**Kansas After School**

**Enhancement Grant**

**Request for Proposal (RFP)**

**2019-2020**

**Kansas State Department of Education**

Send one signed original and two paper copies **and** an electronic copy to:

**Christine Macy**

**Kansas State Department of Education**

**900 SW Jackson Street, Suite 620**

**Topeka, KS 66612-1182**

[**cmacy@ksde.org**](mailto:cmacy@ksde.org)

Applications must be received by 3:00 p.m.

**Tuesday, June 4, 2019**

*The Kansas State Board of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to any group officially affiliated with the Boy Scouts of America and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3204.*

Dear Applicant:

Thank you for your interest in the 2019 Kansas After School Enhancement Grant (KASEG). The purpose of the KASEG Grant is to provide funds to new or existing after school programs needing to expand learning and enrichment opportunities. The Kansas State Department of Education (KSDE) will fund only those projects that provide expanded learning opportunities designed to help students meet or exceed state and local standards in core academic subjects, as well as fine arts, fitness and health or other areas as needed. KSDE will limit the maximum amount of each grant to $18,000.

The closing deadline for the competition is 3:00 p.m., Tuesday, June 4, 2019. Proposals must be received by that date and time in order to eligible for review. KSDE requires applicants to submit an original and two copies of the proposal as well as an electronic copy. Proposals will be reviewed by a panel of experts using the selection criteria in this RFP.

It is anticipated that awards will be announced in July, 2019. All grant funds must be expended by June 30, 2020.

This RFP contains all forms and instructions necessary to apply for the KASEG Grant. Please review the enclosed materials and carefully follow the instructions for completing the grant proposal. KSDE strongly encourages applicants to consult within their communities to ensure the proposed activities will provide new opportunities for youth or will enhance current after school programs.

Applicants should contact Christine Macy at: [cmacy@ksde.org](mailto:cmacy@ksde.org)/(785)296-3287 or visit the KSDE website at <https://www.ksde.org/Default.aspx?tabid=624>. with any questions.

Colleen Riley, Director

Special Education and Title Services

Kansas State Department of Education

**INFORMATION AND GUIDELINES**

1. **What is the Kansas After School Enhancement Grant Program (KASEG)?**

* The KASEG is to provide academic and enrichment opportunities for students.

1. **What priority must be met to be eligible to apply for this grant?**

* Proposed activities must primarily serve students who attend schools with a free and reduced lunch percentage of 40% or greater. (This information can be found in the K-12 Reports on the KSDE website - <https://datacentral.ksde.org/report_gen.aspx>.)

1. **What requirements must be met to be eligible to apply for this grant?**

* The program must operate for a **minimum** of two (2) hours a day, three (3) days per week for 25 weeks during the 2019-2020 school year **AND/OR** must operate a minimum of four (4) hours per day, four (4) days per week for four (4) weeks during the summer of 2020. (Applicants providing both after school and summer programs are not required to meet the minimum summer hours.)

1. **What organizations are eligible to apply for funds?**

* Any public or non-profit organization is eligible to apply for the KASEG Grant. Examples include: Local Education Agencies (LEAs), non-profit agencies, faith-based agencies, city and county government agencies. (Organizations must have a Federal Tax ID Number.)

**\* Only one application may be submitted per LEA or organization.**

1. **Who may the grant serve?**

* The grant may serve students in Kindergarten through 12th grade.

1. **Is there a financial match requirement?**

* Yes. Organizations must provide a dollar for dollar local match.

1. **What is the time period for the grant?**

* Funding is for the state fiscal year FY 20 – ending June 30, 2020.

1. **What is the award amount for this grant?**

* The maximum award cannot exceed $18,000.

1. **When will funds be available for this grant?**

* Funds will be dispersed in three payments.
  + September 2019
  + January 2020
  + June 2020

1. **What are the reporting requirements for this grant?**

* Three (3) reports will be required.
  + Mid-Year Report (December 2019)
  + Final Expenditure Report (May 2020)
  + End of Year Program Report (June 2020)

1. **What should be included in a completed proposal?**

* A completed proposal must contain the following sections, in the order provided below.
  + Cover Page
  + Program Summary Pages (Required Form 2019:1)
  + Program Narrative
    - No more than four (4) double-spaced pages
    - Each page should only be printed on the front side of the paper (no double-sided printing)
    - Font must by 11 point, standard-type
    - Margins should be 1-inch on all sides of each page
    - Must include page numbers and applicant name in upper right corner of every page
  + Outcomes Plan (Required Form 2019:2) (Plans limited to two (2) pages/after school and/or two (2) pages summer)
  + Budget Summary (Required Form 2019:3)
  + One (1) page budget narrative
  + Statement of Assurances (Required Form 2019:4)

1. **How should the proposal be submitted?**

* The deadline for KSDE’s receipt of proposals is 3 p.m. on Tuesday, June 4, 2019. Proposals may be delivered between 8 a.m. and 3 p.m., by mail, courier or by hand before the deadline. All applicants must submit one signed original and two paper copies **and** an electronic copy of the grant.

