

**High Quality School Readiness  
Form 1: Applicant Information and Assurances**

**Applicant Entity Name:** \_\_\_\_\_

**Private Providers please check one:** \_\_\_\_\_ Licensed III \_\_\_\_\_ Legally Licensed – Exempt III

**Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name and contact information of person to be contacted on matters involving this application:**

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

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

email: \_\_\_\_\_

**Name and contact information of person authorized to sign application on behalf of Applicant:**

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Information about current program:**

Number of students enrolled \_\_\_\_\_

Number of students who are economically disadvantaged as defined in Utah Code [53A-1b-102\(2\)](#)

\_\_\_\_\_

Number of students identified as having a disability under the Individuals with Disabilities Act (IDEA):

\_\_\_\_\_

Number of licensed personnel: \_\_\_ CDA \_\_\_ AA \_\_\_ AS \_\_\_ BA \_\_\_ BS \_\_\_ Other \_\_\_ Total

Current Average class size \_\_\_\_\_

Current Teacher/Student ratio \_\_\_\_\_

Program cost per Student \_\_\_\_\_

Identify all other funding sources for this program which serve the same purpose as this HQSR grant. For each source, provide a total dollar amount and detail how the funds are used in the program. Use extra sheet(s) if necessary (pages will not be counted in page total):

**By signing below, the Applicant assures the following:**

- Compliance with all applicable statutes and regulations, in carrying out any project activities supported by these funds.
- Continuing obligation to comply with terms and conditions of governing statutes, and grant directions.
- All students will be given a unique student identifier, to enable longitudinal data collection.
- Class sizes, ratios, and quality will be observed as per the requirements of the governing statute (i.e., class size does not exceed 20 students, with one adult for every 10 students in the class. Private providers must meet state licensing ratios at a minimum).
- **Actively recruit and serve primarily students who meet the definition of economically disadvantaged, as defined in 53A-1b-102(2).**
- Provide information for reports to the School Readiness Board and the State Board of Education, including, but not limited to (1) the number of students served by the early childhood program, reported by economically disadvantaged status; (2) average daily attendance over the grant period; (3) the cost of the program per student; and (4) the pre-, mid-, and post-assessment results, meeting all required timelines.
- **Maintain financial records, to ensure that funds awarded by this grant are supplementing, and not supplanting, the existing program.**
- Provide the independent evaluator access to students, with parent permission, classroom, and other data as requested to determine the growth of the program.
- Comply with all requirements of Student Find, under the Individuals with Disabilities Education Act (IDEA). Please see the “Additional Information” section for information on Student Find.

**Check one:**

Applicant agrees to use Risk Factor Assessment in student recruiting process.

Applicant does not agree to use Risk Factor Assessment in student recruiting process.

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Signature of Superintendent, Charter School Director, or Private Provider authority\*

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Date

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Title

*\*Only charter schools that fund their own preschool apply through the USOE. Charter schools that have a private provider apply through the Department of Workforce Services.*