

# New Classroom Grant Application

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*AL Department of Children's Affairs*

## Report Fields

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### Facility/Site Name\*

*Character Limit: 100*

### Type of Program\*

Please identify the type of program for which you are applying.

#### Choices

Public School  
Private Childcare  
Head Start  
Community (such as YMCA)  
Faith Based  
College or University  
Private School (non-faith based)  
Military  
Other

### Other Type of Program

If you chose **Other** in the question above please specify.

*Character Limit: 150*

### Public School Type of Program

If you chose **Public School** for type of program please specify how many kindergarten classrooms are in the public school system.

*Character Limit: 5*

### If you chose anything other than Public School in the Type of Program question above:

To which school system(s) does your program feed? And what is the number of kindergarten classrooms?

In each text box below enter the name of the school system / the number of kindergarten classrooms? (i.e. School System / 25)

*Character Limit: 200*

### School System 1 / Number of Kindergarten Classrooms

*Character Limit: 200*

## School System 2/ Number of Kindergarten Classrooms

*Character Limit: 200*

## School System 3 / Number of Kindergarten Classrooms

*Character Limit: 200*

### Amount of Request\*

Plus Grant - up to \$120,000

Intervention Grant - up to \$120,000

Development Grant - up to \$150,000

*Character Limit: 20*

### Community Pre-K Initiative\*

Is this application part of a community pre-k initiative?

#### Choices

Yes

No

### Name of Initiative

If yes, enter the name of the initiative.

*Character Limit: 150*

## Location

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### County of Classroom\*

Provide the name of the county in which the classroom will physically be located.

*Character Limit: 25*

### Street Address\*

Provide street address, city and zip code of classroom.

*Character Limit: 100*

### Organization County

If different than county where classroom will be located, please provide the county where the applying organization is based.

*Character Limit: 25*

## Quality Commitment

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### Quality Assurance\*

All Pre-Kindergarten Providers must follow the program guidelines established by the Office of School Readiness. To qualify, a potential provider must initial all of the items and sign the [Quality Assurance Document](#).

*File Size Limit: 2 MB*

## Overview (10 Points)

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**Please explain, in detail, your efforts in the areas below.**

### Program Description\*

Describe your program (history, mission, and vision of program) and your target population.

*Character Limit: 2000*

### Classroom Setup\*

Provide an overview of how you will set up your classroom(s) and how the 6½ hours of instruction will be carried out.

*Character Limit: 2000*

### Child Selection\*

Describe how your organization will ensure socio-economic diversity of students in each classroom.

*Character Limit: 2000*

### Classroom\*

Include evidence that the program will be housed in an appropriate sized room (35 sq. ft. per child for 18 children) and located near an age appropriate sink, water fountain, and toilet. If classroom is not currently set up for Pre-K, please provide photos of space to be used. (Upload photos)

*Character Limit: 2000 | File Size Limit: 2 MB*

### Classroom photo

*File Size Limit: 2 MB*

### Classroom photo

*File Size Limit: 2 MB*

**Playground\***

Include evidence that the existing playground area is at least 60 sq. ft. per child and is age appropriate. Playground must be on-site and fenced if grant is awarded. If playground does not currently exist, provide specific plan for playground development.

*Character Limit: 2000 | File Size Limit: 2 MB*

**Additional photo**

*File Size Limit: 2 MB*

## *Evidence of Need (45 Points)*

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**Evidence of Need\***

Provide and describe evidence of need for establishing a First Class Pre-K in your local community. Include the number of four-year-olds in your community, number of Pre-K programs operating in your area, economic conditions in the community, and other risk factors you deem appropriate to demonstrate need (e.g. academic factors), waiting lists.

*Character Limit: 4000*

## *Qualifications/Prior Experience (5 Points)*

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**Qualifications/Prior Experience\***

Provide the qualifications of the person(s) who will be responsible for the operation/administration of the program. Describe prior experience in administering grants and in providing services for Pre-K children. Include level of education, certification/credentials, curriculum training, and other related workshops/classes attended.

*Character Limit: 1000*

**Contact information for Program Director/Administrator who will have primary responsibility for administering grant funds.**

**First Name\***

*Character Limit: 50*

**Last Name\***

*Character Limit: 50*

**Business Title\***

*Character Limit: 50*

**Email Address\***

*Character Limit: 254*

**Telephone Number\***

*Character Limit: 50*

**Address\***

*Character Limit: 150*

**City\***

*Character Limit: 50*

**State\***

*Character Limit: 50*

**Postal Code\***

*Character Limit: 25*

**County\***

*Character Limit: 75*

***Classroom Practice (25 Points)***

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Describe how your curriculum will address each of the eight domains described in the Alabama Developmental Standards for Preschool Children.

**Emergent Literacy\***

*Character Limit: 1000*

**Emergent Numeracy\***

*Character Limit: 1000*

**Creative Arts\***

*Character Limit: 1000*

**Science and Environmental Education\***

*Character Limit: 1000*

**Technology\***

*Character Limit: 1000*

## Social and Emotional Development\*

Character Limit: 1000

## Approaches to Learning\*

Character Limit: 1000

## Physical Health and Development\*

Character Limit: 1000

## Collaboration (5 Points)

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### Collaboration\*

Provide three letters of support. One letter **must** be from your local Children's Policy Council, and the other two from any partnering agencies or community organizations.

### Support Letter #1

File Size Limit: 2 MB

### Support Letter #2\*

File Size Limit: 2 MB

### Support Letter #3\*

File Size Limit: 2 MB

## Budget (10 Points)

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Instructions: Please include a proposed classroom budget, using the First Class Pre-K Budget Form provided. Complete each column of the budget using the instructions provided on the webpage for each budget type.

### W-9\*

Upload the applying organization's W-9.

File Size Limit: 2 MB

### Upload Budget\*

Please use the budget template for the amount of the grant for which you are applying. The Tiered amounts are based on free and reduced lunch population. Student fees may only be

charged according to sliding fee scale found on the Tiered budget link below. Tiered grant amounts range between \$80,100 and \$92,800, depending on free and reduced lunch statistics. Excellence grants are up to \$45,000 and allow for tuition from students comparable to what the market supports in the local area.

*File Size Limit: 2 MB*

### **Narrative\***

Please complete budget narrative below describing how funding is needed to help your program meet the “Alabama High Quality Pre-K Standards.” Please show how your organization will provide an amount of at least 25% of the grant amount to fully fund the classroom. Also, please provide an explanation of all other funds you will invest in the program. In the narrative, describe the source and amounts of all additional funds.

*Character Limit: 4000*

### **Classroom Sustainability\***

Provide plan for sustaining this classroom beyond the first year of First Class funding. New Classroom Grants are awarded for one year. Organizations must then re-apply for a grant in either the Excellence category (up to \$45,000) or Tiered category (up to \$92,700 depending on free/ reduced lunch population).

*Character Limit: 250*

***Please note that if application is approved, all budgets are subject to revision in accordance with Pre-K guidelines.***