

Michigan Department of Education
GREAT START READINESS PROGRAM
OFFICE OF EARLY CHILDHOOD EDUCATION AND FAMILY SERVICES
P.O. Box 30008
Lansing, Michigan 48909

AUTHORITY: Section 32d, 37-40 of the State School Act.

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.

2009-2010 STATE AID GRANT APPLICATION FOR THE GREAT START READINESS PROGRAM

APPLICANT	Name of District/Public School Academy		District Code
	Address		
	City	State	Zip Code
	County	Telephone Number	Fax Number

CONTACT PERSON	Name of Contact Person		
	Email Address	Telephone Number	Fax Number

SECONDARY CONTACT	Name of Secondary Contact	
	Email Address	Telephone Number

See next page for districts within a consortium.

Each eligible district/public school academy shall submit to the Michigan Department of Education a resolution adopted by its board certifying the number of four-year-old children who will participate in a school readiness program funded under Sections 32d, 37-40. Non-compliant applications will be returned for completion.

ASSURANCES AND CERTIFICATION: By submitting the application, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

GREAT START READINESS PROGRAM
GSRP – PROJECT FACT SHEET
FY 2009-2010

Agency _____
Consortium _____

District Code _____
Code _____

1. PROGRAM INFORMATION- *all programs complete this section.*

- a. Total funding awarded _____
- b. Amount of total award from 1a representing deferred funds from FY09. _____
- c. Number of GSRP preschool slots available from total funding (1a) based on \$3,400 per slot _____
- d. Slots accepted (from 1c) at \$3,400 per slot to implement:
 - Part-Day Preschool _____
 - All/Day-Alternate-Day Preschool _____
 - GSRP/Head Start Blend Preschool _____
 - Migrant Preschool _____
- e. Slots accepted (from 1c) at \$6,800 per slot to implement:
 - Full-Day Preschool _____
- f. Slots accepted (from 1c) at \$3,400 per slot to implement:
 - Home e-Based Programming _____
- g. Total amount of funding accepted for GSRP Preschool _____
- h. Difference between funding awarded (1a) and funding accepted for GSRP preschool (1g). _____
- i. Portion of funding (if any) from 1h accepted for parent involvement and education programs (see Help). _____
- j. Balance of funding returned _____

2. PRESCHOOL PROGRAM INFORMATION

- a. Beginning date of program _____ (mm/dd/yyyy)
- b. Ending date of program _____ (mm/dd/yyyy)
- c. Number of weeks of program _____
- d. Beginning Date of PIE program _____
- e. Ending Date of PIE program _____

GREAT START READINESS PROGRAM

GSRP – ALLOCATION ACCEPTANCE

FY 2009 – 2010

Agency _____

District Code _____

District Name	District Code	FY 09-10 Allocation	FY 09-10 funding accepted (from Column C) to provide Part-Day, All-Day/Alternate Day, Home-Based, or Head Start Blend GSRP preschool at \$3400 per slot	FY 09-10 funding accepted (from Column C) to provide Full-Day GSRP preschool for GSRP at \$6800 per slot	FY 09-10 funding accepted (from Column C) to offer the parent involvement and education option (PIE).	Unallocated funds to be redistributed to other eligible districts.
TOTALS						

**GREAT START READINESS PROGRAM
GSRP – SUB-CONTRACT AGENCY
FY 2009-2010**

Agency _____ District Code _____

SUBCONTRACT AGENCY	Name of Subcontract Agency		Federal ID #	Telephone #
	Address		City	Zip Code
CONTACT PERSON	First Name	Last Name	Telephone #	Fax #
	Is this a Head Start Grantee or delegate agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address	# of Funded Children

SUBCONTRACT AGENCY	Name of Subcontract Agency		Federal ID #	Telephone #
	Address		City	Zip Code
CONTACT PERSON	First Name	Last Name	Telephone #	Fax #
	Is this a Head Start Grantee or delegate agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address	# of Funded Children

SUBCONTRACT AGENCY	Name of Subcontract Agency		Federal ID #	Telephone #
	Address		City	Zip Code
CONTACT PERSON	First Name	Last Name	Telephone #	Fax #
	Is this a Head Start Grantee or delegate agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address	# of Funded Children

