Preschool Scholarship RFP Application DHLW+M Early Childhood Area

Cover Page

GENERAL PROGRAM & CONTACT INFORMATION	
Name of Organization	
Address of organization	
Name & Title of Organization	
Administrator	
Phone	
Email	
Name & Title of	
Program/Project Manager	
Phone	
Email	
Federal Tax ID #	
Total Amount Requested	\$

ASSURANCES:

_____ I have read and understand ECI Tool O Early Care and Education Scholarships section

I have read and understand DHLW+M Preschool Tuition Scholarship Program Criteria Policy 4.10

By signing below the applicant affirms that all data in this application and supporting material are correct and true. If awarded funds by the DHLW+M Early Childhood Area Board, the Applicant will comply with all state and local grant requirements.

Signed: ____

Date: _____

(Signed by Administrator)

Narrative

1. (15 points) Briefly share why you are interested in partnering with DHLW+M to provide scholarships?

2. (15 points) What relationships do you currently have with preschools in the 4-county area, if any?

3. (15 points) Briefly describe your knowledge of preschool practices and programs in the 4-coutny area?

4. (5 points) Briefly describe your knowledge of the ASQ 3 screening tool AND Child Care Assistance procedures, if any? *A successful applicant is not required to be an expert in these things, but will need to have a general understanding of how these apply to the scholarship program.*

5. (15 points) How will you get people to participate in the program?

6. (10 points) Identify the staffing plan for the proposed program. Specify if the program will hire new staff and/or utilize a portion of current staff hours. If using a portion of current staff hours, identify the percentage of that person's time to be funded by this grant.