#### ALABAMA STATE DEPARTMENT OF EDUCATION

**FEDERAL PROGRAMS SECTION**

**FY 2015 APPLICATION COVER PAGE**

# DEPENDENT CARE DEVELOPMENT GRANT

**SUBMITTED TO:**

**Yolonda Averett**

Federal Programs Section

5348 Gordon Persons Building

Post Office Box 302101

Montgomery, Alabama 36130-2101

### APPLICANT INFORMATION

**LEA Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEA Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Specific School(s) That This Grant Will Serve (Note: Schools served by the 21st CCLC grants**

**may NOT be served with Dependent Care Grants)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**LEA/School Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (if different from LEA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**LEA/School Contact Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEA/School Contact Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEA/School Contact E-Mail Address (Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEA Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Superintendent of Education**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Custodian of Funds or Chief Financial Officer**

**Site(s) of Proposed Extended-Day Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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No person shall be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of disability, gender, race, religion, national origin, color, age or genetics. Ref:  Sec. 1983, Civil Rights Act, 42 U.S.C.; Title VI and VII, Civil Rights Act of 1964; Rehabilitation Act of 1973, Sec. 504; Age Discrimination in Employment Act; The Americans with Disabilities Act of 1990 and The Americans with Disabilities Act Amendments Act of 2008; Equal Pay Act of 1963; Title IX of the Education Amendment of 1972; Title II of the Genetic Information Nondiscrimination Act of 2008:  Title IX Coordinator, P.O. Box 302101, Montgomery, Alabama 36130-2101 or call (334) 242-8165.

Dependent Care Development Grant (DCDG)

**STATEMENT OF ASSURANCES**

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as applicant, hereby assures the Alabama State

Department of Education (ALSDE), Division of Instructional Services, Federal Programs Section that it will:

1. Establish or develop more fully a five-day-a-week extended-day program and/or summer program.
2. Provide documentation of program operations in two reports to the ALSDE (Mid-Year and End-of-Year) as well as program activities in quarterly reports. **Reports must be submitted on time**: Report forms will be sent to participating applicants. **Have extended-day staff attend at least two in-state training workshops approved by the ALSDE**. Budget for at least one person per grant attending a three-day statewide training.
3. Publish a parent handbook for families participating in the extended-day program.
4. Establish school procedures or policies for the extended-day program.
5. Serve as a model school site for other school systems in Alabama to address the latchkey child problem by encouraging visitation and responding to letters of inquiry.
6. Provide at least two parent seminars for the parents of the children enrolled in the extended-day/-year program.
7. Use full school facilities as needed, including classrooms, computer labs, libraries, etc., to conduct a quality extended-day program.
8. Ensure that the extended-day or extended-year program is operated in a school or school-owned/-operated facility.
9. Expend funds only for allowable categories that include salaries, benefits, in-area and in-state travel, materials and supplies (non-consumable supplies must be under $100), printing, advertising, and other approved categories. Equipment, indirect costs, and food items are not allowable expenditures. No out-of-state travel is allowed.
10. Maintain at the LEA level source documentation of expenditures such as copies of invoices, travel claims, time sheets, etc., with check numbers and dates paid for each.
11. Provide fiscal control and fund accounting procedures as may be necessary to ensure proper disbursement of and accounting for federal funds.
12. Comply fully with the *Alabama Child Protection Act of 1999* (99-361) as applicable.
13. Comply fully with Alabama Act #2000-775 relative to criminal history and background checks, if applicable.

The applicant further assures the SDE that the following compliances will be met:

Individuals with Disabilities Education Act - PL 108-446 Civil Rights - PL 88-352

Protection of Human Subjects - HEW policy Freedom of Information - PL 93-502

Sex Discrimination, Title IX, Education Act, 1972 Privacy Act of 1974 - PL 93-579

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**Signature of LEA Superintendent Typed Name Date**

**NOTE: THE DEPENDENT CARE DEVELOPMENT GRANT IS INTENDED TO BE USED FOR CHILDREN FROM KINDERGARTEN TO AGE 13.**

**PROGRAM DESCRIPTION:** The Alabama State Department of Education (ALSDE) will award funds to plan, develop, expand, or improve extended-day/-year childcare services. Approximately 20 grants will be distributed, for $10,600 each, on a competitive proposal basis to local education agencies (LEAs) for Fiscal Year 2015. **The proposals must be in the format established and must not exceed eight (8) double-spaced, typewritten pages**. Applications that exceed eight pages will not be accepted. The Dependent Care Development Grant funds cannot be used for equipment, indirect costs, out-of-state travel, or food items. **Proposals (1 original and 3 copies) must be in the Federal Programs Section by February 13, 2015**. **Faxes will not be accepted**.