SUBCONTRACT AGENCY	Name of Subcontract Agency		Federal ID #	Telephone #
	Address		City	Zip Code
CONTACT PERSON	First Name	Last Name	Telephone #	Fax #
	Is this a Head Start Grantee or delegate agency? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email Address	# of Funded Children

**GREAT START READINESS PROGRAM
GSRP – KEY PERSONNEL – EARLY CHILDHOOD SPECIALIST
FY 2009-20010**

Agency _____ District Code _____

EARLY CHILDHOOD SPECIALIST

First Name	Last Name	
Email Address		Telephone #

DEGREE(S)/CERTIFICATION

1. For Center-Based Programs:

Center-Based Master's Degree in:

2. For Home-Based Programs:

Master's Degree with interdisciplinary training in both working with young children and adult family members with background in:

3. For All Programs:

Bachelor's Degree in _____

4. Please provide a brief description of the Early Childhood Specialist's educational status if you responded with C or D in item 1 or E in item 2 above.

GREAT START READINESS PROGRAM
 GSRP - KEY PERSONNEL – TEACHERS/HOME VISITORS
 FY 2009-2010

Agency _____ District Code _____

TEACHERS/HOME VISITORS

First Name	Last Name
Email Address	Date Hired in GSRP in this District/PSA

1. Degree(s)/Certification

- a. Master’s Degree in Early Childhood Education
- b. Valid Michigan Teaching Certificate
- c. Early Childhood Specialist or “ZA” endorsement
- d. PPI/Early Childhood Special Education Approval Letter
- e. Compliance Plan (complete #4 below)

2. For Sub-Contractors Only

- a. Master’s Degree in Early Childhood Education
- b. Valid Michigan Teaching Certificate
- c. Early Childhood Specialist or “ZA” endorsement
- d. PPI/Early Childhood Special Education Approval Letter
- e. Child Development Associate Credential (CDA)
- f. Bachelor’s Degree in Child Development with specialization in preschool teaching
- g. Compliance Plan (complete #4 below)

3. For Home-Based Model

- a. Master’s Degree in Early Childhood Education
- b. Associate’s or Bachelor’s Degree in Child Development, Early Childhood Education, Family Life Education, Parenting, Social Work or related field.
- c. Child Development Associate credential (CDA)
- d. Compliance Plan (complete #4 below)

4. Programs that have hired teachers who do not meet the requirements as indicated are in noncompliance. Educational progress must be noted, below:

Identify credentialing desired. _____

Enter estimated date of completion. _____

Identify the college or university. _____

Report at least two credit-bearing courses to be accomplished this year. _____

**GREAT START READINESS PROGRAM
GSRP – KEY PERSONNEL – ASSOCIATE TEACHER/PARAPROFESSIONAL
FY 2009-2010**

Agency _____ District Code _____

ASSOCIATE TEACHER/PARAPROFESSIONAL

First Name	Last Name	
Email Address		Telephone #
Date hired in GSRP in this District/PSA	Required training (see #2 below) must be completed by	

1. Educational Progress Degree(s)/Certifications

- a. Valid Michigan Teaching Certificate
- b. 120 Clock Hours Letter on file with MDE
- c. Valid Child Development Associate Credential (CDA)
- d. Associate's Degree in Child Development
- e. Bachelor's Degree or higher in Early Childhood or related field
- f. Completed at least one course in Early Childhood Training

2. Programs that have hired associate teachers/paraprofessionals who do not meet the requirements as indicated are in noncompliance. Educational progress must be noted, below.

Identify credentialing desired. _____
Enter estimated date of completion. _____
Identify the training institution or agency. _____
Report at least two course or 60 clock-hours of training to be accomplished this year. _____

**GREAT START READINESS PROGRAM
GSRP – SITE DESCRIPTION
FY 2009-2010**

Agency _____

District
Code _____

Site Name		
Address		
City		Zip Code
License/Approval#	Effective Date	Expiration Date
Licensed Capacity		Number Of Rooms for GSRP

If license pending, expired or will expire before the end of this program year, explain status.

Early Childhood Specialist:

Site Name		
Address		
City		Zip Code
License/Approval#	Effective Date	Expiration Date
Licensed Capacity		Number Of Rooms for GSRP

If license pending, expired or will expire before the end of this program year, explain status.

