

AFTERSCHOOL QUALITY IMPROVEMENT GRANT

III. PROGRAM INFORMATION

*****If serving youth ages 5-18 at the SAME site, please fill out this entire sheet for EACH age group*****

Organization: _____ Program Name: _____

Age Group to be served (check only ONE box): Youth Ages 5 to 12 Youth Ages 13 to 18

SECTION A: PREVENTION AND EDUCATION COMPONENTS

Check the **TWO (2)** primary prevention and education components the program proposes to offer:

- | | |
|--|--|
| <input type="checkbox"/> Addiction Prevention | <input type="checkbox"/> Healthy Relationship Education |
| <input type="checkbox"/> Civic Engagement | <input type="checkbox"/> Physical Activity & Nutrition |
| <input type="checkbox"/> Education & Career Readiness | <input type="checkbox"/> Positive Interpersonal Relationships |
| <input type="checkbox"/> Emotional Intelligence & Self-Concept | <input type="checkbox"/> Pregnancy & STI Prevention (Teen Programs Only) |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Youth Violence & Gang Prevention |

SECTION B: PROGRAM INFORMATION

Indicate when the program operates: Weekdays Weekends

Grade levels served (range of grade levels to be served, K-12): _____

Kindergarten children are served in the same program/classroom as the 1st – 6th grade children: Yes No

Current number of youth being served per day, Average Daily Attendance (ADA): _____

Number of youth the program proposes to serve per day (proposed ADA): _____

Indicate the number of youth the program expects to serve per year (unduplicated): _____

School District(s) Date(s) for First Day of School (Month/Day/Year): _____

Afterschool Program Start Date (Month/Day/Year): _____

How many weeks does the program operate during the school year? _____

For purposes of this grant, a week is defined as a minimum of four days per week.

Current hours of operation during the school year, not including transportation (i.e. 2:30-5:00):

AM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly Hours _____

PM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly Hours _____

For this purpose, hours of operation are defined as the number of hours youth are actually participating in the program.

Projected hours of operation for the school year (i.e. 2:30-5:00):

AM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly Hours _____

PM — Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly Hours _____

If the program provides formal transportation 10 miles or more per day to more than 50 percent of the ADA, indicate the amount of time this adds to the daily schedule (i.e.: 1 hour, 40 min, 1h 40m, etc.):

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Total Weekly _____