MEMORANDUM

TO: UPK Providers  
RE: 2023-2024 School Year 
DATE: February 13, 2023

Enclosed please find the following:
1. Budget
2. Application

Please formulate a budget for the 2023-2024 school year based on the per pupil expenditure being $4,000 per pupil for 4 year olds and $6,700 per pupil for 3 year olds. Additionally, please complete the entire 2023-2024 application for each program. The Universal Prekindergarten Program is dependent upon funding under the Troy Universal Prekindergarten Grant from the New York State Education Department for the 2023-2024 school year. The amount of funding received determines the number of prekindergarten slots available. Please submit the budget and application to the UPK office no later than March 3, 2023.

Should you have any questions or concerns, please call me.

enc.
UNIVERSAL PRE-KINDERGARTEN PROGRAM

AGENCY / ORGANIZATION APPLICATION

REQUEST FOR PROPOSAL

APPLICATION
2023-2024

Please return to:

The Enlarged City School District of Troy
Juli Currey
475 First Street
Troy, NY  12180

Program Name: ________________________________________________________

Address: ______________________________________________________________

Phone: ________________ Fax: ___________________ E-mail: ___________________

Name/Title of person completing this application:

______________________________________________________________________

Executive Director: _____________________________ Phone: __________________

Contact Person: _______________________________ Phone:  __________________

Title: __________________________________________________________________

Directions: Please complete the following form and return the original and one copy to
the above address.  If you have any questions concerning this application, please call
Juli Currey (328-5436).

Please note the Universal Prekindergarten Program is dependent on funding from the
New York State Department of Education.

This application process may include a site visit to your agency by a District
Administrator and possibly an interview with agency administrative staff.
If you have more than one center/site and you are applying to collaborate at more than one site, please copy and complete pages one and two for each of your centers that will be applying as a Universal Pre-Kindergarten Program collaborative.

Site: ____________________________  Address: _____________________________

Phone: _______________  Contact Name/Title: _____________________________

Hours of operation ________ to ________ # of days per week in operation __________

Please check one: _____ Half Day   _____ Full Day

I.   Enrollment

Projected Number of UPK four year olds your program anticipates to serve________

Projected Number of 4 year olds with an IEP ______

How many of your projected four year old children come from families who are eligible for any public assistance such as DSS daycare assistance, food stamps, etc.?  ____

II.   Staffing Patterns

What is your current child/staff ratio for four year olds? ______________

What is your current class size for four year olds? ______________

Do you use volunteers, student placements, etc. in your four year old classrooms?

Yes _____ No _____  If yes, describe briefly: __________________________
III. Capacity
How many classrooms currently serve four year old children? _______________

Of those classrooms, how many have mixed groups of three & four year old children? _______________

Could your facility expand to include more four year olds? ____ Yes  ____ No

If yes, how many more four year olds could you accommodate? _______________

Would you need to add additional four year old classrooms? ____

If so, how many? __________

IV. Facility

What is the average square footage per preschooler in your facility? __________

Do you have an outdoor gross motor space? ____ Yes  ____ No  ____ sq. ft.

Do you have an indoor gross motor space? ____ Yes  ____ No  ____ sq. ft.

If yes, please describe the space and the equipment that is available for the children’s use.

V. Staff Qualifications (please indicate the total number of staff in each degree area employed by your center).

____ NYS Certified Teacher N-3 or N-6
____ NYS Certified Teacher N-3 or N-6 with Early Childhood Annotation
____ NYS Certified Teacher N-3 or N-6 with Bilingual Annotation
____ BA / BS Early Childhood Education
____ BA / BS Other
____ CDA
____ Associate Degree
____ High School or GED with 6 hours college credit
____ High School or GED only
____ Less than High School

Administrative Qualifications (please indicate the total numbers of administrators in each degree area employed by your center).

____ NYS Certified Teacher N-3 or N-6
____ NYS Certified Teacher N-3 or N-6 with Early Childhood Annotation
____ NYS Certified Teacher N-3 or N-6 with Bilingual Annotation
____ BA / BS Early Childhood Education
____ BA / BS Other
____ CDA
____ Associate Degree
____ Other ___________________________

Indicate
VI. Do you presently collaborate with any other agencies to provide programming for four year olds? If so, describe briefly.

VII. What curriculum do you presently use for your enrolled four year olds? (Please include district required and center required curriculum)

VIII. Please describe your hiring practices?

IX. Describe your MEAL/FOOD Program.

X. Describe procedures for Fire Drills, Bomb Threats, Intruder plans, including evacuations for early dismissals due to weather, etc.
NARRATIVE

2023-2024

Required Program Components

A. Comprehensive Services
B. Meeting the needs of English Language Learners
C. Parent Involvement
D. Transition / Continuity
E. Special Education
F. Staff Development
G. Instructional Goals / Objectives
H. Learning Standards
A. Comprehensive Services

Describe support services to children and families such as social and health related services.

