



### ★ Network Provider Information ★

#### Which statement applies to your program?

- I am a **new** program joining the SC Afterschool Alliance Network. **Our program start date for Fall is \_\_\_/\_\_\_/2015.**
- I am already a member of the network *(Please update my program information)*. **Our program start date for Fall is \_\_\_/\_\_\_/2015.**

#### CONTACT AND LOCATION

1. Name Of Program: \_\_\_\_\_
2. Name Of Sponsoring Organization: \_\_\_\_\_
3. Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: SC Zip: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: SC Zip: \_\_\_\_\_
5. Telephone Number \_\_\_\_\_ 6. Fax Number \_\_\_\_\_
7. E mail Address \_\_\_\_\_ 8. Web Address: \_\_\_\_\_
9. What **School District** Is Your Program Located In? \_\_\_\_\_ 10. What **County**? \_\_\_\_\_
11. Please List The Schools Your Program or Center Serves.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Program/Center Director's Full Name: \_\_\_\_\_
13. Respondent's Name: \_\_\_\_\_ 14. Title: \_\_\_\_\_

#### ORGANIZATION & PROGRAM INFORMATION

15. Which best describes your program?  
 School       Faith       Community       Boys & Girls Club       YMCA  
 Other *Please specify*) \_\_\_\_\_       Other *Please specify*) \_\_\_\_\_
16. Where does your program operate? In a....  
 School       House of faith       Community Building       City Facility/Building       Residence  
 Other *Please specify*) \_\_\_\_\_       Other *Please specify*) \_\_\_\_\_
17. What age range of participants does your program serve? From \_\_\_\_\_ years old to \_\_\_\_\_ years old.
18. How many participants can you serve at one time? \_\_\_\_\_ 19. What is your average daily attendance? \_\_\_\_\_

20. On what days and during what times do you operate?

DAY	START TIME	END TIME		START TIME	END TIME
<input type="checkbox"/> Monday	_____	- _____		<input type="checkbox"/> Saturday	_____ - _____
<input type="checkbox"/> Tuesday	_____	- _____		<input type="checkbox"/> Sunday	_____ - _____
<input type="checkbox"/> Wednesday	_____	- _____			
<input type="checkbox"/> Thursday	_____	- _____			
<input type="checkbox"/> Friday	_____	- _____			

21. During what times of year does your program operate?  School year only  Summer only  Year round

22. When does your program provide programming? *Please check all that apply*

**BEFORE** school starts for:

- 5 – 10 year olds
- 11 – 13 year olds
- 14 – 18 year olds
- No programs offered before school

**AFTER** school starts for:

- 5 – 10 year olds
- 11 – 13 year olds
- 14 – 18 year olds
- No programs offered in the evenings

During the **SUMMER** for:

- 5 – 10 year olds
- 11 – 13 year olds
- 14 – 18 year olds
- No programs offered during the summer

23. Does your program serve children with special needs?  YES  NO *If yes, please specify*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Learning Needs                      | <input type="checkbox"/> Emotional Needs   | <input type="checkbox"/> Physical Needs                      |
| <input type="checkbox"/> Title One                           | <input type="checkbox"/> Homeless Children | <input type="checkbox"/> Court Ordered Remediation           |
| <input type="checkbox"/> Other <i>(Please specify)</i> _____ |  | <input type="checkbox"/> Other <i>(Please specify)</i> _____ |

24. Please indicate what services are provided by your organization by checking the appropriate boxes.

SERVICE	PARTICIPANT AGE GROUP			
	Age 4	Ages 5 - 10	Ages 11 - 13	Ages 14 - 18
First Grade Readiness Skills				
Arts/Culture				
Character Development				
Community Service Learning				
Computer Training				
Conflict Resolution				
Homework/Tutoring				
Leadership Development				
Reading Enrichment, Reading Camps				
Sports/Recreation				
College & Career Readiness				
STEM (Science, Technology, Engineering & Math)				
STEAM (Science, Technology, Engineering, Arts Education & Math)				

25. Do you provide transportation to participants?  Yes  No

**If yes**, how is the cost of transportation covered (please explain in the space below)?

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## PROFESSIONAL DEVELOPMENT & TRAINING

26. Please indicate the training areas of interest to you?

- Program Administration   
  Program Implementation   
  Board Development   
  Grant Writing  
 Managing Grants   
  Effective Use of Program Space   
  Interactions  
 Incorporating Enrichment Activities in my program  
 Best Practices in After School Programming (What are they & How do I implement them?)  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

27. Please indicate the statewide conferences or workshops you attend?

- SC Afterschool Alliance Annual Conference   
  SC Department of Education – 21<sup>st</sup> CCLC  
 SC Department of Education – Truancy Roundtable Discussion   
  SC Department of Social Services  
 SC Department of Juvenile Justice   
  Other (Please specify) \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_   
  Other (Please specify) \_\_\_\_\_

28. Is your program **ABC Enhanced** through the SC Department of Social Services?  Yes  No *If YES, date: \_\_\_/\_\_\_/\_\_\_*  
 If NO, Are you interested in receiving more information about this opportunity?  Yes  No  Maybe

29. Do you have a copy of the *Creating Quality Out-Of-School Time Program in South Carolina* guide?  Yes  No

If YES, have you received training in use of the guide?  Yes  No

30. Please indicate the services you offer to participants' families: *Please check all that apply*

- Parent Resources   
  Parent Involvement in planning & evaluation of program  
 Parent Seminars   
  Parent Volunteer Support  
 Parent-Teacher Conferences   
  No Services Offered  
 Parents Stay First Day   
  Other (Please specify) \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_

## FUNDING • SUSTAINABILITY

31. What are your current sources of funding? Please check all that apply.

- Grants   
  Membership   
  Donations  
 Church or Institution of Faith   
  Sponsorship   
  Fundraisers  
 Other (Please specify) \_\_\_\_\_   
  Other (Please specify) \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_   
  Other (Please specify) \_\_\_\_\_

Please provide information regarding categories identified above.

Funding Source

Funding Period (Start Date – End Date)

\_\_\_\_\_

\_\_\_\_\_

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32. Who are your partners?

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