



STATE OF MISSOURI  
**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  
**INVITATION FOR GRANT**

**IFG NO.:** HB1519  
**TITLE:** Missouri Preschool Program  
**ISSUE DATE:** April 13, 2015

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

**RETURN APPLICATION NO LATER THAN:** 1:00 p.m. on May 29, 2015

<b>RETURNING APPLICATION:</b>		<b>*PRINT OR TYPE IFG NUMBER (HB1519) AND RETURN DUE DATE ON THE LOWER LEFT HAND CORNER OF THE ENVELOPE OR PACKAGE.</b>	
<u>MAILING ADDRESS</u>		<u>DELIVERY ADDRESS</u>	
Department of Elementary and Secondary Education Early Learning Section PO Box 480 Jefferson City, MO 65102-0480		Department of Elementary and Secondary Education Early Learning Section Jefferson State Office Bldg., 7th Floor 205 Jefferson Street Jefferson City, MO 65101	

**CONTRACT PERIOD:** Date of Award to June 30, 2016

**DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:**

Department of Elementary and Secondary Education  
 Early Learning Section  
 205 Jefferson Street, P.O. Box 480  
 Jefferson City, MO 65102

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. (SS #)		
MAILING ADDRESS		
CITY, STATE, ZIP		
PHONE NO.	FAX NO.	E-MAIL ADDRESS

**NOTICE OF AWARD (STATE USE ONLY)**

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



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
**MISSOURI PRESCHOOL PROGRAM (MPP) INVITATION FOR GRANT (IFG)**

**FY 16**

**SECTION I – SITE CONTACT INFORMATION**

LEAD AGENCY		LEAD AGENCY EIN		COUNTY NAME		SCHOOL DISTRICT COUNTY/DISTRICT CODE	
<b>LEA AUTHORIZED REPRESENTATIVE</b>							
AUTHORIZED REPRESENTATIVE				TITLE			
STREET ADDRESS							
CITY		STATE <b>MO</b>		ZIP		TELEPHONE NUMBER	
EMAIL ADDRESS						FAX NUMBER	
<b>INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH DESE REGARDING PROGRAM ACTIVITIES</b>							
CONTACT PERSON				TITLE			
ORGANIZATION/ENTITY NAME				STREET ADDRESS			
CITY		STATE <b>MO</b>		ZIP		TELEPHONE NUMBER	
EMAIL ADDRESS						FAX NUMBER	

**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							
<b>Grand Total</b>							

**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**

FILLABLE FORM AND SAMPLE FORM ARE AVAILABLE AT:  
<http://dese.mo.gov/early-extended-learning/early-learning/missouri-preschool-program>

**SECTION III – SITE INFORMATION**

SITE NAME	PROGRAM TYPE: <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Head Start <input type="checkbox"/> Non Profit <input type="checkbox"/> Private Provider <input type="checkbox"/> Public School		
SITE STREET ADDRESS	SITE CITY	SITE STATE <b>MO</b>	SITE ZIP CODE

**EXISTING SITE INFORMATION (COMPLETED ONLY BY PROGRAMS THAT ARE CURRENTLY SERVING PRESCHOOL CHILDREN.)**

CURRENT NUMBER OF PRESCHOOL CLASSROOMS: _____	CURRENT CAPACITY OF THE PROGRAM: _____
CURRENT NUMBER OF PRESCHOOL AGE CHILDREN BEING SERVED: _____	IS PROGRAM CURRENTLY LICENSED? <input type="checkbox"/> Yes or <input type="checkbox"/> No
NUMBER OF PRESCHOOL AGED CHILDREN ON THE WAITING LIST: _____	CURRENTLY ACCREDITED BY NAEYC OR MOA? <input type="checkbox"/> Yes or <input type="checkbox"/> No

**EXPANSION INFORMATION**

NUMBER OF MONTHS PER PROGRAM YEAR     12 Months       Less than 12 Months

MPP CHILDREN WILL RECEIVE BEFORE AND AFTER CARE SERVICES USING OTHER FUNDS?     Yes       No

STAFF WILL BE TRAINED IN AND IMPLEMENT :     Creative Curriculum       Emerging Literacy & Language       High Scope       Project Construct

**ENGLISH LANGUAGE LEARNER (ELL)** CHILDREN WILL BE ELIGIBLE FOR SERVICES IN THE MPP CLASSROOM(S)?     Yes       No

**LOW INCOME** CHILDREN WILL BE ELIGIBLE FOR SERVICES IN THE MPP CLASSROOM(S)?     Yes       No

**SPECIAL NEEDS** CHILDREN WILL BE ELIGIBLE FOR SERVICES IN THE MPP CLASSROOM(S)?     Yes       No

**HOMELESS** CHILDREN WILL BE ELIGIBLE FOR SERVICES IN THE MPP CLASSROOM(S)?     Yes       No

NUMBER OF CONTRACTED SLOTS PER CLASSROOM THAT WILL BE NEW DUE TO MPP FUNDS. (A MINIMUM OF 10 CONTRACTED SLOTS FOR EACH CLASSROOM)  
PUBLIC SCHOOLS AND GOVERNMENTAL ENTITY ARE ELIGIBLE FOR MULTIPLE CLASSROOMS.

