

2009-2010 AFTER-SCHOOL ACHIEVEMENT PROGRAM

Application Cover Sheet – Middle School-Age Youth –

Name of Applicant School/Agency:			
Mailing Address (with zip):			
Application Workshop Attended:		3/06/09 @ 10 a.m.	
Number of Years Applied:	0	Number of Years Awarded:	0

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

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

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

Please indicate below your proposed grant request:

Proposed Funding Amount:	
Required Match: In-Kind Match \$10,000; Cash Match \$10,000	

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 Friday, April 24, 2009. 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 Coordinator's attention.

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

Date

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

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	Reviewer 1 _____	Reviewer 2 _____	Reviewer 3 _____	Average _____
Attachments: ___ Board Roster ___ Child Care License ___ Audit/Financial Statement ___ 501 © 3 ___ Articles of Incorporation				
___ Proof of Insurance ___ Affidavit of Ownership ___ Letters of Collaboration ___ Budget				

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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 for middle school age youth outlined in this application?

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 serving middle age youth 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 (6-8 th):	
Ages to be served:	

How will the Middle School participants be recruited and enrolled?

Will any specific population be targeted/recruited for participation?

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

Academic enhancement	
Skill Development	
Enrichment	
Community Development	

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 high quality comprehensive after-school programming.

Identify all organizations partnering to address the gaps in services indicated in the project described in the application. Provide the partners contact information, services offered, and frequency of services offered.

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

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? If you do not presently have the matching funds required, what is your plan for raising them over the next program year?