

2016-2017 AFTER-SCHOOL ACHIEVEMENT PROGRAM

Application Cover Sheet

(Note: Application must be completed in its entirety, failure to fill in a line will result in immediate removal for consideration)

Type of Application	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewing Applicant	Service Area	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School
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City of Houston Issued Vendor #	
Name of Applicant School/Agency:	
Mailing Address (with zip):	
Application Workshop Attended:	
Number of Years Applied:	Number of Years Awarded:

Principal/Executive Director Name:	
Telephone:	Fax:
Email Address:	

Contact Person for this Application:	
Title:	
Telephone:	Fax:
Email Address:	

Type of Applicant:	
ISD name (If applicable):	
Federal Tax ID Number:	
Proposed Site Name:	
Type of Site:	
Proposed Site Address (with zip):	
Neighborhood(s) to be served:	

Please indicate below your proposed grant request:

Proposed Funding Amount:	
Proposed In-Kind Match:	Proposed Cash Match:

Certification Statement

I certify that the information provided in this application is true and correct. I understand that this proposal will not be reviewed if received by the City Secretary's Office after 5 p.m. on Monday, May 16, 2016. If this proposal is funded I will work to insure that the program is carried out as outlined in this application, and that any proposed changes will be brought to the ASAP Director's attention.

Signature of Principal or Executive Director (IN BLUE INK!) _____
Date

Co-Signature (required for nonprofit applicants proposing to operate on a school campus)

I have reviewed this proposal. If this application were funded, this program would be permitted to operate at the proposed facility.

Signature of Principal (IN BLUE INK!) _____
Date

For ASAP Office Use Only				
Proposal Reviewing Scoring:				
Program Need: 15 Points	Reviewer 1 _____	Reviewer 2 _____	Reviewer 3 _____	Average _____
Program Description: 45 Points	Reviewer 1 _____	Reviewer 2 _____	Reviewer 3 _____	Average _____
Collaborative Resources: 15 Points	Reviewer 1 _____	Reviewer 2 _____	Reviewer 3 _____	Average _____
Budget: 25 Points	Reviewer 1 _____	Reviewer 2 _____	Reviewer 3 _____	Average _____
Attachments:				
<input type="checkbox"/> Board Roster	<input type="checkbox"/> Child Care License	<input type="checkbox"/> Audit/Financial Statement	<input type="checkbox"/> 501 © 3	<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> Affidavit of Ownership	<input type="checkbox"/> Letters of Collaboration	<input type="checkbox"/> Budget	
<input type="checkbox"/> Minimum Requirements	<input type="checkbox"/> Operates 5 days a week	<input type="checkbox"/> Narrative is at most 5 pages	<input type="checkbox"/> Attended Mandatory Workshop	

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Application Narrative

PART I – PROGRAM NEED

Briefly describe your school or agency and the community you serve.

Why do you need ASAP funding to support the after-school program outlined in this application? If the proposed applicant is an existing site, indicate how continuation of funding will help to enhance and expand the deliverance and improvement of quality afterschool programming and not duplicate existing services.

Briefly describe your school or agency ability to offer a comprehensive extended summer learning program. (If this does not apply put N/A)

Explain the extent to which specific gaps or weaknesses in services, infrastructures, or opportunities have been identified and will be addressed.

List all other after-school programs available in the community you serve, and indicate if they are free or fee based.

PART II – PROGRAM DESCRIPTION

Indicate the days and hours your program will operate by entering the times below.

Monday	Tuesday	Wednesday	Thursday	Friday

Proposed Project Start Date:	
Proposed End Date:	
Proposed Project Total number of service days:	

List any specific days your program will NOT operate. (i.e. in-service, testing, holidays)

List any specific days that your program will operate during school in-service days or school breaks when classes are not in session.

How many youth will be served? (Minimum average daily attendance of 20 is required.)

Number of youth to be served:	
Grades to be served:	
Ages to be served:	

How will participants be recruited and enrolled?

Will any specific population be targeted/recruited for participation?

Outline and describe specific comprehensive, high-quality proposed activities that must be offered in the following four ASAP component areas.

Academic enhancement	
Skill Development	
Enrichment	

How will your program integrate comprehensive programming that is innovative and evidence-based which incorporates systemic approaches through innovation best practice activities to include Science, Technology, Engineering and Mathematics (STEM) education, workforce readiness and college exposure/preparatory skills.

Describe any special or distinguishing characteristics of your after-school program.

Outline the paid staff positions involved in your after-school program. Describe the responsibilities for each and number of hours that each will work.

Position Title	Responsibilities	Hours/Week

How will staff be selected?

Explain how volunteers will be utilized, if applicable.

If applicable, explain how volunteers will be recruited and screened.

PART III – COLLABORATIVE RESOURCES

Describe your agency's experience and qualifications to provide after-school programming (including the type of funding source federal/state/local/foundation that was utilized to support the program, if applicable).

Identify all organizations partnering to implement the project described in the application. Provide a contact name and telephone number for each.

Describe how ASAP funding will allow you to expand or supplement existing programs and not supplant existing resources.

PART IV – BUDGET

How will you meet (or exceed) the \$10,000 in-kind match requirement?

How will you meet (or exceed) the \$10,000 cash match requirement? What is the source of your matching funds?

Briefly describe if you do not presently have the matching funds required, what is your plan for raising them to sustain the cost of the program at the start of the program year?