CLASSROOM 1 <input type="checkbox"/> 10 Children <input type="checkbox"/> 15 Children <input type="checkbox"/> 20 Children	CLASSROOM 2 <input type="checkbox"/> 10 Children <input type="checkbox"/> 15 Children <input type="checkbox"/> 20 Children	CLASSROOM 3 <input type="checkbox"/> 10 Children <input type="checkbox"/> 15 Children <input type="checkbox"/> 20 Children	CLASSROOM 4 <input type="checkbox"/> 10 Children <input type="checkbox"/> 15 Children <input type="checkbox"/> 20 Children
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PROVIDE A BRIEF NARRATIVE DESCRIBING THE PROCESS FOR SELECTING CHILDREN TO PARTICIPATE IN THE MPP CLASSROOM(S) ALONG WITH THE RECRUITMENT PLAN FOR MAINTAINING CONTRACT SLOTS THROUGHOUT THE YEAR.

**REPLACE  
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WITH  
A COPY  
OF THE  
APPLICATION  
FOR LICENSE  
TO OPERATE  
A GROUP  
CHILD CARE  
HOME OR  
CHILD CARE  
CENTER OR  
APPLICATION  
FOR LICENSE  
REVISION**

**REPLACE  
THIS PAGE  
WITH THE  
LEAD TEACHER  
AND  
ASSISTANT TEACHER  
JOB  
DESCRIPTIONS**

**SECTION IV – COMMUNITY INVOLVEMENT**

**Community Advisory Committee**

All of the below organizations are present in the community. Designate the number of members from each category. If extenuating circumstances prevent a member from participating on the committee, an explanation as to why they did not participate must be submitted (ATTACHMENT D).

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Child Care Provider                     | <input type="checkbox"/> County Health and/or Dept. of Mental Health |  |
| <input type="checkbox"/> Church/Ministerial Alliance             | <input type="checkbox"/> Head Start                                  | <input type="checkbox"/> Public School Personnel |
| <input type="checkbox"/> Civic Service Group                     | <input type="checkbox"/> Local Board of Education                    | <input type="checkbox"/> Senior Citizen          |
| <input type="checkbox"/> College/University Personnel (Optional) | <input type="checkbox"/> Parents as Teachers                         | <input type="checkbox"/> Social Services         |
| <input type="checkbox"/> Community Partnership (Optional)        | <input type="checkbox"/> Preschool Parent                            | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Community Preschool                     | <input type="checkbox"/> PTA/PTO                                     | _____  |

Signatures of community members involved in the program development. (Make additional copies as needed.)

SIGNATURE	TITLE	ORGANIZATION	Attended Planning Meeting	
			Yes	No
1.				
2.				
3.				
4.				
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EXPLANATION  
OF WHY  
NOT ALL  
ORGANIZATIONS  
WERE  
MEMBERS  
OF THE  
ADVISORY  
COMMITTEE**

**SECTION IV – COMMUNITY ADVISORY MEETING PLANNING CONTINUED:** Provide a brief narrative including date(s) of the meeting(s) and describe the community advisory committee's involvement in the planning process.

**MEETING DATES:**

**NARRATIVE OF MEETING SUMMARY:**

**SECTION V – NEEDS ASSESSMENT SERVING 3 AND 4 YEAR OLD CHILDREN**

**A. PRESCHOOL/CHILD CARE PROGRAM INFORMATION (INCLUDES HOME CARE PROVIDERS)**

- 1. Total number of preschool/child care programs in the target area \_\_\_\_\_
- 2. Total number of licensed preschool/child care programs in the target area \_\_\_\_\_
- 3. Total number of accredited preschool/child care programs in the target area \_\_\_\_\_
- 4. Total number of preschool/child care teachers with less than a CDA credential \_\_\_\_\_

**B. CHILDREN SERVED/NOT SERVED (3 AND 4 YEAR OLD CHILDREN ONLY)**

- 1. Total number of children served in preschool/child care programs in the target area \_\_\_\_\_
- 2. Total number of children not served in preschool/child care Programs in the target area \_\_\_\_\_
- 3. Total number of openings available in existing programs in the target area \_\_\_\_\_

**C. NARRATIVE DESCRIBING THE NEED FOR EXPANDING PRESCHOOL SERVICES.**

**SECTION VI – PROGRAM DESCRIPTION**

**DESCRIPTION OF PROGRAM:**

*Provide a summary of the program grant and how it will support the needs of the community.*

