# C:\Users\sokroy\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Q0ZDHOTB\USBE color.pngHigh Quality School Readiness

Form 1: Applicant Information and Assurances

**Applicant Entity Name:**

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

**Federal Tax ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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: Use extra sheet(s) if necessary (pages will not be counted in page total).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of school/site where grant funding will be used** | **Total number of K-6/K-5 students/total number of economically disadvantaged in school/site** | **Total percentage of K-6/K-5 economically disadvantaged students in school/site** | **Anticipated number of 3- and 4-year old economically disadvantaged students** | **Anticipated percentage of 3- and 4-year old economically disadvantaged students** |
| ***Example: Hansen Elem.*** | ***500/300*** | ***60%*** | ***9/20*** | ***45%*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Applicants must agree to prioritize enrollment of economically disadvantaged students. Applicant’s school readiness program must register and maintain a minimum of 25% of eligible 3- and 4-year old students throughout the grant funding period.**

List 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 per month: \_\_\_\_\_ How many days per week: \_\_\_\_\_ How many hours per day: \_\_\_\_\_

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 eligible students, as defined inUtah Code [53F-6-301](https://le.utah.gov/~2018/bills/static/HB0380.html).
* Applicants must agree to prioritize enrollment of eligible students. Program must maintain a minimum enrollment of 25 percent of eligible 3- and 4 year-old students throughout the grant funding period. Failure to maintain this percentage will result in ineligibility for the following grant cycle.
* Provide information for reports to the School Readiness Board and the Utah State Board of Education, including, but not limited to: (1) the number of students served by the early childhood program, reported by eligible student 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. Grant recipients will be required to report on progress and compliance with their grant proposal.

# Maintain financial records to ensure that funds awarded by this grant are supplementing and not supplanting the existing program.

* Cooperate with the independent evaluator. In addition, a minimum of 80 percent of the eligible students’ families must submit parent consent forms for data collection and tracking SSID number purposes.
* 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 (Form 3) in student recruiting process. Applicant does not agree to use Risk Factor Assessment (Form 3) in student recruiting process.

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

Title

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