Early Childhood Specialist:

**GREAT START READINESS PROGRAM
GSRP – CENTER-BASED CLASSROOMS
FY 2009-2010**

Agency _____

District
Code _____

1. Site

a. Classroom reporting for each teaching team:

Session	Beginning Time	Ending Time	Number of GSRP Enrolled Children/Session
A.M.			
P.M.			
All-Day/Alternate Day			
GSRP/Head Start Blend			
Migrant Preschool			
Full-Day			

b. If this is an All-Day/Alternate-Day Session, does it share classroom space, staff and/or transportation with All-Day/Alternate-Day Kindergarten?

Yes No

c. Supplemental Child Care

Yes No

d. Indicate the physical location of this site, which may differ from the agency with administrative and/or fiscal responsibility:

2. Teacher

To Be Hired

Select Teacher _____

**GREAT START READINESS PROGRAM
GSRP – CENTER-BASED CLASSROOMS
FY 2009-2010**

Agency _____

District
Code _____

3. Associate Teacher(s)/Paraprofessional(s)

To Be Hired

Select Teacher _____

4. Other classroom staff: The staff person added when the classroom has 17 or 18 children meets the Bureau of Children and Adult Licensing, Department of Human Services, licensing requirements as a “caregiver.”

Yes

**GREAT START READINESS PROGRAM
HOME-BASED CLASSROOMS
FY 2009-2010**

Agency _____

District
Code _____

1. Staff

a. Early Childhood Specialist

To Be Hired

Early Childhood Specialist _____

b. Home Visitor

To Be Hired

Home Visitor _____

c. Number of GSRP state aid formula funded children on this home visitor's caseload. _____

**GREAT START READINESS PROGRAM
GSRP – PROJECT PLAN Q & A
FY 2009-2010**

Agency _____ District Code _____

Question	Yes	If No, explanation/timeline
Enrollment and documentation	<input type="checkbox"/>	
Recruitment, identification, selection	<input type="checkbox"/>	
Philosophy	<input type="checkbox"/>	
Active involvement of Early Childhood Specialist	<input type="checkbox"/>	
Daily routine	<input type="checkbox"/>	
Parent involvement	<input type="checkbox"/>	
Resources	<input type="checkbox"/>	
Program effectiveness	<input type="checkbox"/>	
Training in full implementation of curriculum and child assessment tools	<input type="checkbox"/>	
Cluster activities (Home-Based only)	<input type="checkbox"/>	
All staff participate in professional development	<input type="checkbox"/>	
5 or more P.D. activities/year	<input type="checkbox"/>	
Training topics	<input type="checkbox"/>	
Staff evaluation and follow-up	<input type="checkbox"/>	

**GREAT START READINESS PROGRAM
GSRP – CURRICULUM ASSESSMENT
FY 2009-2010**

Agency _____ District Code _____

Developmental Screening

One comprehensive, standardized developmental screening tool is required:

If **Other** is selected above, identify the research-validated, comprehensive developmental screening tool in use.

Curriculum

Research-validated, comprehensive curriculum and model/approach:

If **Other** is selected above, identify the research-validated, comprehensive curriculum in use.

Ongoing Child Assessment

Research-validated, comprehensive ongoing child assessment tool:

If **Other** is selected above, identify the research-validated, comprehensive and ongoing child assessment tool.

GREAT START READINESS PROGRAM
 GSRP – CURRICULUM ASSESSMENT
 FY 2009-2010

Program Assessment

Describe below systematic and ongoing plans for program improvement. An example is provided on the HELP screen. Address each bulleted item.

<ul style="list-style-type: none"> • Describe the composition of the team involved in data analysis and goal setting. 	
<ul style="list-style-type: none"> • Describe how often data from the PQA and child outcome measure are reflected on together • Describe how this information is used for program improvement. 	
<p>Describe the role of the Early Childhood Specialist in promoting continuous improvement including professional development.</p> <ul style="list-style-type: none"> • Use the Preschool Program Quality Assessment (PQA) to observe in the classroom, minimally 3 times per year? • Assist staff to reflect on what they are doing, and • Work with teaching teams to provide ongoing and meaningful professional development? 	
<p>Describe how data and program goals are shared with:</p> <ul style="list-style-type: none"> • Parents, • The GSRP advisory committee, • The school board, and • The community. 	

