**English Learner Summer Program 2019**

**Community-Based Organization**

**Summer Program Application**

Organization’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of person in your organization authorized to sign and legally bind the contractor to the contract (e.g., executive director, president, vice president, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program’s Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would the proposed program be available to operate Monday through Friday from 12:00 p.m. to 3:00 p.m. from July 1- July 26, 2019?

[ ]  Yes [ ]  No

1. The English Learner Summer Program2019 will run in two (2) SDP school sites.

Are you willing to agree to the school sites OMCP chooses?

[ ]  Yes [ ]  No

1. Which school site would you prefer?

[ ]  Gilbert Spruance School [ ]  Henry C. Lea School [ ]  No preference

1. Please check all that apply to the proposed program’s focus:

[ ]  Arts, music, and/or theater

[ ]  Career/Technical Education

[ ]  Other

If “Other,” please provide a brief description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the mission of your organization and its expertise in working with English Learners and immigrant students. Please write 1-2 paragraphs in the space provided below.
2. Describe the history of your organization and its experience providing extended learning opportunities for English Learners and immigrant students. Please write 2-3 paragraphs in the space provided below.
3. What are the proposed program’s goals & objectives? How will you meet these goals & objectives? Include an outline of the major topics/themes that will be addressed each week. Please write 2-3 paragraphs in the space provided below.
4. From 12:00 pm to 12:30 pm, CBOs will assist students at lunch. Please describe your proposed schedule from 12:30 pm to 3:00 pm. For example, will you offer various classes/activities with students rotating, or will students remain in one class for the entire afternoon? Also, include a brief description of the types of projects and learning experiences for students and how teachers will deliver instruction. Please write 2-4 paragraphs in the space below.
5. What criteria will be used to select, hire, and retain teachers for this program?
6. Please describe your plan for monitoring and supporting the quality of instruction in your proposed afternoon program. Write 1-2 paragraphs in the space below.
7. The District requires all personnel to have the following valid clearances: PA Criminal Background, FBI Fingerprinting, PA Child Abuse and ACT 126 Certificate of Completion. Do you feel confident that all personnel will have their valid clearances by May 10th?

[ ]  Yes [ ]  No

1. All partnered CBOs are expected to have, produce proof of, and maintain the following insurance coverage:

**General Liability Coverage**

General Liability:

$1,000,000 – Per Occurrence ⏐ $2,000,000 – Aggregate

Professional/Education Liability:

$1,000,000 – Per Occurrence ⏐ $2,000,000 – Aggregate

Workers’ Compensation:

$100,000 – bodily injury by accident

$100,000 – bodily injury by disease per employee

$500,000 – bodily injury by disease

Sexual Abuse/Molestation Liability:

$500,000 – Per Occurrence⏐$1,000,000 – Aggregate

Acord® Certificate of Liability Insurance must be accompanied with the***Additional Insured*** document.

1. Staff from OMCP will be working with accepted CBOs to assist in ensuring that all insurance items are acceptable and completed. Do you feel confident that these insurance items can be completed by May 10th?

[ ]  Yes [ ]  No

1. Does the proposed program currently have, or will it have an active Tax Compliance Certificate by May 10th?

[ ]  Yes [ ]  No

1. In order to ensure that both, the academic and enrichment programs share the same level of expectation for students, OMCP will be offering a half-day training session with selected contractors on June 7th. If selected, will the staff involved in your program attend the half-day training session?

[ ]  Yes [ ]  No

1. Please write out a budget proposal following the sample below. Keep in mind that food (breakfast and lunch), transportation, and site location will be provided by OMCP. All cost listed must be reasonable, Title III allocable, and necessary in accordance to the *Cost Principles and Audit Requirements for Federal Programs* under the *U.S. Uniform Administrative Requirements*.

Sample Budget:

|  |  |
| --- | --- |
| ***Item*** | ***Cost***  |
| Teaching Artist Salary & Benefits (2) | 10,000 |
| Teaching Assistant Salary & Benefits (2) | 2,500 |
| Program Staff Salary & Benefits | 2,500 |
| Art Supplies & Equipment | 2,400 |
| ***Total*** | ***17,400***  |

Proposed Budget:

|  |  |
| --- | --- |
| ***Item*** | ***Cost***  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ***Total*** |  |

***Note:*** *Since Title III federal funds will be utilized for this initiative, administrative cost cannot exceed 2% of the total budget. Furthermore, in order to protect the integrity of this informal competitive process, OMCP cannot disclose budgeted amount for services at this time.*

1. Please describe your proposed budget and how each item will support your objectives. As previously stated, all cost listed must be reasonable, Title III allocable, and necessary in accordance to the *Cost Principles and Audit Requirements for Federal Programs* under the *U.S. Uniform Administrative Requirements*. Write 1-2 paragraphs in the space below.

1. Will this program rely solely on funding from OMCP or will it be funded with multiple funding sources?

[ ]  Sole-Source Funding [ ]  Hybrid/Multiple-Source Funding

**Please submit this document in word processing format, preferably Microsoft Word.**