**First 5 Solano County Children & Families Commission**

**Pre-K Academy Services Application**

**Cover Sheet**

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Provider: 🞎 School District 🞎Licensed Center/Child Care Home

🞎 Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Phone | Email |
| Person Completing Application |  |  |  |
| Contract Signatory |  |  |  |
| Program Contact for *training, receiving materials, invoicing, survey and follow-up reports* |  |  |  |

Applicant Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested summer 2018: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested summer 2019: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested summer 2020: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have reviewed and accepted First 5 Solano’s form of contract with:

🞎 No qualifications 🞎qualification(s) and request for modifications(s) (use separate sheet):

Print Name and Title of Person Submitting Application:

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Submitting Application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list the grants requesting for 2018:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Site Location****(School Name)** | **Date of academy** | **Time** | **Day(s) of week****M-T-W-Th-F** | **# of Children** | **Amount Requested** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| FY 2018/19 requested total amount  |  |  |  |

**Please list the grants requesting for 2019:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Site Location****(School Name)** | **Date of academy** | **Time** | **Day(s) of week****M-T-W-Th-F** | **# of Children** | **Amount Requested** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| FY 2019/20 requested total amount |  |  |  |

**Please list the grants requesting for 2020:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Site Location****(School Name)** | **Date of academy** | **Time** | **Day(s) of week****M-T-W-Th-F** | **# of Children** | **Amount Requested** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| FY 2020/21 requested total amount |  |  |  |

**First 5 Solano County Children & Families Commission**

**Pre-K Academy Services Grant Application**

1. **Proposal Description**

*Maximum of 2 pages – One-inch margins, Font Arial 11.*

1. **Activities (40 points)** Describe the approach to be used in the proposed Pre-K Academy.
	1. What needs do you anticipate children without formal childcare or preschool experience to have, and how will your Pre-K Academy address these needs?
	2. Describe the specific early education, early literacy and/or early numeracy curriculum and activities to promote social-emotional growth and development.
	3. Tell us how you will ensure that your proposed program will align with the Kindergarten curriculum in the school(s) in your geographic area.
	4. Describe enrichment activities that will be part of the Pre-K Academy. A separate line item in the budget can be included to accommodate activities such as field trips or special presenters/instructors.
	5. Please indicate if you will be holding additional or non-First 5 Solano funded sessions.
2. **Qualifications, Ratios, Language Culture (15 points)** Clearly outline the qualifications and experience of your program, site, and/or partners for implementing this program. Explain the ratios of each type of program staff to number of children served. Tell us how the staff, environment and curriculum will meet the cultural and linguistic needs of the diverse children and families enrolled in Pre-K Academies.
3. **Additional Questions:**
	1. Does program provide backpacks/school supplies to children at the end of the program?
	2. Is the cost of backpacks/school supplies included in your proposed budget?
	3. Would you like the Dental Van to visit your program if it is available?
	4. Is there any reason why you would not be able to meet the terms of this application? (i.e., number of students, curriculum, activities, training…). If so, please provide the reason and any requested accommodations.

**First 5 Solano County Children & Families Commission**

**Pre-K Academy Services Mini-Grant Application**

1. **Budget and Budget Narrative (20 Points)**

*Use one page for each grant session – up to $10,000 per session unless the budget for each session is the same.*

This budget is for 🞎 FY 2018/19 🞎 FY 2019/20 🞎 FY 2020/2021

|  |
| --- |
| Session #:Dates:Location:  |
| A. Staffing - include all classroom, administrative, janitorial and support staff; include time spent on outreach, training and evaluation activities. | First 5 Grant Funds | Other Funding or value ofServices | TotalBudget |
| Position | Rate/hour | Amount of Benefits  |  |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| B. Materials, supplies and equipment (describe below include backpack costs here if needed) |  |  |  |
| C. Food Service (describe below) |  |  |  |
| D. Overhead Expenses (indirect costs, rent, utilities, etc. describe below) |  |  |  |
| E. Outreach Activities (costs not included in other sections) |  |  |  |
| F. Enrichment Activities (describe below) |  |  |  |
| **G. Transportation Costs** (if needed) |  |  |  |
| **H. Other** (describe below) |  |  |  |
| **TOTAL:** |  |  |  |

OR 🞎Budget for all sessions/sites applied for are the same.

**Budget Narrative:** Provide sufficient detail/breakdown to explain expenditures in each category and line item, and describe changes (if any) between fiscal years. Describe the source of “Other Funding/Value of Services” (i.e.: administrative staff time, federal lunch programs) and indicate if funding is secured or tentative.

**First 5 Solano County Children & Families Commission**

**Pre-K Academy Services Mini-Grant Application**

1. **Outreach and Attendance (15 points)**
2. Describe the specific ways/plan for performing Outreach activities to families with children with no prior preschool experience, including dates of events, media outreach, collaborations with schools, etc.
3. What specific efforts will you make to reach children who are considered “high risk” including non-English speakers, lower income, children at risk of family violence or abuse?
4. Tell us how you will ensure that the program slots will remain full for the duration of the Academy.
5. Will you maintain a waiting list? Yes No If no, why not?
6. How will you maintain contact with children on a waiting list?
7. Please note any other plans to maintain full attendance.
8. **Family Engagement and Parent Education (10 Points)**

Effective family engagement helps parents to continue their involvement past the 4-week program and into their child’s formal K-12 education experience. Research shows that children are more likely to succeed in school when their parents are involved with, and understand what is happening at school.

Provide details of your 4 hours of parent engagement including the time(s) and information covered.

1. Describe your plan to engage families/caregivers in the child’s Pre-K experience. Check all that apply and describe, including (1) timeline and frequency and (2) content/topic of engagement activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **⌧** | **Activity** | **Content/Topic of activity** | **Timeline/****Frequency** |
|  | Parent meeting(s) |  |  |
|  | At home learning activities |  |  |
|  | Conference |  |  |
|  | Flyer/Information Sheets |  |  |
|  | School Tour |  |  |
|  | Informal parent-parent networking |  |  |
|  | Volunteering |  |  |
|  | Other |  |  |

1. Describe your capacity to reach families who do not speak English.
2. Some families face barriers such as time, transportation, childcare, etc. How will you help families overcome these barriers?
3. What efforts will you make if a child’s attendance wanes or stops attending or a parent expresses desire to “drop out” of the program?
4. How will you know that your family engagement activities have been successful? What are your goals and how will you measure them?
5. How will you maintain parent interest between the time families are accepted and the first day of the Pre-K program (e.g., so there is little or no drop off between signing up and a child attending)?
6. If your Pre-K program is held at the beginning of the summer, what type of information will you provide to or how will you, help families stay engaged in Kindergarten readiness activities with their child?
7. What types of parent incentives are included in your budget?