PART III– REQUIRED PROGRAM INFORMATION- DISTRICT/ORGANIZATION

A. GENERAL INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant** | |  | | **21st CCLC Program Coordinator:** | | |  | | | |
| **Email Address:** | |  | | | | | | | | |
| **In the chart below, please list the names of all the sites for which you are applying for funding through Fund Code 245. Add rows as needed.** | | | | | | | | | | |
| **21st CCLC Out-of-School Time Site** | **Total # of unduplicated students on IEPs served in FY2021 (including summer 2021)** | | **Total # of unduplicated students on IEPs to be served by these funds in FY2022** | | **SY** | | | **SUMMER** | | **Funds Req.** |
| **Start date** | **End Date** | | **Start date** | **End Date** |
|  |  | |  | |  |  | |  |  | $ |
|  |  | |  | |  |  | |  |  | $ |
|  |  | |  | |  |  | |  |  | $ |
| **Total Funds Requested** | | | | | | | | **$** | | |

**Please note: If applying for multiple schools provide details within each question that are particular to each site included in the application.**

**B. PLANNING AND IMPLEMENTATION**

1. Describe the particular students to be served by these grant funds.
2. Describe the composition of the planning team and the resources and/or expertise they brought to the development of this grant application. The planning team should include the district Director of Special Education, school principal or assistant principal, and a certified special education teacher.
3. Describe any other resources that will be coordinated with this funding opportunity (e.g., transportation costs, PD, etc.).
4. Be specific in describing how these funds will be used to enhance the current 21st CCLC program in order to increase access and/or better serve students on an IEP.

* Describe how current activities and/or proposed new activities will be designed and enhanced to ensure deeper learning opportunities for students on IEPs. Include the following:
* Provide specific examples of ways in which students will be fully and meaningfully included in programming.
* Describe how the programming/supports provided will be coordinated with the needs identified in their IEPs.
* Describe the process that will be used to maintain ongoing communication and collaboration with the IEP Team Chair and/or classroom teacher(s) regarding students with IEPs served by the program.

1. Provide evidence to support any previous success with inclusion efforts. If applicable, describe lessons learned in implementing the Fund Code 245/244 grant and how those lessons have been applied to this application.
2. Please complete the chart below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Site** | **# Certified Special Ed, Teachers on staff** | **# Certified Special Ed, Teacher to be hired with these funds** | **# Paras with Special Ed, Exp. on staff** | | **# Paras with Special Ed exp. to be hired with these funds** | **Other Related Fields current or to be hired**  **(please describe** |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Provide the student-to-staff ratios | | | |  | | |

1. If additional paraprofessionals will be hired, please describe the process for providing the required supervision. (If not applicable indicate NA.)
2. If additional services will be provided by an outside agency, describe their experience working with the selected population and the process for assuring that staff has appropriate experience, support, and supervision. Additionally, describe the added enhancements they will provide. (If not applicable indicate NA.)
3. If the proposal includes professional development, technical assistance, and/or consultation, provide the names of the individuals and/or organizations that will provide the service(s), their background and experience, the specific topics and/or services to be provided and timeframe for implementation. (If not applicable indicate NA.)
4. If an IEP calls for assessment modifications or accommodations, describe what, if any, accommodations may be needed in the administration of the SAYO (Teacher, Staff and/or Youth versions). Please also describe efforts that may be used in addition to the SAYO to evaluate the impact of these additional resources and enhancements on students served by these funds.
5. If the applicant is proposing to purchase, materials and/or equipment, including augmentative and alternative communication aids or devices or other assistive technology describe the rationale/need for purchasing the particular materials and/or equipment. Please note materials and supplies must be directly related to the purpose, intent, and students to be served by this grant (If not applicable indicate NA.).