



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHLDHOOD - AFTERSCHOOL PROGRAM

FINAL PROGRAM REPORT SCHOOL AGE COMMUNITY (SAC) ONLY – CCDF

INSTRUCTIONS

As part of the requirement in receiving an SAC award, you agreed to submit to the Department SAC program information at the completion of your award. Please complete the following information within the space provided for **each** SAC grant site. Completed forms must be returned no later than **July 15**.

SITE INFORMATION

District Name	Site Name (one form for each approved site in the grant award)
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Not-for-Profit Partner Name (<i>only</i> if program is administered by an outside not-for-profit organization/entity)	Grant Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	School Year ____ - ____
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Primary Program Contact Name	Primary Contact Email	Primary Contact Phone
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Is this site licensed? <input type="checkbox"/> Yes, License Number: Anniversary Date: <input type="checkbox"/> No, describe why on separate page	Is site accredited? <input type="checkbox"/> Yes (must attach copy) <input type="checkbox"/> No Which accrediting body? <input type="checkbox"/> MOA <input type="checkbox"/> COA
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Does this site receive subsidy dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the additional required subsidy training been met: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student population served up to age 13 (check all that apply and provide the grade levels of each served):

Elementary School Elementary grade levels: Middle School Middle School grade levels:

Number of students enrolled in the SAC site who attend:

Before school **only**: After school **only**: Before **and** after school: Summer:

Holidays: Breaks: Other, describe:

Total number of students enrolled:

Average *daily* attendance of this SAC program: Average cost *per child, per day* of this SAC site: \$

List the beginning and ending times this site is in operation on school days (during non-school hours=before/after school): Monday: Tuesday: Wednesday: Thursday: Friday:	Total # of hours this site operates each <i>typical</i> week: School Year: Summer:	
	Total # of days this site operates each <i>typical</i> week: School Year: Summer:	
	Total # of weeks this site operated this year:	
	First day of program (mm/dd):	Last day of program (mm/dd):

Number of grant-paid staff working with students in SAC:	Number of grant paid staff who received technical assistance such as coaching, mentoring, or consultation this year (from Missouri Afterschool Network's AREs and/or any other appropriate entity):
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DESE must provide the following data from sub-grantees for federal reporting. Please provide the below in aggregate numbers.

Unduplicated number of students served in this SAC program that received free and reduced lunch meals:

Unduplicated number of students with special needs:

Number of program staff that provided direct instruction to students participating in the program:

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Did you charge parent fees this school year? Yes No

If yes, how much was collected during this school year: \$

If yes, describe the purpose of the fees:

Will this program be sustainable after grant funding has ended at the end of the three-year SAC grant award? (*attach additional page, if needed*) — please describe any differences among sites (if multiple sites awarded the grant, list each by site name and describe).

Yes, describe how and to what extent the program will continue (per each site):

No, describe why not:

Describe how this SAC award has enhanced program quality this year (*attach additional page, if needed*):

List a specific activity, event, or curriculum that assisted with building high program quality and was successful with its target audience this year (*attach additional page, if needed*):

Describe how you improved program quality this year, this may include results from the PQA or any other tools utilized (*attach additional page, if needed*):

Provide testimonials from five different parents (minimum) about your program this year (*attach additional pages, if needed*) — this only needs to be done one time at the grantee level if there are multiple sites awarded in the grant; not required for each site.

Provide testimonials from two different partners that contributed to the program this year, this may also include school administrators (*attach additional pages if needed*) — this only needs to be done one time at the grantee level if there are multiple sites awarded in the grant; not required for each site:

SIGNATURE OF CONTACT PERSON

DATE

AUTHORIZED SIGNATURE

DATE

FOR OFFICE USE ONLY (DO NOT COMPLETE BELOW THIS LINE)

DESE SIGNATURE OF APPROVAL

DATE

DESE NOTES, IF APPLICABLE

PLEASE EMAIL TO:

Afterschool@dese.mo.gov

For questions, please call (573) 526-3961