

Michigan Department of Education
 CNRA (GSRP STATE AID PRE-APP)
OFFICE OF EARLY CHILDHOOD EDUCATION AND FAMILY SERVICES
 P.O. Box 30008
 Lansing, Michigan 48909

AUTHORITY: State School Aid Act, Section 37.

COMPLETION: Voluntary (Consideration for funding will not be possible if form is not filed).

Direct questions regarding this form to Early Childhood Education and Family Services at (517) 373-8483.

**COMPREHENSIVE COMMUNITY NEEDS
 AND RESOURCES ASSESSMENT
 FISCAL YEAR 2010-2011**

DUE:

- Individual District/Academy Application
- Consortium Application

APPLICANT	Legal Name of Fiscal Agent		District Code
	Address		
	City	State	Zip Code
	County	Telephone Number	Fax Number

CONTACT PERSON	Name of Contact Person		Title of Contact Person
	Address		
	City	State	Zip Code
	Email Address	Telephone Number	Fax Number

**MICHIGAN DEPARTMENT OF EDUCATION
CNRA (GSRP STATE AID PRE-APP)
NEED AND CAPACITY
FY 2010-2011**

Fiscal Agent _____ **District Code** _____
Agency _____ **District Code** _____

1. 1. Estimated number of children entering kindergarten in the fall of 2011 (birth dates between 12/2/2005 and 12/1/2006). These are children who could enter a four-year-old preschool program in 2010.		
a. Fall 2009 Kindergarten enrollment for MDE review		
2. Number of children entering kindergarten in the fall of 2011 estimated to meet at least two of the Great Start Readiness Program risk factors. The number cannot be greater than line 1.		
3. Number of children entering kindergarten in the fall of 2011 estimated to meet the income criteria for Free or Reduced Lunch		
4. Number of children who qualify for publicly funded programs.		
5. Number of four-year-old children served in this community during the school year (2009-2010) by:		
a. Head Start (to be provided by the Head Start Agency)		
b. Title I Preschool (four year olds only)		
c. Early Childhood Special Education (formerly Preprimary Impaired/PPI) classrooms and other categorical special education programs (four year olds only)		
d. Great Start Readiness Programs: Number of slots filled. Each Full-Day child is counted as two slots. (See HELP: Exclude applicant's current enrollment.)		
Competitive Grant GSRP		
Public School Academy GSRP		
School District GSRP		
Total of 5d		
e. Total a, b, c, d		
6. Number of children who qualify for this GSRP.		
7. Considering the number of children qualified for GSRP (line 6), enter the number of children this School District/PSA is requesting to serve AND is able to provide facilities and staff to provide Part-Day preschool, All-Day/Alternate-Day, Migrant preschool, GSRP/Head Start Blend , or to provide Home-Based instructional services in the next fiscal year.		
8. Based on the 2 for 1 rule in current GSRP legislation, this is the number of children this School District/PSA indicates are still available to be served in a GSRP Full-Day preschool. (click Save - MEGS will enter)		
9. Considering the number of children qualified for GSRP Full-Day preschool (line 8), enter the number of children this School District/PSA is requesting to serve AND is able to provide facilities and staff to provide Full-Day preschool . GSRP Full-Day requirements may be downloaded from: http://www.michigan.gov/gsrp .		

**MICHIGAN DEPARTMENT OF EDUCATION
CNRA (GSRP STATE AID PRE-APP)
DATA SOURCES INFORMATION
FY 2010-2011**

Fiscal Agent _____ **District Code** _____

- 1. The methods *outlined in the "Help" section* were used to determine ALL estimates on the Need and Capacity page. Documentation of data sources used to complete the Need and Capacity page estimates are maintained in the local program administrative files.

- 2. Methods *other than those outlined in the "Help" section* were used to determine at least SOME of the estimates on the Need and Capacity page. Provide a brief explanation below. Include resources and methodology *for each numbered item* on the Need and Capacity page.

Example:

Line 1: Used "Help" methods.

Line 2: Used other methods - Describe...

If box 2 above is checked, provide description below. The description is limited to the space provided.

**MICHIGAN DEPARTMENT OF EDUCATION
 CNRA (GSRP STATE AID PRE-APP)
 COLLABORATION ASSURANCE AND SUPPLEMENTARY CHILD CARE QUESTIONNAIRE
 FY 2010-2011**

Fiscal Agent _____ **District Code** _____

Yes	Collaboration Assurance
<input type="checkbox"/>	<p>The program has obtained collaboration forms from an interagency group that includes the following public agencies or the multi-purpose collaborative body or individual forms. If the following current collaboration forms are not on file, the district assures that all forms will be on file by September 1, 2010:</p> <ol style="list-style-type: none"> 1. Department of Human Services 2. Department of Community Health Services 3. Great Start Readiness Program competitive grant recipients, if applicable 4. Additional agencies or organizations, if applicable 5. For districts/PSAs that participate in an interagency advisory group or county multi-purpose collaborative body, a current single letter of support listing committee members including (minimally) the agencies listed above.

Yes	No	Supplementary Child Care Questionnaire
<input type="checkbox"/>	<input type="checkbox"/>	<p>If you are able to answer Yes, you may be eligible for priority funding. Does the program provide one or more of the following:</p> <ol style="list-style-type: none"> 1. Before-and-after wraparound child care services for the children funded for the Great Start Readiness Program? 2. Transportation to and/or from child care providers to attend the Great Start Readiness Program? 3. Coordination of child care services for families by referring families to licensed local or registered child care providers? 4. A plan for providing or improving child care services for preschool children?