**Instructions for submitting paper copies:**

Send or deliver to:

**Christine Macy**

**Kansas State Department of Education**

**900 SW Jackson Street, Suite 620**

**Topeka, KS 66612**

**ATTN: 2019 KASEG Grant**

**Instructions for submitting an electronic copy:**

Email in **WORD format only** (NO Google or PDF documents) to:

**Christine Macy**

[**cmacy@ksd.org**](mailto:cmacy@ksd.org)

**Subject Line: 2019 KASEG Grant**

The closing date and procedures for guaranteeing a timely submission will be strictly observed. No supplemental or revised materials from applicants will be accepted after the closing date.

**Questions should be directed to Christine Macy (785-296-3287 or** [**cmacy@ksde.org**](mailto:cmacy@ksde.org)**).**

**Kansas After School Enhancement Grant**

**2019-2020**

**COVER PAGE**

**Name of Program**

**Name of Applicant**

**Submission Date**

**Grant Proposal Checklist:**

**(Please make sure all of the following items are in the proposal packet.)**

**⁭ Cover Page**

**⁭ Program Summary**

**⁭ Program Narrative**

**⁭ Outcomes Plan**

**⁭ Budget Summary and Narrative**

**⁭ Statement of Assurances**

**I. Program Narrative**

* 1. **Need for proposed program (limited to one (1) page; 10 points)**

Describe the need for the proposed academic and enrichment activities. Explain why the proposed activities don’t currently exist or need to be expanded (if current program is in place). Cite factors that place the targeted population at risk of educational failure. Use specific and relevant data regarding the students to be served by the enhancement activities.

* 1. **Description of Activities (limited to three (3) pages; 25 points)**

Fully describe the enhancement activities that are proposed in this application. Explain how the proposed activities were determined. Explain how the activities connect and coordinate with the existing program (if applicable).

1. **Outcomes Plan Chart (limited to two (2) pages/after school and/or two (2) pages/summer; 10 points)**

Complete the required Outcomes Plan chart with proposed for both the after school AND summer programs. Include anticipated outcome percentages.

1. **Budget (limited to one (1)-page narrative and the required budget form; 5 points)**
   1. Complete the budget form included in the required forms section of this application.
   2. Budget Narrative: Explain the basis for all costs associated with the proposed activities. For each budget line item, explain how costs were calculated and determined. Funds for supplies and materials are limited to 10% of grant award. In addition, describe how matching funds will be combined or coordinated with the requested funding for the most effective use of resources.
2. **Statement of Assurances**

**Kansas After School Enhancement Grant**

**PROGRAM SUMMARY**

|  |  |
| --- | --- |
| **Name of Organization or USD:** |  |

|  |  |
| --- | --- |
| **Title of Program:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **City:** |  |  | **County:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Name:** |  |  | **Title:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Phone Number:** |  |  | **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Mailing Address:** |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Federal Tax Identification Number:** |  |

**Applicant is:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **LEA** |  |  | **Community-Based Organization** |  |  | **Faith-Based Organization** |

|  |  |
| --- | --- |
|  | **Other** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposed Program:** |  |  | **After School** |  |  | **Summer** |  |  | **Both** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does an after school program already exist:** |  |  | **Yes** |  |  | **No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If yes, complete the following information for the EXISTING after school program.** | | | | | |
| **# of years in operation** | **Location of**  **program** | **Name of school served** | **# of program days during the school year** | **Hours of daily operation** | **Average daily attendance** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does summer program already exist:** |  |  | **Yes** |  |  | **No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If yes, complete the following information for the EXISTING summer program.** | | | | | |
| **# of years in operation** | **Location of**  **program** | **Name of school served** | **# of program days during the** | **Hours of daily operation** | **Average daily attendance** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Complete the following information for the PROPOSED 2019-2020 after school program.** | | | | | |
| **# of years in operation** | **Location of**  **program** | **Name of school served** | **# of program days during the school year** | **Hours of daily operation** | **Average daily attendance** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Complete the following information for the PROPOSED 2020 summer program.** | | | | | |
| **# of years in operation** | **Location of**  **program** | **Name of school served** | **# of program days** | **Hours of daily operation** | **Average daily attendance** |
|  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **List all matching CASH funds for the PROPOSED program. (No in-kind – cash funds only.)** | | | |
|  |  |  |  |
| **Source(s)** |  |  |  |
| **Amount** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2019-2020 Kansas After School Enhancement Grant (KASEG)**  Name of Program  **AFTER SCHOOL PROGRAM** | | | | |
| Objectives | Proposed Activities | Outcomes  (include percentages) | How outcomes will  be measured | When outcomes will be measured |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2020 Kansas After School Enhancement Grant (KASEG)**  Name of Program  **SUMMER PROGRAM** | | | | |
|  | Proposed Activities | Outcomes  (include percentages) | How outcomes will be measured | When outcomes will be measured |
|  |  |  |  |  |