**GREAT START READINESS PROGRAM
PROJECT PLAN – PROGRAM QUALITY GOAL
FY 2009-2010**

Agency

District
Code

Site _____

Program and Quality Goal:

Objectives:

**GREAT START READINESS PROGRAM
PROJECT PLAN – PROGRAM QUALITY GOAL
FY 2009-2010**

Agency

District
Code

Activities:

Timelines:

Measurement Strategies:

**GREAT START READINESS PROGRAM
PROJECT PLAN – PARENT INVOLVEMENT GOAL
FY 2009-2010**

Agency _____

District
Code _____

Site _____

Program and Quality Goal:

Objectives:

**GREAT START READINESS PROGRAM
PROJECT PLAN – PARENT INVOLVEMENT GOAL
FY 2009-2010**

Agency

District
Code

Activities:

Timelines:

Measurement Strategies:

**GREAT START READINESS PROGRAM
PROJECT PLAN – CHILD DEVELOPMENT GOAL
FY 2009-2010**

Agency _____

District
Code _____

Site _____

Program and Quality Goal:

Objectives:

**GREAT START READINESS PROGRAM
PROJECT PLAN – CHILD DEVELOPMENT GOAL
FY 2009-2010**

Agency

District
Code

Activities:

Timelines:

Measurement Strategies:

**GREAT START READINESS PROGRAM
COMMUNITY ADVISORY / CURRICULUM COMMITTEE
FY 2009 - 2010**

Agency _____

District Code _____

Legislation requires that the advisory committee be composed of the following members:

1. Preschool teachers; Head Start teachers; Title I preschool teachers; kindergarten teachers; first grade teachers; curriculum director; principal; GSRP parents (1 parent for every 18 children enrolled with a minimum of 2 parents on the committee); and if feasible, school psychologist, school social worker or school counselor.

2. Legislation also requires representatives from appropriate community agencies and organizations be on the committee. These may include, but are not limited to: Department of Human Services (DHS), Community Health Services, Child Day Care Licensing, Head Start, Local Early Childhood Programs, and Community Coordinated Child Care (4C).

The people and agencies as outlined in items 1 and 2 above are members of our established advisory committee. The committee meets a sufficient number of times each year to thoroughly address each of the topics outlined in the **Help** for this page.

If legislative requirement has not been met, please explain:

**GREAT START READINESS PROGRAM
GSRP – PARENT INVOLVEMENT
& EDUCATION PROJECT DIRECTOR/ADMINISTRATOR
FY 2009-2010**

Agency _____

District Code _____

Instructions: Programs utilizing GSRP state-aid funds for parent involvement and education programs must complete all fields on this page.

First Name:	Last Name:
Email Address:	Telephone Number:

**GREAT START READINESS PROGRAM
PIE – PROJECT PLAN COMPLIANCE
FY 2009-2010**

Agency _____ District Code _____

Description	Yes	If No, explanation
<p>1. The program provides home visits by parent educators trained in child development to help parents understand appropriate expectations for each stage of their child's development, to encourage learning opportunities, and to promote strong parent-child relationships.</p>	<input type="checkbox"/>	
<p>2. The program facilitates group meetings of participating families.</p>	<input type="checkbox"/>	
<p>3. There is provision for periodic developmental screening of the child's overall development, health, hearing, and vision.</p>	<input type="checkbox"/>	
<p>4. The program has identified a community resource network that provides referrals to other state, local, and private agencies as appropriate to assist parents in preparing their children for academic success and to foster the maintenance of stable families.</p>	<input type="checkbox"/>	
<p>5. The program connects families to quality preschool programs (this funding may NOT be used to provide preschool programming).</p>	<input type="checkbox"/>	

**GREAT START READINESS PROGRAM
 PIE – PROJECT PLAN COMPLIANCE (cont'd)
 FY 2009-2010**

Agency _____ District Code _____

<p>6. The program is a collaborative community effort that includes at least the intermediate district or district, community collaboratives, local health and welfare agencies, and private nonprofit agencies involved in programs and services for preschool children and their parents. Evidence of a review and approval by the community collaborative of the program plan is maintained in the fiscal agent or administrative files (available for MDE review upon request).</p>	<p align="center"><input type="checkbox"/></p>	
<p>7. A written plan for the delivery of the program components is attached to this ME GS GSRP application.</p>	<p align="center"><input type="checkbox"/></p>	

