**Attachment #2**

**New York State Program Application Packet for Universal Pre-Kindergarten in High Need School Districts (UPK)**

**Syracuse City School District – New York State Funded Pre-Kindergarten Programs For the**

**2022-2023 School Year**

**New York State Program Application Packet**

***Universal Pre-Kindergarten in High Need School Districts (UPK)***

**Agency/Organization Name:**

**Physical location/address of proposed classroom(s)\*:**

***\*please attach a separate page for each additional physical location***

****

|  |  |
| --- | --- |
| Number of proposed **full day 3 Year Old UPK** seats at this location  |   |
| Number of proposed **half day 3 Year Old UPK** seats at this location  |   |
| Number of proposed **full day 4 Year Old UPK** seats at this location  |   |
| Number of proposed **half day 4 Year Old UPK** seats at this location  |   |
| Hours of full day program operation  |   |
| Hours of half day program operation  |   |
| Number of NYS certified teachers for this location  |   |
| Number of teaching assistant/aides for this location  |   |

|  |  |
| --- | --- |
| **What is the average classroom square footage per child at this** **location?**  |   |

|  |  |
| --- | --- |
| Is there an **indoor** gross motor space available at this location?  | ☐***Yes*** ☐***No***  |
| * If ***yes***, please describe space and available equipment:
 |
|   |
| * If ***no***, please describe plans to meet programmatic gross motor requirements:
 |
|   |
| Is there an **outdoor** gross motor space available at this location?  | ☐***Yes*** ☐***No***  |
| * If ***yes***, please describe space and available equipment:
 |
|   |
| * If ***no***, please describe plans to meet programmatic gross motor requirements:
 |

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**Program Director Signature:**  **Date:**

**Chief Executive Officer Signature:**  **Date:**

**Attachment** **#3**

**New York State Program Application Packet for Statewide Universal Full Day** **Pre- Kindergarten Program (SUFDPK)**

**Syracuse City School District – New York State Funded Pre-Kindergarten Programs For the 2022-2023 School Year**

**New York State Program Application Packet**

***Statewide Universal Full Day Pre-Kindergarten Program (SUFDPK)***

**Agency/Organization Name:**

**Physical location/address of proposed classroom(s)\*:**

***\*please attach a separate page for each additional physical location***

|  |  |
| --- | --- |
| Number of proposed **full day 3 Year Old SUFDPK** seats at this location |  |
| Number of proposed **half day 3 Year Old SUFDPK** seats at this location |  |
| Number of proposed **full day 4 Year Old SUFDPK** seats at this location |  |
| Number of proposed **half day 4 Year Old SUFDPK** seats at this location |  |
| Hours of full day program operation |  |
| Hours of half day program operation |  |
| Number of NYS certified teachers for this location |  |
| Number of teaching assistant/aides for this location |  |

|  |  |
| --- | --- |
| **What is the average classroom square footage per child at this location?** |  |

|  |  |
| --- | --- |
| Is there an **indoor** gross motor space available at this location? | * ***Yes*** ☐***No***
 |
| * If ***yes***, please describe space and available equipment:
 |
|  |
| * If ***no***, please describe plans to meet programmatic gross motor requirements:
 |
|  |
| Is there an **outdoor** gross motor space available at this location? | * ***Yes*** ☐***No***
 |
| * If ***yes***, please describe space and available equipment:
 |
|  |
| * If ***no***, please describe plans to meet programmatic gross motor requirements:
 |
|  |

Please describe a typical instructional day in your proposed classroom(s) under this program ***(a sample schedule may be attached)****:*

Please describe plans to implement SCSD/NYSED curricular requirements under this program (include literacy, math, social emotional, gross motor, on-going student assessment, etc.):

Please describe your agency’s plan to provide classroom staff with release time to attend SCSD provided professional development sessions:

Please describe your agency’s plan to provide classroom teachers with time to meet/plan with SCSD Early Childhood Instructional Coaching staff on a regular basis:

Please describe your agency’s plan for providing instructional supervision of classrooms by an on-site, NYS certified professional ***(attach credentials of certified on-site supervisor)***:

Please describe your agency’s plan for ensuring that children are in attendance for the full duration of program hours daily:

Please describe your agency’s plan for entering/reporting student attendance in the SCSD *schooltool*

platform on a daily basis:

Please describe your agency’s experience with preschoolers with disabilities:

Please describe your agency’s experience with preschoolers who are multi-language learners:

Please describe services/supports your agency provides to families ***(attach supporting documentation)****:*

Please describe your agency’s plan for parent engagement **(*attach supporting documentation*)**:

Please describe how your agency will benefit from the proposed collaboration with the Syracuse City School District:

**Program Director Signature: Date:**

**Chief Executive Officer Signature: Date:**

**Attachment #4**

**Proposal Fee Schedule – Agency Budget Form**

**\*\*\*\*\* NOTES TO AGENCY BUDGET FORM \*\*\*\*\***

* The fee proposal is an all-inclusive maximum price per student for the services proposed.
* This per-student rate assumes that the District receives the full funding allocation for these programs from New York State.
* This per-student rate assumes the agency will operate for a minimum of 180 instructional days for students.
* Fees are paid based on student attendance at the program. If a student does not attend the program, the Agency will not receive payment for that student.

**Syracuse City School District – New York State Funded Pre-Kindergarten Programs**

for the 2022-2023 School Year

**Agency Budget Form**

|  |
| --- |
| **Please complete a *separate* form for each program you are applying to*:*** |
| **(check ONE)** ☐UPK ☐SUFDPK |

**(# Students X $ Rate = $ Total)**

**\*RATES ASSUME MINIMUM 180 INSTRUCTION DAYS & FULL FUNDING AMOUNT FROM NYS\***

|  |
| --- |
| **UPK Budget** |
| **Program** | **#** |  | **$ Rate** |  | **$ Total** |
| **Proposed 3 Year Old FD Seats** |  | **X** | **$6,500** | **=** |  |
| **Proposed 3 Year Old HD Seats** |  | **X** | **$4,500** | **=** |  |
| **Proposed 4 Year Old FD Seats** |  | **X** | **$5,655** | **=** |  |
| **Proposed 4 Year Old HD Seats** |  | **X** | **$3,500** | **=** |  |

|  |
| --- |
| **SUFDPK Budget** |
| **Program** | **#** |  | **$ Rate** |  | **$ Total** |
| **Conversion** |  | **X** | **$3,750** | **=** |  |
| **New** |  | **X** | **$8,000** | **=** |  |

**# of Statewide seats should reflect 2019-2020 School Year**

**Total Proposed Budget Request = $**

**Please provide a narrative description of reasonable, appropriate and necessary expenditures:**

**Profession salaries detail:**

 **Total dollar amount for professional salaries = $**

**Supplies and materials detail:**

 **Total dollar amount for supplies & materials = $**

**Purchases services detail:**

 **Total dollar amount for purchased services = $**

**Program Director Signature: Date:**

**Chief Executive Officer Signature: Date:**