PARENT/TEACHER CONFERENCES:

f. COMMUNITY PLAN

Describe the collaboration/partnership efforts and activities among other licensed early care and education providers who are serving age-eligible children within the grantee's community.