

**AfterZone Program Funding Application**  
**Fall 2008 Session**  
**Deadline: Wednesday, July 16, 2008 (5:30 p.m.)**



**Cover Page**

**1. Provider Information**

**Provider Name:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Organizational 501©3 tax exempt # (or EIN #):** \_\_\_\_\_  
(Must submit copy of form with this proposal. Independent providers are welcome to apply, but preference is for non-profit providers or independent providers who have a tax-exempt, non-profit sponsor. In either case, if funded, providers must be able to provide proof of at least \$1 million of professional liability insurance.)

**2. Program Information**

**Title of proposed program:** \_\_\_\_\_

**Total amount requested:** \_\_\_\_\_

**Submitting optional "Endorsed AfterZone Program Application" for this program?** \_\_\_ Yes \_\_\_ No

**In which AfterZone(s) are you willing to conduct your program?** (check any and all that apply):

- \_\_\_ **East Side** (programs offered primarily in community-based locations)
- \_\_\_ **Lower South Side** (Roger Williams Middle School)
- \_\_\_ **North End** (Hopkins and Nathanael Greene middle schools; Times2 Academy)
- \_\_\_ **Olneyville** (Oliver H. Perry and Springfield middle schools)
- \_\_\_ **West End/Upper South Providence** (Samuel Bridgman and Gilbert Stuart middle schools)

**This program is primarily** (check all that apply): \_\_\_ Sports \_\_\_ Skills-Building \_\_\_ Arts

**Brief program description** (1-2 sentences for promoting programs with youth and families):

**Did you attend an AfterZone grant technical assistance session?** \_\_\_ Yes \_\_\_ No

**With which PASA staff members did you discuss your proposal:** \_\_\_\_\_

**For PASA use only:**

**Date Received:** \_\_\_\_\_

**Application #:** \_\_\_\_\_

**PLEASE NOTE:**

- Applicants are strongly urged to read the detailed instructions for this application form before completing the document; the instructions can be found at **www.mypasa.org**.
- Applicants are strongly urged to speak to an AfterZone coordinator before completing and submitting your application; instructions on how to contact AfterZone staff can be found at the end of this application form.
- Applicants who previously have provided a specific program in an AfterZone are encouraged to complete the Endorsed AfterZone Program Application which is available also at **www.mypasa.org**.

**SECTION A – Program Information & Staffing**

**1. Program location and schedule (check either a. or b.):**

**a. This program can take place in a school** (check one)

I prefer to offer my program during Block A (2:35-4:05 p.m.).

I prefer of offer my program during Block B (3:45-5:15 p.m.).

I can offer my program during either of these blocks.

**c. This program is designed to take place at a community-based site** (3:00-5:00 p.m.)

I have already secured a specific program location: \_\_\_\_\_

I do not have a secured program location, but prefer: \_\_\_\_\_

The AfterZones are trying to limit transportation costs by only transporting youth to off-site facilities with unique characteristics. Given this, why does this program need to take place at a community-based site? With which AfterZone coordinator or PASA staff person did you discuss this community-based program and the related transportation needs (contact information at the end of this document)?

**2. Facilities:**

Please indicate what type of room or facility you need to run your program, so that PASA can help secure space for your program. Please check all that are suitable.

Gymnasium     Auditorium/stage     Art Room     Classroom     Library/computer lab

Kitchen     Other: \_\_\_\_\_

**3. Days of the week:**

**Two-day program** (*Preferred*; check one):  Mon/Wed     Tue/Thu     Either

**One-day program** (check all possible days):  Mon     Tue     Wed     Thu     Other

**Total number of AfterZones/sites you can serve per session:** \_\_\_\_\_

**4. Equipment:**

Please indicate what equipment you need to run your program and whether or not you will provide it.

I will provide all equipment.

I will not be providing equipment. My program needs the following equipment:

If equipment is needed, please describe why it is an essential part of providing the program; detail plans for securing the necessary equipment (1-2 sentences).

5. **Program Capacity:**

(**Note:** The maximum AfterZone adult-to-youth ratio is 1:13. PASA requires that all grantees adhere to this ratio at all times or the program cannot be funded.)

**Total number** who can be enrolled, based upon the number of instructors each day: \_\_\_\_\_

6. **Staffing information and requirements**

a. Please list the names and titles of all program instructors.

Primary instructor(s):

- 1.
- 2.
- 3.

Substitute instructor(s):

- 1.
- 2.
- 3.

- b. Briefly describe your plan to provide a substitute if a primary instructor is absent due to an emergency or other reasons.
- c. Briefly describe specific youth development skills and/or experience each instructor has along with specific work with middle school youth.
- d. Attach resume or detailed listing of youth program experience for each primary and substitute instructor.

## **SECTION B – Program Description**

**\*\*Limit your answers for this section to no more than 3 pages TOTAL\*\***

1. **Mission and vision statement** (3-5 sentences total)

Clearly and concisely describe your organization's or project's mission. Given this, why would your program be a uniquely valuable part of PASA and the AfterZones?

