

Summer Enrichment 2024

Application Deadline: 1/19/2024 5:00 PM

CSC Leon has officially released its 2024 Summer Funding RFA. Our goal is to expand the capacity of programs to better meet enrichment and resiliency needs of children, young, and families in Leon County during the summer of 2024. Specifically, we will fund programs to promote positive youth development and reduce juvenile crime by providing safe, enriching environments paired with high-quality instruction for children and youth throughout the summer months.

Organizational Profile

This section is for describing your agency/organization - not the nature of your request.

Agency (Client) *	<input type="text"/>
Grant *	<input type="text"/>
Created By *	<input type="text"/>
Organization *	<input type="text"/>
Modified By *	<input type="text"/>
Program Name	If your organization has a different name than what is listed above (e.g., dba) or a common name (e.g. abbreviation), please enter it here. <input type="text"/>
Contact Person *	<input type="text"/>
Title of Contact Person *	<input type="text"/>
Contact Person e-mail *	<input type="text"/>
Contact Person Phone	<input type="text"/>
Agency Description *	Please use the space below to describe the organization (NOT THE NATURE OF YOUR REQUEST). Include, at minimum, your vision and mission statement, history of service, and current funding sources. <input type="text"/>
Agency Website	Please enter your agency's website, if available. <input type="text"/>
Program Overview *	Please use the space below to describe the specific program for which your agency is applying for funds; include the number of years' experience the agency has providing summer programming and any outcomes previously achieved. This is NOT where you outline the nature of your request. <input type="text"/>

Sunbiz Registration *	Upload a copy of your current State Division of Corporations Business Registration (Sunbiz). <input type="text"/>						
IRS Status	Upload a copy of your current IRS Nonprofit Status [501(c)(3)] Determination Letter, if applicable. <input type="text"/>						
Insurance *	Upload a copy of your current Certificate of Insurance/Proof of Liability Coverage. If selected for funding, you may be required to adjust coverage. <input type="text"/>						
Current Budget *	What is your total ANNUAL operating budget for your current fiscal year? <i>(Note: this amount should consider your budgeted annual income/revenue including all private and grant funds. This amount should match what is shown in the budget upload.)</i> <input type="text"/>						
Budget *	Upload a copy of your most current (annual) operating budget. (Must show income, expenses, and the difference for a full 12 months; budget must cover the months for which you are applying and should NOT include anticipated revenue from CSC Leon.) <input type="text"/>						
Previously Funded? *	Have you received funding from CSC Leon before? <div> <input type="checkbox"/> Yes </div> <div> <input type="checkbox"/> No </div>						
Funding Cycles	Please identify which funding cycles you previously received from CSC Leon. (Select all that apply.) <table border="1"> <tr><td>Summer 2022</td></tr> <tr><td>Summer 2023</td></tr> <tr><td>Family Strengthening</td></tr> <tr><td>Youth Mentoring</td></tr> <tr><td>Small Investments for Program Success</td></tr> <tr><td>Other</td></tr> </table>	Summer 2022	Summer 2023	Family Strengthening	Youth Mentoring	Small Investments for Program Success	Other
Summer 2022							
Summer 2023							
Family Strengthening							
Youth Mentoring							
Small Investments for Program Success							
Other							

Eligibility

Upload a copy of your letter of eligibility from CSC Leon.

Letter of Reference *

Upload at least one (1) letter of reference from a previous service recipient; multiple letters should be combined into a single file. Make sure letters are recent and legible.

Program Proposal

This section is for describing your funding request.

Amount Requested *

What is the exact amount you are requesting? This amount should match the total amount in the Budget section.

Request Description *

Use the space below to describe the program you are proposing CSC Leon funds and why it is needed.

Current Number of Children

How many UNDUPLICATED children/youth will you serve this summer WITHOUT additional funds from CSC Leon?

Number of Additional Children *

How many additional UNDUPLICATED children/youth will you serve WITH CSC Leon funds, if awarded? *(For the Summer Special Needs RFA, please report how many individual scholarships will you distribute to attend camp?)*

Grades of the Children Served *

Which of the following grade levels will you serve? Identify the grade the child is going into in the Fall (e.g., rising Kindergarten). You will then be asked to estimate the % of the total proposed served by grade level.

K-2
3-5
6-8
9-12
Other

Grades - Other

Please describe.

% Early Elementary

What percentage of the total number of children served do you anticipate will be in grades K-2 (early elementary)?

% Elementary	What percentage of the total number of children served do you anticipate will be in grades 3-5 (elementary)?
	<input type="text"/>
% Middle School	What percentage of the total number of children served do you anticipate will be in grades 6-8 (middle school)?
	<input type="text"/>
% High School	What percentage of the total number of children served do you anticipate will be in grades 9-12 (high school)?
	<input type="text"/>
% Other	What percentage of the total number of children served do you anticipate will be out-of-school (other)?
	<input type="text"/>
% in Priority Neighborhoods *	What percentage of the total number of children served do you anticipate will live in the priority neighborhoods (located in zip codes 32301, 32303, 32304, 32305, and 32310)?
	<input type="text"/>
% Special Needs *	What percentage of the total number of children served do you anticipate will have diverse needs (e.g., children with disabilities, autism, etc.)? <i>For the Special Needs Summer RFA, it is expected that <u>majority</u> of children served are considered special needs.</i>
	<input type="text"/>
Primary Location *	Provide the physical address for the primary location of service delivery.
	<input type="text"/>
Additional Service Locations	If services will be provided at multiple locations, provide documentation identifying all locations of service delivery (i.e., physical addresses).
	<input type="text"/>
Location Description *	Use the space below to describe the location(s) to be used for the purposes of summer enrichment. Describe any unique features of the facilities. Be specific. Include information regarding licensing, if applicable.
	<input type="text"/>

Transportation Assistance *

Use the space below to describe the transportation assistance you will provide to ensure maximum participation of children and youth,

Duration *

How many weeks will the program operate?

