



# Beyond School Bells

nebraskachildren

## 2020 Incubator Grant Application: Existing Program

### PART I – PROGRAM NEED

Briefly describe your school and the community you serve.

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.

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

Title I School

Previously had an afterschool program

Previously had a summer program

Identified by NDE as Needs Improvement

Another afterschool program is offered within 15 miles of our school

Low Parent Involvement

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

Superintendent

School Board Members

School Administrator/s

Teachers

Parents

Community Members

Local Business/es

City Government (mayor, city council)

Police

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:

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

**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
<b>CURRENTLY</b>					
<b>FUTURE</b>					

**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
<b>CURRENTLY</b>					
Number of weeks:					
<b>FUTURE</b>					
Number of weeks:					

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

	<b>Afterschool</b>		<b>Summer</b>	
	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:

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.

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

\*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.