2. **Program description and curriculum**

a. **Daily schedule**

b. **Weekly schedule** (for 11-week program)

c. **Specific skills youth will learn**

d. **Sample program activities**

e. **Final projects/outcomes/performances, etc.**

f. **Any plans for field trips or other travel**

(Also list the PASA staff person with whom you have discussed these plans)

3. **Learning goals**

a. **What strategies and practical applications will the program use to help youth develop new skills?**

b. **In addition to specific skills, what other learning goals do you have for youth? What aspects of youth social and emotional development does the program address?**

c. **How do you know that your approach will be effective for attracting, retaining, and developing middle school youth?**

## SECTION C – Budget Form

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### Fall 2008 11-Week Program Budget

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Provider Name: \_\_\_\_\_

Title of proposed program: \_\_\_\_\_

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| Staff                     | Payment   | Sub-Total                         |
|---------------------------|---|-----------------------------------|
| List each staff by role   | Rate x hours (from hours chart in instructions) | List total payment for each staff |
|                           |   |                                   |
|                           |   |                                   |
|                           |   |                                   |
|                           |   |                                   |
| <b>TOTAL STAFF COSTS:</b> |   |                                   |

| Supplies                     | Quantity & Cost                          | Sub-Total                            |
|------------------------------|--|--------------------------------------|
| Describe type of supplies    | List the quantity and cost for each item | List total cost for each supply line |
|                              |  |                                      |
|                              |  |                                      |
|                              |  |                                      |
|                              |  |                                      |
| <b>TOTAL SUPPLIES COSTS:</b> |  |                                      |

| Other Costs               | Description                            | Sub-Total                          |
|---------------------------|--|------------------------------------|
| List item(s)              | Describe and list specific quantities. | List cost per item and total below |
|                           |  |                                    |
|                           |  |                                    |
|                           |  |                                    |
| <b>TOTAL OTHER COSTS:</b> |  |                                    |

**TOTAL PROGRAM BUDGET REQUEST: \_\_\_\_\_**

## **SECTION D – Budget Narrative**

***\*\*Limit your answers for this section to no more than 2 pages TOTAL\*\****

### **1. Budget narrative**

**If a particular question does not pertain to your program, please respond “not applicable” for that question.**

- a. **What is the hourly rate that you are requesting for each instructor implementing the program? Please justify and explain how you arrived at this hourly rate?** (If you choose to use the optional “core competencies” worksheet from the PASA website, please include the total score for each instructor in your narrative; feel free to attach completed worksheets to this budget narrative.)
  - b. **If requesting additional preparation time for staff, why is this time needed?**
  - c. **Why are the funded materials essential for the program, and how will they be used? How will they be stored and reused, if applicable?**
  - d. **Why are the “other” funded items essential for the program, and how will they be used in directly implementing the program?**
  - e. **Are you providing the program with an in-kind contribution of materials, equipment, space, etc.? Please describe in detail.**
  - f. **List and describe any matching funds or funds from other sources that you will use to support this program.**
  - g. **List any other details that you feel will be helpful for reviewers.**
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## Proposal Packet Checklist

- Cover page
- Documentation of 501c3 status or EIN#
- Section A – Program Information & Staffing
- Section B – Program Description
- Section C – Budget Form
- Section D -- Budget Narrative (and any attachments)

**Submit ALL application materials\* by Wednesday, July 16<sup>th</sup> (5:30 p.m.) to:**

**Cristina Costa**, Operations Coordinator  
Providence After School Alliance  
17 Gordon Avenue, Suite 103  
Providence, RI 02905  
ccosta@mypasa.org  
(401) 490-9599 x. 105  
(401) 228-3915 fax

\*Please retain a complete copy of your application for your records.

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### **TECHNICAL ASSISTANCE SESSIONS**

#### **Providence After School Alliance**

17 Gordon Avenue, Providence

- **Friday, June 20, 2008**  
**9:00 a.m.:** AfterZone Program Funding Applications; **10:00 a.m.:** Endorsed AfterZone Program Applications
- **Monday, June 23, 2008**  
**2:00 p.m.:** AfterZone Program Funding Applications; **3:00 p.m.:** Endorsed AfterZone Program Applications
- **Tuesday, July 8, 2008**  
**4:00 p.m.:** AfterZone Program Funding Applications; **5:00 p.m.:** Endorsed AfterZone Program Applications

Beverages will be provided. For those submitting an AfterZone Program Funding Grant Application, attendance at one of these technical assistance sessions is strongly recommended; **attendance is required for all those submitting an Endorsed AfterZone Program Application.** PASA staff will provide information and answer questions about completing the funding application. Additionally, applicants are strongly encouraged to speak with an AfterZone coordinator or other PASA staff about the application prior to submission.

We encourage applicants to speak with a PASA staff person to discuss proposals and program ideas before submission. Feel free to contact any of the following staff members:

#### **East Side & North End AfterZones**

Kuniko Yasutake  
(401) 490-9599 x.109  
[kyasutake@mypasa.org](mailto:kyasutake@mypasa.org)

#### **South Side & West End AfterZones**

Alejandro Molina  
(401) 490-9599 x.108  
[amolina@mypasa.org](mailto:amolina@mypasa.org)

#### **Olneyville AfterZone**

Julie Holt  
(401) 490-9599 x.107  
[jholt@mypasa.org](mailto:jholt@mypasa.org)

#### **Technical Assistance and Other Questions**

Patrick Duhon  
(401) 490-9599 x.102  
[pduhon@mypasa.org](mailto:pduhon@mypasa.org)



An initiative of Mayor David N. Cicilline, with major support from The Wallace Foundation, Bank of America, RI Department of Education, City of Providence, and the Nellie Mae Education Foundation.

To provide more after-school opportunities, PASA is working with local schools, libraries, recreation centers, police and other agencies to create a system of "neighborhood campuses" that will provide Providence middle school youth with access to more, safe, high-quality, fun programs.