**2019-2020 Kansas After School Enhancement Grant Budget Instructions**

|  |  |
| --- | --- |
| **1000 Instructions** | |
| **100** | **Personnel Services—Salaries**  *Instructional salaries for full & part-time certified and non-certified employees.* |
| **200** | **Employee Benefits**  *FICA, Group Insurance, Workman’s Compensation, etc., for personnel in line 100 above*. |
| **300** | **Purchased Professional & Technical Services**  *Within the organization, including* c*onsultants* |
| **500** | **Other Purchased Services**  *Staff travel, workshops/conference registrations, per diem, mileage, lodging, staff development*. |
| **600** | **Supplies & Materials – *limited to 10%***  *Items that can be consumed, worn out, or deteriorated through use.* |

**Provide a one (1)-page narrative explaining proposed expenditures.**

**2019-2020 Kansas After School Enhancement Grant Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Categories** | **After School Grant Funds Requested** | **After School Matching Funds** | **After School Total Budget** |
| **1000 Instruction** |  |  |  |
| 100 Personnel Services- Salaries |  |  |  |
| 200 Employee Benefits |  |  |  |
| 300 Purchased Professional/ Technical Services |  |  |  |
| 500 Other Purchased Services |  |  |  |
| 600 Supplies and Materials |  |  |  |
| **Total** | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Categories** | **Summer Grant Funds Requested** | **Summer Matching Funds** | **Summer Total Budget** |
| **1000 Instruction** |  |  |  |
| 100 Personnel Services- Salaries |  |  |  |
| 200 Employee Benefits |  |  |  |
| 300 Purchased Professional/Technical Services |  |  |  |
| 500 Other Purchased Services |  |  |  |
| 600 Supplies and Materials |  |  |  |
| **Total** | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Categories** | **Total Grant Funds Requested** | **Total Matching Funds** | **Total Budget** |
| **1000 Instruction** |  |  |  |
| 100 Personnel Services- Salaries |  |  |  |
| 200 Employee Benefits |  |  |  |
| 300 Purchased Professional/Technical Services |  |  |  |
| 500 Other Purchased Services |  |  |  |
| 600 Supplies and Materials |  |  |  |
| **Total** | $ | $ | $ |

**Statement of Assurances**

**The Chief Executive Officer, Chief Operating Officer, Superintendent, or other designated leader of the applicant organization must read the assurances and sign below.**

* The program will take place in a safe and easily accessible facility, which, if required, is licensed by the Kansas Department of Health and Environment, Bureau of Child Care Licensing and Regulation.
* The applicant agrees to provide services to students in Kindergarten through 12th grade.
* The program must operate for a **minimum** of two (2) hours a day, three (3) days per week for 25 weeks during the 2019-2020 school year **AND/OR** must operate a minimum of four (4) hours per day, four (4) days per week for four (4) weeks during the summer of 2020. (Applicants providing both after school and summer programs are not required to meet the minimum summer hours.)
* The applicant agrees to incorporate all of the required program components as listed in the original proposal.
* The applicant agrees to provide a dollar for dollar local cash match equal to the grant award as approved by the Kansas State Department of Education (KSDE) for the purpose of carrying out the approved activities.
* The applicant will cooperate in carrying out any evaluation of program conducted by or for KSDE.
* The applicant will make reports to KSDE as may be necessary to enable KSDE to perform duties under program.
* The fiscal agent will maintain financial records, provide information and afford access to the records as KSDE may be necessary to enable KSDE to perform duties under program.
* The applicant will comply with PL 101-226 "Americans with Disabilities Act".
* The applicant will ensure that all federal, state and local health, safety and civil rights laws will be upheld.
* The applicant agrees to keep records and provide information to KSDE as required.
* The applicant attests to being financially sound.
* The applicant agrees that all instruction will be secular, neutral and non-ideological.
* The applicant agrees that non-compliance with requirements of the program could result in non-continuation of Kansas After School Enhancement Grant funds.

|  |  |  |
| --- | --- | --- |
| **I attest that I have read the assurances listed in Form 2019:4 and will comply with the provisions of the 2019 Kansas After School Enhancement Grant.** | | |
| **Name of Applicant (School District/Organization):** | | |
| **Title of Proposed Program:** | **City of Proposed Program:** | |
| **Print Name of Applicant/Fiscal Agent’s Superintendent or CEO** | | |
| **Signature of Applicant/Fiscal Agent’s Superintendent or CEO** | | **Date** |