Office of Grants, Academic Programs and Accountability
Juli Currey, Director

475 First Street
Troy, New York 12180

(518) 328-5436
curreyj@troycsd.org

MEMORANDUM

TO: UPK Providers
RE: 2024-2025 School Year
DATE: January 25, 2024

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

Please formulate a budget for the 2024-2025 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 2024-2025 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 2024-2025 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 **February 16, 2024.**

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

enc.

UNIVERSAL PRE-KINDERGARTEN PROGRAM

AGENCY / ORGANIZATION APPLICATION

REQUEST FOR PROPOSAL

<u>APPLICATION</u>
2024-2025

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

2024-2025

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

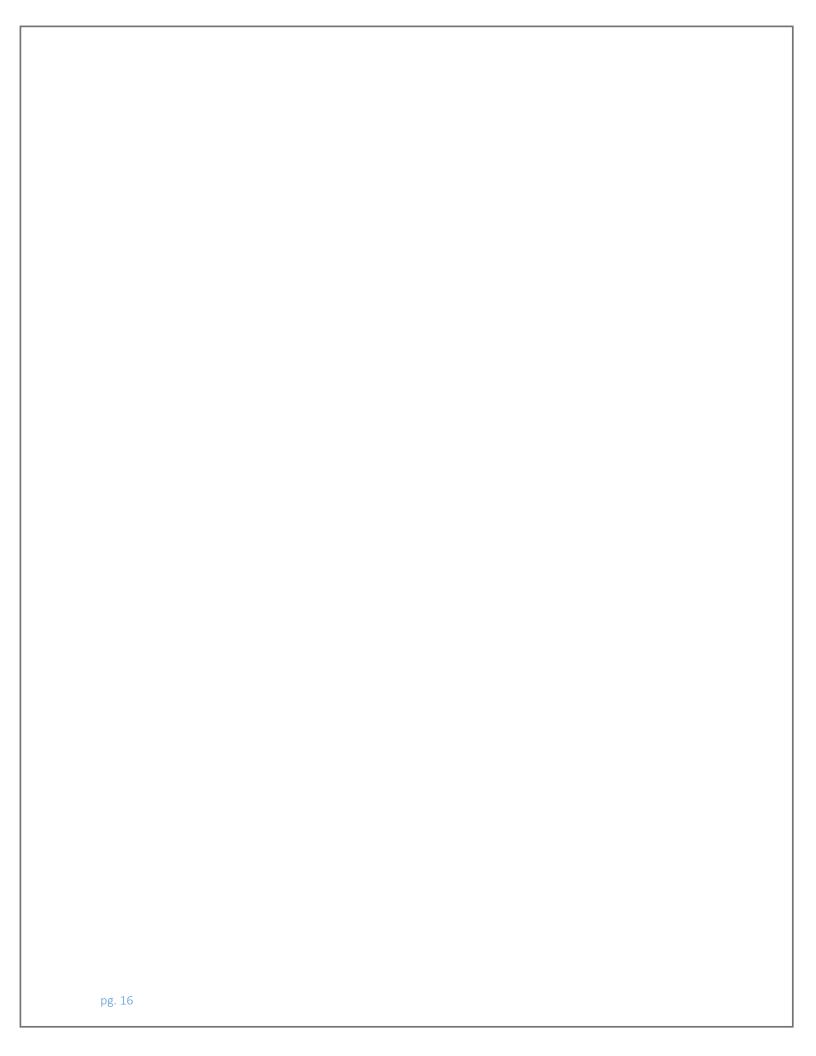Describe how your program responds to the needs of students with special educational needs.

Evaluation Strategies

F.   Staff Development

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

Evaluation Strategies

G.   Instructional Components

<u>Cognitive Skills</u>

<u>Goals / Objectives</u>

<u>Methodology</u>

<u>Means of Assessment</u>

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
<u>PROPOSED BUDGET</u>
2024-2025

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.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
		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.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
		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.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
		Subtotal - Code 40	

SUPPLIES AND MATERIALS: Code 45

Include computer software, library books and equipment items under $5,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
		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.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
		Subtotal - Code 46	

EMPLOYEE BENEFITS: Code 80

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

Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other (Identify)		
	Subtotal – Code 80	

BUDGET SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		

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