

Spring, 2010 Session _____

After School Zone Program Funding Application

Spring 2010 Session – February 22nd – June 16th, 2010

Deadline: Friday, December 4, 2009 (4:00 p.m.)

Cover Page

1. Provider Information

Provider Name: _____

Primary Contact Person/Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Organizational 501c3 tax exempt # (or EIN #): _____

(Must submit copy of form with this proposal. Independent providers are welcome to apply, but preference is for non-profit providers or independent providers who have a tax-exempt, non-profit sponsor. In either case, if funded, providers must be able to provide proof of at least \$1 million of professional liability insurance.)

2. Program Information

Title of proposed program: _____

Total amount requested (up to \$5,000 per program/per semester): _____

In which After School Zone(s) are you willing to conduct your program? (check any and all that apply):

_____ Hackett Middle School

_____ Stephen & Harriet Myer's Middle School

_____ North Albany Academy

This program is primarily (check all that apply): _____ Sports _____ Skills-Building _____ Arts _____ Other (specify)

For KBKASZ use only:

Date Received: _____ Application #: _____

PLEASE NOTE:

- Applicants are strongly urged to read the detailed instructions for this application form before completing the document; the instructions can be found at www.albanyny.org

SECTION A - Program Information & Staffing

1. **Program location and schedule** (check either A or B):

_____ A . **This program will/can take place in a school** from 3:00 to 5:00

_____ B. **This program is designed to take place at a community-based site** (3:00-5:00 p.m.)

_____ I have already secured a specific program location: _____

_____ The location of the community based site is: _____

The After School Zone(s) are trying to limit transportation costs by only transporting youth to off-site facilities with unique characteristics. Given this, why does this program need to take place at a community-based site?

2. **Facilities:**

Please indicate what type of room or facility you need to run your program, so that After School Zone can help secure space for your program. Please check all that are suitable.

_____Gymnasium _____Auditorium/stage _____Art Room _____Classroom
_____Library/computer lab _____Kitchen _____Other: _____

3. **Days of the week:**

Two-day program (*Preferred*; check one): _____Mon/Wed _____Tue/Thu _____Either

One-day program (check all possible days): _____Mon _____Tue _____Wed _____Thu _____Other

4. **Equipment:**

Please indicate what equipment you need to run your program and whether or not you will provide it.

_____ I will provide all equipment.

_____ I will not be providing equipment. My program needs the following equipment:

If equipment is needed, please describe why it is an essential part of providing the program, detail plans for securing the necessary equipment (1-2 sentences). _____

5. **Program Capacity:**

(Note: The maximum After School Zone adult-to-youth ratio is 1:15. After School Zone requires that all grantees adhere to this ratio at all times or the program cannot be funded.)

Total number who can be enrolled, based upon the number of instructors each day: _____

6. **Staffing Information and Requirements:**

a. Please list the names and titles of all program instructors.

Primary instructor(s):

1. _____

2. _____

3. _____

Substitute instructor(s):

1. _____

2. _____

3. _____

b. Briefly describe your plan to provide a substitute if a primary instructor is absent due to an emergency or other reasons. _____

c. Briefly describe specific youth development skills and/or experience each instructor has along with specific work with middle school youth. _____

d. Attach resume or detailed listing of youth program experience for each primary and substitute instructor. _____

e. Security Clearances (attach a copy of your SCR Clearance) _____

SECTION B - Program Description

***Limit your answers for this section to no more than 3 pages TOTAL ***

1. **Mission and vision statement** (3-5 sentences total)
Clearly and concisely describe your organizations' or projects' mission. Given this, why would your program be a uniquely valuable part of the After School Zone?

2. **Program description and curriculum**
 - a) Daily schedule

 - b) Weekly schedule (15 program)

 - c) Specific skills youth will learn

 - d) Sample program activities

 - e) Final projects/outcomes/performances, etc.

3. **Learning goals**
 - a) What strategies and practical applications will the program use to help youth develop new skills?

 - b) In addition to specific skills, what other learning goals do you have for youth? What aspects of youth social and emotional development does the program address?

 - c) How do you know that your approach will be effective for attracting, retaining, and developing middle school youth?

SECTION C - Budget Form

Spring 2010 - 15 Week Program Budget

Provider Name: _____

Title of proposed program: _____

Staff List each staff by role	Payment Rate x hours (from hours chart in instructions)	Sub-Total List total payment for each staff
TOTAL STAFF COSTS:		
Supplies Describe types of supplies	Quantity & Cost List the quantity and cost for each item	Sub-Total List total cost for each supply line
TOTAL SUPPLIES COSTS:		
Other Costs List item(s)	Description Describe and list specific quantities	Sub-Total List cost per item and total below
TOTAL OTHER COSTS:		

TOTAL PROGRAM BUDGET REQUEST: _____

****SNACKS WILL BE PROVIDED – DO NOT BUDGET**

SECTION D - Budget Narrative

***Limit your answers for this section to no more than 2 pages TOTAL ***

1. Budget Narrative

If a particular question does not pertain to your program, please respond "not applicable" for that question.

- a) What is the hourly rate that you are requesting for each instructor implementing the program? Please justify and explain how you arrived at this hourly rate?

- b) If requesting additional preparation time for staff, why is this time needed?

- c) Why are the funded materials essential for the program, and how will they be used? How will they be stored and reused, if applicable?

- d) Why are the "other" funded items essential for the program, and how will they be used in directly implementing the program?

- e) Are you providing the program with an in-kind contribution of materials, equipment, space, etc.? Please describe in detail.

- f) List and describe any matching funds or funds from other sources that you will use to support this program.

- g) List any other details that you feel will be helpful for reviewers.

SECTION E - REQUIREMENTS

I. Indemnification

The selected applicant will be required to defend, indemnify, and hold harmless the City of Albany, its employees and agents, from and against all claims, damages, losses and expenses (including without limitation, reasonable attorney fees) arising out, or in consequence of, any negligent or intentional act or omission of the selected applicant, his/her employees or agents.

II. Relationship

Applicant is, and will function as, an independent contractor under the terms of this engagement and shall not be considered an agent or employee of the City of Albany for any purposes.

III. Application Evaluation

Applications will be examined and evaluated based on the following criteria:

- Applicants demonstrated capabilities, professional qualifications, and experience in working with students.
- The where withal of the applicant to render the requested services to the City.
- Total proposed cost.
- Completeness of application.

The selection of the application will not be based solely on a monetary evaluation. Considerable weight will be given to experience in the areas required and the track record of applicant.

By submission of this application, I certify that all information provided herein is the truth, and I agree to all requirements as set forth in Section E above.

Date

(print name)

(signature)

ACKNOWLEDGEMENT BY APPLICANT

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 200____, before me personally appeared _____
_____ to me known and known to me to be the same person(s) described in and who
executed the within instrument.

Notary Public – State of _____
Qualified on: _____
Commission expires: _____

Proposal Packet Checklist

- Cover page
- Documentation of 501e3 status or EIN#
- Section A - Program Information & Staffing
- Section B - Program Description
- Section C - Budget Form
- Section D - Budget Narrative (and any attachments)
- Section E- Requirements

Submit ALL application materials* **by Friday, December 4th, 2009 (4:00 p.m.)** to:

Jerry A. Spicer, Coordinator
After School Zone
175 Central Avenue
Albany, NY 12206
spicerj@ci.albany.ny.us
518. 434-5717
518. 434-9742 - fax

**Must be post marked no later than December 2nd, 2009 or hand delivered no later than
Friday, December 4th, 2009 – 4:00 p.m.**

Please retain a complete copy of your application for your records.