Evaluation Strategies
B. Literacy

Describe how your program will meet the needs of English Language Learners.

Evaluation Strategies
C. Parent Involvement

Describe the activities you plan to encourage parent participation.

Evaluation Strategies
D. Transition / Continuity with School District K-3 Program

Describe the program which facilitates the transition of children and families into the school district.

Evaluation Strategies
E. Integrating preschool children with disabilities

Describe how your program responds to the needs of students with special educational needs.

Evaluation Strategies
F. Staff Development

Describe the various staff development topics you plan for this year.

Evaluation Strategies
G. Instructional Components

Cognitive Skills

Goals / Objectives

Methodology

Means of Assessment

Copy and use as many sheets as necessary.
G. Learning Standards
Describe your programs experience with the New York State Standards for Prekindergarten

Evaluation Strategies
What do you feel you would need from the School District (excluding funding) to support a Prekindergarten collaboration?
PLEASE DESCRIBE IN DETAIL, INCLUDING HOURS OF OPERATION, WEEKS PER YEAR (40 MINIMUM), DAYS PER YEAR (180 MINIMUM), LOCATION AND DAILY SCHEDULE THE UNIVERSAL PREKINDERGARTEN PROGRAM / MODEL YOU WOULD LIKE TO IMPLEMENT IN YOUR CENTER(S). INCLUDE ONE DESCRIPTION PER SITE.
UNIVERSAL PRE-KINDERGARTEN PROGRAM

AGENCY / ORGANIZATION APPLICATION

REQUEST FOR PROPOSAL

PROPOSED BUDGET

2023-2024

Please return with completed RFP to:

The Enlarged City School District of Troy
Juli Currey
475 First Street
Troy, NY 12180

Program Name: ________________________________________________________

Address: ______________________________________________________________

Phone: ________________ Fax: ________________ E-mail: __________________

Name/Title of person completing this application:

______________________________________________________________________

Executive Director: _____________________________ Phone: __________________

Contact Person: _______________________________ Phone:  __________________

Title: _________________________________________________________________

Directions:

* Submit the original budget and one copy with the completed application (RFP) to the above address.
* Enter whole dollar amounts only.
* This proposed budget must be signed on the last page by the Executive Director or designee.
* High quality computer generated reproductions of this form may be used.
* If you have any questions concerning this application, please contact Juli Currey (518-328-5436).
* Remember, only the staff, materials and travel costs associated with the Universal Pre-Kindergarten Program may be included in the budget.
**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

<table>
<thead>
<tr>
<th>Specific Position Title</th>
<th>Full-Time Equivalent</th>
<th>Annualized Rate of Pay</th>
<th>Project Salary</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Subtotal - Code 15

**SALARIES FOR SUPPORT STAFF: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

<table>
<thead>
<tr>
<th>Specific Position Title</th>
<th>Full-Time Equivalent</th>
<th>Annualized Rate of Pay</th>
<th>Project Salary</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Subtotal - Code 16
**PURCHASED SERVICES: Code 40**  
Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

<table>
<thead>
<tr>
<th>Description of Item</th>
<th>Provider of Services</th>
<th>Calculation of Cost</th>
<th>Proposed Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Subtotal - Code 40

**SUPPLIES AND MATERIALS: Code 45**  
Include computer software, library books and equipment items under $5,000 per unit.

<table>
<thead>
<tr>
<th>Description of Item</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Proposed Expenditure</th>
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</thead>
<tbody>
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</tbody>
</table>

Subtotal - Code 45
**TRAVEL EXPENSES: Code 46**

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

<table>
<thead>
<tr>
<th>Position of Traveler</th>
<th>Destination and Purpose</th>
<th>Calculation of Cost</th>
<th>Proposed Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Subtotal - Code 46

**EMPLOYEE BENEFITS: Code 80**

Rates used for project personnel must be the same as those used for other agency personnel.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Proposed Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td></td>
</tr>
<tr>
<td>New York State Teachers</td>
<td></td>
</tr>
<tr>
<td>New York State Employees</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
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<tr>
<td>Unemployment Insurance</td>
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</tr>
<tr>
<td>Other (Identify)</td>
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</table>

Subtotal – Code 80
# BUDGET SUMMARY

<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>CODE</th>
<th>PROJECT COSTS</th>
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</thead>
<tbody>
<tr>
<td>Professional Salaries</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Support Staff Salaries</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Purchased Services</td>
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<td></td>
</tr>
<tr>
<td>Supplies and Materials</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>46</td>
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</tr>
<tr>
<td>Employee Benefits</td>
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</tr>
<tr>
<td>Indirect Cost</td>
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<tr>
<td>BOCES Services</td>
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<td></td>
</tr>
<tr>
<td>Minor Remodeling</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
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</tbody>
</table>

**Executive Director / Owner’s Certification**

I hereby certify that the requested budget amounts are necessary for the implementation of this project.

**Name and Title of Executive Director / Owner /Principal**

________________________________________________________________________

Please print / type

___________________________________________     _____________________

Signature      Date