

ARCHS Summer Youth Development Programs Proposal

Description

Annually, and as resources are available, ARCHS provides funding to support summer programs and camps for school age youth (5-16 years old). For those interested in applying for summer funds for FY 2023, please note that the funding period is from May 1st-June 30th, 2023. This means that any services billed after June 30th, 2023 will not be eligible for reimbursement.

Before submitting your proposal please note the following criteria:

1. ARCHS' funding is intended to serve students in under resourced families (i.e. those living at or below federal poverty levels, families that would be eligible for free and reduced lunch programs)
2. Students that are supported by ARCHS funds must receive services at no cost (for ARCHS' funded programs)
3. Programs will be required to serve a minimum of 20 students to be eligible for funding
4. Programs must be licensed or obtain license exemption status for the summer prior to the start of the program

1. Please indicate which opportunities you are interested in offering (check all that apply)

Summer School Afterschool: Afterschool care for children attending summer school. Programming generally operates when summer school is released until the end of the day ex: 1:30 p.m.-5:30 pm.

Youth Development Summer Programs: Full or half-day programs (minimum of 4 hours) providing safe, structured, and engaging activities for youth during the summer. *

- Summer School Afterschool
- Youth Development Summer Programs

Contact Information

2. Name and title of person completing proposal: *

3. Name of program contact (if different from person completing proposal):

4. Contact phone number: *

5. Contact email address: *

6. Executive Director name: *

7. Executive Director email address: *

8. Executive Director phone number: *

Organization Information

9. Name of organization: *

10. Organization address: *

11. Organization website *

12. Is your organization a 501(c)3 non-profit? *

- Yes
- No

13. Organization mission statement: *

Program Information

14. Please list the name and address of each program site *

15. Is your program or site currently licensed or license exempt *

- Yes - Licensed
- No - License Exempt
- No - Not License Exempt

16. Type of exemption *

17. Explain why your program is not currently licensed or exempt *

18. Program start date:

(first date of programming or date of first session if multiple sessions will be offered) *



19. Program end date:

(last date of programming or date of last session if offering multiple sessions) *



20. Hours of operation *

21. Days of the week the program will operate

*

22. Ages of youth intending to serve *

23. How many youth do you anticipate serving *

24. Program eligibility requirements (if applicable): *

25. Staff:Child ratio *

26. Provide a brief description of your program *

27. Describe at least one program goal - a general statement of what your program hopes to accomplish:

(e.g. Students will develop social emotional skills.) *

28. Describe your program's objectives - strategies that will be used to achieve your stated goal(s):

(e.g. Students will learn how to self regulate their emotions using meditation. Students will learn to express feelings appropriately by increasing vocabulary of feeling words.) *

29. Describe how your program measures success, including any tools or instruments you use: *

30. Please list your program's most recent outcomes and provide an example:

(e.g. 98% of students improved in literacy skills). *

Program Expenses

31. Are there fees associated with your program?

REMINDER - ARCHS prioritizes funding projects intending to provide FREE programming to children/youth *

- Yes
- No

32. How much will the fees be for program participants? *

33. Amount of funding requested: *

Supporting Documents

Please attach the following documents:

34. Current program license or license exempt documentation from DSS (if licensed for 10 months please complete DC-20 form or contact your licensing representative) *

Browse...

35. Program brochure for recruitment *

Browse...

36. Program schedule *

Browse...

Complete the Budget Narrative and Justification Form. The form requests details on Personnel, Fringe, Travel, Supplies, and other expenses.

37. Please review the following statement and indicate your agreement:

*I attest that our program will align our program practices with our local health department guidelines in order to mitigate the risk of spreading COVID in our summer program. **

I agree

Thank You!

Thank you for taking our survey. Your response is very important to us.