

Michigan Department of Education
GSRP COMPETITIVE
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 GSRP COMPETITIVE

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.

**GSRP Competitive
FY 2009-2010**

Project Fact Sheet

Agency: _____ **District Code:** _____

1. PROGRAM INFORMATION

- a. Slots accepted at \$3,400 per slot to implement:
Part-Day Preschool
All-Day/Alternate-Day Preschool
GSRP/Head Start Blend
Migrant Preschool
- b. Slots accepted at \$6,800 per slot to implement:
Full-Day Preschool
- c. Slots accepted at \$3,400 per slot to implement:
Home-Based Programming
- d. Total amount requested at \$3,400 per slot:

2. DELIVERY OF SERVICES

- a. Beginning date of program (mm/dd/yyyy)
- b. Ending date of program (mm/dd/yyyy)
- c. Number of weeks of program
- d. Migrant/Seasonal

Check all months that services are provided:

Apr May June July Aug Sept Oct Nov Other _____

**GSRP Competitive
FY 2009-2010**

Project Fact Sheet

Agency: _____ **District Code:** _____

e. Catchment area:

Note: Programs must not deviate from the catchment area indicated in the original application without prior approval from the Michigan Department of Education.

List counties in your catchment area:

List cities in your catchment area:

Optional – Include zip codes to assist in further defining the catchment area:

**GSRP COMPETITIVE
FY 2009-2010**

Advisory Committee

Agency: _____ District Code: _____

Instructions: This chart identifies the number of agencies represented on the advisory committee and the frequency of the committee meetings. Please provide specific information regarding the numbers of parents and community agency representatives in the corresponding row. **NOTE: In a competitive GSRP, legislation requires the committee to include at least one parent or guardian for every 18 children enrolled with a minimum of two parent or guardian representatives.**

	<u>Number of Committee Members</u>
Community Advisory Committee	
Department of Human Services (DHS)	
Community Health Services	
Local School Districts/Local School Academies	
Head Start	
Local Early Childhood Programs	
Community Coordinated Child Care (4C's)	
Great Start Readiness Program Parent	
Other (specify):	

How often does the Advisory Committee meet?

Does the committee work include reviewing those items outlined in legislation as the responsibilities of the advisory committee? (See Help Detail) Yes No

Describe the role of GSRP parents on the county-wide Advisory Committees.

Describe any additional decision-making committees in the local program in which GSRP parents participate.

**GSRP COMPETITIVE
FY 2009-2010
Sub-Contract Agency**

Agency _____ District Code _____

Instructions: This section is to be completed for competitive programs that subcontract with private or public agencies or other organizations. Private programs and agencies must be non-profit entities.

Name of Sub-Contract Agency:

Number of funded (accepted) children
to be served by this Sub-Contract Agency:

Federal ID #:

Address:

City:

Zip Code:

Phone # (include area code):

Sub-Contract Contact Person Information

First Name:

Last Name:

Phone # (Include area code):

Fax #:

E-mail Address:

Is this a Head Start grantee or delegate agency? Yes No

**GREAT START READINESS PROGRAM
GSRP – KEY PERSONNEL – EARLY CHILDHOOD SPECIALIST
FY 2009-2010**

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. 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

1. Degree(s)/Certification

- a. Master’s Degree in Early Childhood Education
- b. Valid Michigan Teaching Certificate
- c. ZA endorsement
- d. Valid Child Development Associate Degree Credential (CDA)
- e. Bachelor's in Child Development or ECE
- f. Compliance Plan (Complete #3 below)

2. 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 #3 below)

3. 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 or 60 clock hours of training 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. 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:

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

Agency _____

District
Code _____

1. Site:

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			
Full-Day			

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

Supplemental Child Care

Yes No

2. Teacher

To Be Hired

Select Teacher _____

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
1. Enrollment and documentation	<input type="checkbox"/>	
2. Recruitment, identification, selection	<input type="checkbox"/>	
3. Philosophy	<input type="checkbox"/>	
4. Consistent Catchment Area	<input type="checkbox"/>	
5. Active involvement of Early Childhood Specialist	<input type="checkbox"/>	
6. Daily routine	<input type="checkbox"/>	
7. Parent involvement	<input type="checkbox"/>	
8. Resources	<input type="checkbox"/>	
9. Program effectiveness	<input type="checkbox"/>	
10. Training in full implementation of curriculum and child assessment tools	<input type="checkbox"/>	
11. Cluster activities (Home-Based only)	<input type="checkbox"/>	
12. All staff participate in professional development	<input type="checkbox"/>	
13. 5 or more P.D. activities/year	<input type="checkbox"/>	
14. Training topics	<input type="checkbox"/>	
15. Staff evaluation and follow-up	<input type="checkbox"/>	

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

Agency _____ District Code _____

Developmental Screening

Please report a comprehensive, standardized developmental screening tool, if currently in use:

If developmental screening tool other than the above is in use, please describe. The description is limited to the space provided.

Curriculum

Research based, comprehensive curriculum and model/approach:

If curriculum other than above will be used, please describe. The description is limited to the space provided.

Ongoing Child Assessment

Comprehensive ongoing child assessment tool:

If comprehensive ongoing child assessment tool other than above will be used, please describe. The description is limited to the space provided.

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

Program Assessment

Please describe the systematic and ongoing plans for program improvement. An example is provided on the HELP screen.

Describe the composition of the team involved in data analysis and goal setting.	
Describe how often data from the PQA and child outcome measure are reflected on together, and how this information is use for program improvement.	
Describe the role of the Eraly Childhood Specialist in promoting continuous improvement including professional development.	
Describe how data and program goals are shared with 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:

