**If selected as an enrichment partner, your organization will be required to carry liability insurance and Worker’s Compensation insurance (unless a sole proprietor), pass an organization lien background check, and submit staff background checks.**

**I. Name of Organization or Individual & Contact information**

|  |
| --- |
| Legal Name of Organization: |
| Primary Contact Name and Position: |
| Primary Contact Phone Number: |
| Primary Contact E-mail: |

**II. Organization Status**

\_\_\_For-Profit

\_\_\_Not-for-Profit (If Not-for-Profit, please provide evidence of this status.)

**III. Program/Service Components (50 points)**

1. Enrichment Service Blocks will begin in January
2. Grade levels intended to serve (please check box(es) that apply)

 Kindergarten-2 Grade 3 - 5 Grade 6 – 8

1. Identified program focus areas intended to serve (please check box(es) that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Literacy (Reading & Writing) |  | **STEM** |  | Healthy Living |
|  | Social-Emotional Learning |  | Science |  | Sports |
|  | Performing Arts |  | Math |  | College & Career  |
|  | Visual Arts |  | Technology |  | Leadership/Service |

1. Identified CIS target goals the program may impact (please check box(es) that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Increasing Attendance |  | Engaging Males |  | Increasing SEL Skills |
|  | Improving Math  |  | Improving Reading  |  | Improving Writing  |

 **Enrichment Program Description** (must include the following)

* Provide a one paragraph narrative overview of the program purpose and content
* List program objectives
* List typical program session topics and activities
* List outcomes: what students know or be able to do as a result of this program.
* Explain how you will assess the program to determine if the objectives and expected outcomes you identified were met.
* Provide at least two Citations and/or references on best practice or evidence-based strategies that support your program’s content\*

|  |
| --- |
| **Enrichment Program Narrative**Overview:Objectives:Topics and Activities:Outcomes:Evaluation:Citations for evidence based strategies: |

\* You may attach materials that help to explain your program. (Materials will not be returned.)

**III. STEM Program/Integration (10 points)**

**V. Credentials and Experience (5 points)**

|  |
| --- |
| 1. Are you a current or previous CIS Enrichment Partner?
2. If not, provide your organization’s programming experience and, if available, impact data.
 |

**Staff Skills, Training & Credentials**

|  |  |  |
| --- | --- | --- |
| Staff Name(s) | Qualification(s)/Credentials | Training (Weikert, KYDNet) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**VI. Collaboration (5 points)**

Describe your organizations strategies for collaboration, give an example of a successful collaborative project, and describe how youth have benefited.

**VII. Parent Engagement (10 points)**

Does your intervention/service include a parent engagement component? If so, please describe how you will involve parents directly or indirectly in the program.

**VIII. Commitment to Diversity, Inclusion and Sustainability (10 points)**

Program funding through the 21st CCLC grants is funds 15 KPS school sites and is not permanent funding. Describe how your organization would sustain its support of out-of-school time programming for KPS students if there is no 21st CCLC grant funding available. Describe how your organization addresses diversity and inclusion.

**IX. Budget (10 points)**

Please provide a detailed budget for your program, including all costs for programming & staffing associated with the delivery of the program. Identify if funding for any of the line items is being provided in-kind or by another source.

Please also provide the following information in the format provided below:

|  |  |
| --- | --- |
| **Length of enrichment program** (Ex. 1 hour, 1.5 hour, 2 hours) |  |
| **Days per week enrichment is provided**(Ex. 1 day, 2 days) |  |
| **# of weeks enrichment is delivered**(Ex. 5 weeks, 6 weeks, 7 weeks) |  |
| **Maximum # of students served**(Ex. 15, 17, 25) |  |
| **Cost per daily session** \* |  |
| **Total Proposal Amount***(# of days per week x number of weeks in enrichment session x cost per daily session)* |  |

*\*The cost per daily session includes all costs for programming, materials & staffing associated with delivery of program.*

To receive earliest consideration, submit an Enrichment Partner Proposal and the Enrichment Partner Profile (hard or electronic copy) by **Monday, July 29, 2019** to:

Attn: Colleen Loc

Communities In Schools

125 West Exchange Place

Kalamazoo, MI 49007