

APPENDIX B
Department of Workforce Services
School-Age Summer Quality Expansion Grant
Solicitation 23-DWS-S003

Program Site Information and Grant Narrative

SITE NAME: _____
SITE ADDRESS (STREET, CITY): _____
SCHOOL NAME (IF APPLICABLE): _____
SITE CONTACT NAME: _____
TITLE: _____
PHONE NUMBER: _____
EMAIL: _____

SECTION A: GEOGRAPHIC LOCATION

(Check all boxes that apply for the proposed program) Note: IGP counties are bold; *rural counties

- | | |
|--|--|
| <input type="checkbox"/> Beaver County* | <input type="checkbox"/> Piute County* |
| <input type="checkbox"/> Box Elder County* | <input type="checkbox"/> Rich County* |
| <input type="checkbox"/> Cache County | <input type="checkbox"/> San Juan County* |
| <input type="checkbox"/> Carbon County* | <input type="checkbox"/> Salt Lake County |
| <input type="checkbox"/> Davis County | <input type="checkbox"/> Sanpete County* |
| <input type="checkbox"/> Daggett County * | <input type="checkbox"/> Sevier County* |
| <input type="checkbox"/> Duchesne County* | <input type="checkbox"/> Summit County |
| <input type="checkbox"/> Emery County* | <input type="checkbox"/> Tooele County |
| <input type="checkbox"/> Garfield County* | <input type="checkbox"/> Uintah County* |
| <input type="checkbox"/> Grand County* | <input type="checkbox"/> Utah County |
| <input type="checkbox"/> Iron County* | <input type="checkbox"/> Wasatch County* |
| <input type="checkbox"/> Juab County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Kane County* | <input type="checkbox"/> Wayne County* |
| <input type="checkbox"/> Millard County* | <input type="checkbox"/> Weber County |
| <input type="checkbox"/> Morgan County | |

SECTION B: PROGRAM SITE INFORMATION

The program is:

“DWS-Approved, License Exempt Out-of-School Time Program”

“Licensed-Center” with “Foundation of Quality” rating in Care About Child Care database

Active in licensing

Program licensing number (example: F10-123456): _____

1st date of 1st camp session offered: _____

Last date of last camp session offered: _____

How many weeks will the camp run? _____

Will these weeks be (choose one):

Consecutive Weeks, or

Cumulative weeks

Days/Hours of Camp Operation (formal camp operating hours only):

- ☐ Monday _____ (hours from/to)
- ☐ Tuesday _____ (hours from/to)
- ☐ Wednesday _____ (hours from/to)
- ☐ Thursday _____ (hours from/to)
- ☐ Friday _____ (hours from/to)

Total Weekly Hours: _____

What is your licensed capacity for your school-age space: _____

Do you charge fees? Yes No

If yes, do you offer (check all that apply):

Sliding Fee Scale for all participants

Subsidy

None of the Above (see performance requirements for fee allowances)

SECTION C: GRANT NARRATIVE QUESTIONS

WHAT EVIDENCE-BASED SEL CURRICULUM WILL YOUR PROGRAM UTILIZE DURING SUMMER CAMP AND HOW WILL IT BE INCORPORATED INTO THE WEEKLY SCHEDULE?

IDENTIFY ONE S.M.A.R.T. GOAL DESIGNED TO INCREASE YOUTH POSITIVE BEHAVIORS UTILIZING SEL ACTIVITIES.

IDENTIFY A MINIMUM OF FOUR EDUCATIONAL FIELD TRIPS/GUEST SPEAKERS IN WHICH THE SCHOOL-AGE YOUTH WILL HAVE AN OPPORTUNITY TO PARTICIPATE. EXPLAIN HOW THESE ACTIVITIES ARE EDUCATIONAL FOR YOUTH.