

2020 Incubator Grant Application: Existing Program

# PART I – PROGRAM NEED

Briefly describe your school and the community you serve. Click here to enter text.

Do you currently have a summer program? YES\_\_ NO\_\_

Briefly explain the need for funding to support your current afterschool and summer (if applicable) program. Indicate how funding will help to enhance and expand the deliverance and improvement of quality afterschool/summer programming.

Click here to enter text.

Please check all applicable boxes below if applicable to your school/program:

|  |  |
| --- | --- |
| Title I School | Identified by NDE as Needs Improvement |
| Previously had an afterschool program | Another afterschool program is offered within 15 miles of our school |
| Previously had a summer program | Low Parent Involvement |

Please indicate below the stakeholders in your school/community that currently express support of your program:

|  |  |
| --- | --- |
| Superintendent | Community Members |
| School Board Members | Local Business/es |
| School Administrator/s | City Government (mayor, city council) |
| Teachers | Police |
| Parents | Local Extension/4-H |

# PART II – PROGRAM DESCRIPTION

Provide a general overview of the types programming your program currently offers in the afterschool and (if applicable) summer program: Click here to enter text.

What changes/additions are needed for the afterschool and summer program? Indicate new types of programming, staffing issues, areas of need, etc.: Click here to enter text.

AFTERSCHOOL PROGRAMMING

Indicate the days/hours your program operates by entering the times below. If awarded this grant (future), indicate if you plan to increase/change your dosage.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| CURRENTLY |  |  |  |  |  |
| FUTURE |  |  |  |  |  |

SUMMER PROGRAMMING

Indicate the days/hours your program operates by entering the times below. If awarded this grant (future), indicate if you plan to increase/change your dosage.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| CURRENTLY |  |  |  |  |  |
| Number of weeks: |  | | | | |
| FUTURE |  |  |  |  |  |
| Number of weeks: |  | | | | |

How many students are currently served and will be additionally served with this grant?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Afterschool | | Summer | |
|  | Current | Future goal— additional students that will be served | Current | Future goal— additional students that will be served |
| Number of students served: |  |  |  |  |
| Grades served: |  |  |  |  |

# PART III – COLLABORATIVE RESOURCES

Describe the program’s current local partnerships and type of funding sources that are utilized to support your program: Click here to enter text.

Name(s) of Local Partner(s) providing matching financial contribution/s for this grant. Please also include amount/s of contribution, this includes in-kind contributions. Click here to enter text.

Give a brief description of the Partner(s) and what role they will play in supporting your programming. Click here to enter text.

\*Please attach two letters of commitment from (1) local partner/s identified above and (2) a School District administrator.

## PART IV – BUDGET

Enclose an annotated budget proposal (Attachment C) that briefly outlines (1) the proposed programming expenses and (2) how local resources (both cash and/or in-kind) from your local partner/s will be used to leverage grant funds for the programming described in the grant application.