

# After School Zone Program Funding Application

Fall 2010 Session –September 21st, 2010 – January 21st, 2011

Deadline: Wednesday, June 30, 2010 (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](http://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

Fall 2010 - 16 Week Program Budget

Provider Name: \_\_\_\_\_

Title of proposed program: \_\_\_\_\_

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

**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.

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Date

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(print name)

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(signature)

## ACKNOWLEDGEMENT BY APPLICANT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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 Wednesday, June 30<sup>th</sup>, 2010 (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 Monday, June 28<sup>th</sup>, 2010 or  
hand delivered no later than Wednesday, June 30<sup>th</sup>, 2010 – 4:00 p.m.**

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

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