**ASSURANCES:** The Statement of Assurances **must** be signed by the LEA superintendent. Each proposal must have the signed assurances with the cover sheet.

**SELECTION CRITERIA:** Please submit a narrative that addresses the following established categories in the order listed. The proposals will be read and scored by impartial readers.

**CATEGORIES: NARRATIVE DESCRIPTION POSSIBLE POINTS**

|  |  |  |
| --- | --- | --- |
| A. Objectives of the Program | Include objectives for all aspects of the program that will lead to the highest quality extended-day program possible. | 10 |
| B. Program Operations | List the hours the program will operate, the days per week, and the days per year. Detail which of these days the program will be open to serve working families. Up to 5 points will be awarded if the program will operate a significant amount of days when school is not in session, including school holidays. | 5 |
| C. Personnel/Training | Name, by position, all personnel who will be working with children. Include the anticipated staff-pupil ratio. ALSDE **requires** a 1 to 15 student-teacher/teacher aide ratio.LEAs should attempt to utilize a significant number of high school and/or college students as teacher aides. Specify the anticipated number of high school and college students to be working in the program during the school year and/or in the summer.Provide details of all staff training which will occur during the year as well as of training and/or use of high school/college students. | 10 |
| D. Space | Describe where the program will be located and how space will be utilized. The program must be located in a building that is owned or operated by the school system. Describe how the entire school facilities will be utilized as needed to the extended-day/-year program. | 5 |
| E. Activities/Scheduling | List scheduled activities that will take place during the program. Include after-school, morning before-school, summer, and school break programs, if appropriate. List the non-public school agencies/organizations that will provide services, the service, and the frequency. | 20 |

|  |  |  |
| --- | --- | --- |
| F. Staff-Child-Parent- Interaction | Describe how parents will be involved with the staff and children in the program**. Include details about activities and events that aim to enhance family responsibility for education.** For example, discuss required parent seminars, setting family goals, and daily communication with parents. Please provide details regarding a communication plan between extended-day staff and a regular school day teachers, parents, extended-day/-year program coordinator, and children how family responsibility for education will be enhanced. Discuss the required parent seminars and daily communication with parents. | 15 |
| G. Budget | Provide a complete and detailed line-item budget for program components, including staff salaries, travel for in-area and in-state trainings, materials, supplies, printing, advertising, etc. Include other funds that will be used to support the program and tuition income. **Specify what will be paid by Dependent Care grant funds and be sure to budget for at least one statewide training.** Please remember that non-consumable supplies must not exceed $100. Equipment, indirect costs, and food items are not allowable expenditures. | 15 |
| H. Safety and Health | Describe precautions and procedures to ensure the safety of children. All sites must be included in the school safety plan that is submitted to the SDE, Prevention and Support Services Section. **Specifically describe how the after-school program will contribute to student health, specifically the problem of student obesity**. Describe if and how the Child Nutrition Program (CNP) will be utilized | 10 |
| I. Evaluation | Describe how the program’s effectiveness will be determined, particularly in terms of improved student academic achievement, student motivation, and family involvement. **Include details of specific instruments or tools employed to assess program effectiveness.** Please consider the National Association of Elementary School Principals’ Checklist for Quality Indicators when developing an evaluation plan. | 10 |
| **TOTAL POINTS** |  | **100** |
|  |  |  |

**All proposals (1 original and 3 copies) must be received by February 13, 2015, in the ALSDE, Federal Programs Section. Include cover sheet and signed Statement of Assurances with each proposal. Each proposal stands alone and must not be identical or nearly identical to other proposals. If multiple proposals are submitted that are identical or nearly identical, all proposals will be disqualified. If an LEA submits more than one proposal, each must have a signed Statement of Assurances and cover sheet. Schools presently served by 21st Century Community Learning Center grants administered by the ALSDE are not eligible to apply.**

**Please submit one original proposal and three copies, each stapled in the upper left, to:**

**Yolonda Averett**

Federal Programs Section

5348 Gordon Persons Building

Post Office Box 302101

Montgomery, Alabama 36130-2101