**PROGRAM GOALS:**

*Present a concise description of the intended goals of the program.*

**SECTION VI – PROGRAM DESCRIPTION (continued)****EVALUATION OF PROGRAM GOALS:**

*Briefly describe how you will evaluate the program goals. What data will you collect? How will you know if your preschool program was successful?*

**SECTION VII – DEPARTMENT GOALS: PROVIDE A DESCRIPTION OF HOW THIS PROJECT WILL ASSIST THE DEPARTMENT IN MEETING THEIR GOALS.**

**Goal 2) All Missouri children will enter kindergarten prepared to be successful in school.**

**Goal 3) Missouri will prepare, develop and support effective educators.**

**SECTION VIII – PROGRAM PLANNING (Refer to 2.2.8 of the MPP Guidelines.)**

**a. PARENT ADVISORY COMMITTEE PLAN** *(This is not the same as the Community Advisory Committee)*

*Must include:*

**ROLE OF MEMBERS:**

**SELECTION PROCEDURE:**

**REPLACEMENT PROCEDURE:**

**NUMBER OF MEMBERS:**

**FREQUENCY OF MEETINGS:**

**b. FUNDING PLAN**

Will the program become a vendor with the Department of Social Services for the Child Care Assistance Program:  Yes or  No

**PARENTAL FEES:**

**SLIDING FEE SCALE:**

**FOOD SERVICES:**

**LOCAL GRANTS:**

**LOCAL FUNDRAISING:**

**OTHER:**

*Describe how the program will sustain the classroom(s) as MPP funds decrease utilizing other sources of funding.*

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

**SECTION VIII – PROGRAM PLANNING (continued) - (Refer to 2.2.8 of the MPP Guidelines.)****c. CHILD DEVELOPMENT, EDUCATION, AND CARE PLAN**

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

**RESEARCH BASED CURRICULUM:****DEVELOPMENTALLY APPROPRIATE ENVIRONMENT:****HEALTH & NUTRITION AND DEVELOPMENTAL SCREENINGS:**

*(plan should address service delivery, instruments used and partners such as PAT)*

**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)*

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

**REPLACE  
THIS PAGE  
WITH A  
COPY OF THE  
PHYSICAL CLASSROOM  
INCLUDING MEASUREMENTS**

**SECTION VIII – PROGRAM PLANNING (continued) (Refer to 2.2.8 of the MPP Guidelines.)**

**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:**

**e. PARENT EDUCATION, INVOLVEMENT, AND COMMUNICATION PLAN**

**PAT SERVICES (see Section 2.1.8, 2.1.9 and 2.1.18:**

**CLASSROOM VOLUNTEERS:**

**COMMUNICATION:**

**PARENT MEETINGS:**

**PARENT TEACHER CONFERENCES:**

**SECTION VIII – PROGRAM PLANNING** (continued) - (Refer to 2.2.8 of the MPP Guidelines.)

**f. COMMUNITY PLAN (optional)**

*Describe the collaboration or partnerships with other community providers.*

**REPLACE  
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WITH  
A COPY  
OF THE  
VENDOR  
INPUT  
FORM**

[http://oa.mo.gov/sites/default/files/vendor\\_input\\_ach\\_eftd.pdf](http://oa.mo.gov/sites/default/files/vendor_input_ach_eftd.pdf)

## SECTION IX – REQUIRED ATTACHMENTS

Include the following pieces of **required documentation** to complete the Missouri Preschool Program IFG.

**Attachment A – All programs must submit Attachment A. (pg. 3)**

A copy of the itemized budget using the format provided.

**Attachment B – All programs must submit Attachment B. (pg. 5)**

A copy of the Application for License (New Programs)

or

A copy of the Application for Revision (Existing program that is Expanding)

**Attachment C – All programs must submit Attachment C. (pg. 6)**

A copy of a job description for the lead teacher position and the teacher assistant position.

**Attachment D – All programs must submit Attachment D. (pg. 8)** if an organization was not represented on the Advisory Committee.

**Attachment E – Only programs that have indicated they are using a sliding fee scale must submit Attachment E. (pg. 14)**

**Attachment F – All programs must submit Attachment F. (pg. 16)**

A copy of the daily schedule.

**Attachment G – All programs must submit Attachment G. (pg. 17)**

A copy of a physical classroom design that indicates the number of children in each classroom. MPP funds require a classroom to have no more than 20 children. Each classroom must have a lead teacher.

**Attachment H - All programs other than public schools must submit Attachment H. (pg. 20)**

A copy of the Vendor Input Form is available at: [http://oa.mo.gov/sites/default/files/vendor\\_input\\_ach\\_eftd.pdf](http://oa.mo.gov/sites/default/files/vendor_input_ach_eftd.pdf)