# PART III – REQUIRED PROGRAM INFORMATION \*UPDATED MAY 21

**A. District Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District/Entity:** |  | | | | **Program Coordinator**: | |  | | | |
| **Email Address:** |  | | | | | | | | | |
| **Proposed Model:** | |  | Small group in person |  | | Distance/Remote Learning | | |  | Hybrid Model |
| **Summer Enhancement** –  Total amount of funds requested (*Up to $20,000/site)* | | | | | | | | $ | | |

**In the chart below, list the names of the schools/sites included in the application.**

|  |  |  |
| --- | --- | --- |
| **School/Site Name** | **FY19 FC644 Recipient** | |
| **YES** | **NO** |
|  |  |  |
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1. Describe why additional funds are needed to support summer programming. Applicants must be able to demonstrate that FY20 funds will be fully expended and they will not have carryover.
2. Identify the specific elements of the school strategic plans that are supported through this funding opportunity and describe how this grant enhances those efforts. In responding to this question focus specifically on connections to district/school/community strategies related to addressing student and family needs during COVID-19.
3. Describe the planning process for writing and designing the proposed summer program. Include who was involved in the planning/design process and their specific role in the development of this proposal (district personnel, school personnel, partners, etc.). If you will be partnering and or contracting with schools and/or providers, they should be involved in the development and design of the program.
4. Describe the ways in which this grant will be coordinated with other district/school summer initiatives in order to align and leverage resources, improve program quality, and develop shared outcomes for success. Note: If you are a community-based organization (CBO), please work with the school/district to identify these resources.
5. Describe any lesson learned implementing either remote or distance learning for staff and students during current school closures. For community based organizations if you are a implementing emergency child care provide lesson learned that will be applied to the summer program.

**B. Site Specific Information (Must submit a separate Part IIIB for each applicant site)**

**Instructions:**  Please address each of the following questions within the indicated word/page limits ***for each site***. Responses should be provided within this document, without changing the format or font size, and leaving the questions above each response.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Name |  | | OST |  | ELT |  |
| Site Coordinator/Contact |  | Email |  | | | |
| Please select from the following eligibility options (Check all that apply) | | | | | | |
| Number of unduplicated students expected to be served during the summer of 2020 | | | | |  | |
| Total hours per week expected to offer | | | | |  | |
| Base amount of enhancement funds requested (*Up to $20,000/site)* | | | | | ***$*** | |
| Total FY20 21st CCLC grant funds to be used to support the summer program | | | | | ***$*** | |
| *Total value of in-kind services, if applicable* | | | | | ***$*** | |
| *Total other funding sources if applicable (non-21st CCLC)* | | | | | ***$*** | |
| *Total Program Cost* | | | | | ***$*** | |
| Projected cost per pupil served  (Projected students to be served / Total program cost) | | | | | ***$*** | |

**C. Summer Program Overview:**

1. Please provide a very brief description (no more than 150 words) of the proposed summer program highlight the types of engaging practices/programming to be provided. **The description should begin with the following sentence, filling in the blanks with the appropriate information**:

*[District/Lead Applicant Name] will implement an enhanced summer program at [School/Site Name], serving [# of students] in grades [grade levels]* providing …..

**D. PROGRAM DEVELOPMENT AND IMPLEMENTATION**

1. **Project Narrative**: Provide a narrative of no more than two (2) pages describing what a typical day will look like in the proposed summer program. Include the following:

* How the program will be designed to be culturally responsive, collaborative, and demonstrates an understanding of different languages, norms, and values.
* How programming will reflect a variety of learning needs and styles.
* How the program will support students social emotional learning needs.

1. Describe the specific enhancement(s) that these funds will be used to support.
2. Describe planned strategies for student outreach and sustained attendance levels that will ensure that the select population (i.e., students in high need groups and those in need of additional supports) will be served.
3. Provide a description of the types of enrichment and social emotional learning supports that will be provided.
4. Use the chart below to provide the proposed hours of operation for the summer program.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Dates** | | **Program Times** | | **Days of week** | | | | | **Total # Hours**  **(hrs/wk x # wks)** |
| **Start Date:** |  | **From:** |  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |  |
| **End  Date:** |  | **To:** |  |  |  |  |  |  |

1. Describe the staffing for the proposed program and services. Complete the chart belowindicating the number of staff and credentials

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of staff that will be utilized** *(Check all that apply):* | | | | | | | |
| **School day**  **teachers** | | **School day**  **paraprofessionals** | | **Out-of-School Time**  **Educators** | | **Other**  **(please specify)** | |
|  | |  | |  | |  | |
| **Indicate the projected number of certified teachers in the following areas** | | | | | | | |
| **Math** | **ELA** | **Science** | **Art** | **History/ Soc. Sci.** | **Health/PE** | | **Other (List Licensure)** |
|  |  |  |  |  |  | |  |

1. Describe the current partnerships as they relate to the implementation of the summer program. Complete the Partners/Contractors Chart below; add more rows as needed).

|  |  |
| --- | --- |
| **Partners/Contractors** | |
| **Partner/Contractor Name** | **Area of Expertise/Role in Summer Program** |
|  |  |
|  |  |

1. Describe any professional development that will be provided to summer staff, partners, and providers in order to improve practices.
2. Describe the process for monitoring and evaluating the effective or programming provided.