Service Dates *

Select the first and last dates services will be provided.

Service Days *

Identify the days of the week the program will be offered. (This is generally speaking. You can describe specific holidays or half weeks in a question below.)

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Service Start Time *

Identify the earliest supervision will be provided for children each service day.

Service End Time *

Identify the latest supervision will be provided for children each service day.

Service Disruptions *

Use the space below to describe any service disruptions to the schedule described above. For example, holiday closures; half days on Fridays, etc.

Sample Schedule *

Upload a sample weekly schedule of activities demonstrating at least 60% of time is spent in structured activities, with a preference for blended learning.

Meals *

Which of the following will the program provide to all children and youth participants on service days?

Breakfast
Morning Snack
Lunch
Afternoon Snack
Dinner
Other

Meals - Other

Please describe.

Sample Menu *

Upload a sample weekly menu demonstrating the provision of balanced nutrition to all program participants on all program days. *Note: CSC Leon requires that a minimum of two meals and a snack be provided each day. Bonus point awarded for additional feeding opportunities (i.e., dinner, weekend boxes, etc.)*

Inclusive Programming *

Please use the space below to share the methods that will be used to ensure inclusivity of children with diverse needs.

Family Engagement *

Please use the space below to share the methods you will use to engage parents and caregivers in the delivery and/or development of services.

Family Fees *

If funded request is approved, please identify the weekly cost per child charged TO FAMILIES to participate in the summer enrichment program. *(Note: The intent of this funding is to eliminate or minimize costs to families. If fees are charged, you will be required to justify the expense.)*

Fees Explanation

If fees are charged, a detailed explanation of what the fees cover must be included in the proposal.

Staffing Plan

This section is for providing a comprehensive overview of the staffing plan to carry out the proposal described above.

Program Manager *

Identify the primary program manager by name and provide a detailed description of their skills, knowledge and abilities, including their experience in successfully managing the proposed program (or similar program).

Full Time Staff *

How many full-time positions will be paid using CSC Leon funds?

Part Time Staff *

How many part-time positions will be paid using CSC Leon funds?

Contract Staff *

How many contract staff (1099) will be paid using CSC Leon funds? *(Partial positions permitted.)*

Direct Client Contact *

How many individual staff members will have direct contact with children for 25% or more of their time with the program?

Staff to Student Ratio *

Identify the staff-student ratio that aligns with the quality standards for ages/grades/abilities served. (Note: this should match what you use in the budget template.)

Staff Qualifications *

Describe the qualifications for each staff position to include, but not be limited to, the minimum age, background screening protocol, and certifications, if applicable.

Staff Training *

Describe the pre-service training required for staff members, including identification of source and costs.

Summer Organizational Chart *

Upload your organizational chart that clearly identifies funding sources for each staff position. Include existing and proposed positions regardless of status (full-time, part-time, contract, etc.).

Data Entry *

Which position(s) on the organizational chart will be in charge of data entry should your application be funded?

Reporting *

Which position(s) on the organizational chart will be in charge of reporting requirements at the prescribed levels should your application be funded?

Summer Expo *

If selected, will you participate in the Summer Camp Expo on Saturday, March 23, 2024?

Yes

No

Evaluation & Assessment

This section clarifies how you intend to demonstrate impact.

Evaluation Protocol *

Describe your "program evaluation protocol." Include reference to specific policies and procedures for data collection, storage and reporting.

Enrichment Component *

Identify the enrichment component the summer program centers around. *Note: Applicants may select more than one; however, for each area selected, the program is required to identify a tool for measuring impact (i.e., learning gains).*

Literacy
Science/Math/Technology
Arts/Creative/Performance
Fitness/Physical Development
Workforce Development
Other

Enrichment - Other

Please describe.

Literacy Tool

Identify the name of the assessment tool for measuring change (i.e. learning gains) related to literacy,

STEM Tool

Identify the name of the assessment tool for measuring change (i.e. learning gains) related to science, math and/or technology,

ARTS Tool

Identify the name of the assessment tool for measuring change (i.e. learning gains) related to the arts, creative production, and/or performance

Sports Tool

Identify the name of the assessment tool for measuring change (i.e. learning gains) related to fitness and/or physical development.

WD Tool	Identify the name of the assessment tool for measuring change (i.e. learning gains) related to workforce development.
	<div></div>
Other Tool	Identify the name of the assessment tool for measuring change (i.e. learning gains) related to the other enrichment component identified.
	<div></div>
Assessment Tool *	Upload a copy of at least one (1) tool for measuring change over the course of the summer program that aligns with the selected enrichment component. If you selected more than one enrichment component, please be sure to upload a tool for each component selected.
	<div></div>
Logic Model	Upload a copy of the program's logic model, if available.
	<div></div>

Budget

This section is to demonstrate how you will spend the requested funds and should match the amount requested above. Please know that if selected, this budget will be used as the basis for your contract. Please add a line and narrative for for each item you are requesting funds.

Item *	<div>Salaries (Staff Compensation)</div> <div>FICA</div> <div>Workers Compensation</div> <div>Other Fringe Benefits</div> <div>Advertising</div> <div>Assistance to Individuals</div> <div>Educational Materials</div> <div>Equipment Purchase (Capital Expense)</div> <div>Equipment Rental</div> <div>Food & Nutrition</div> <div>Insurance</div> <div>Maintenance</div> <div>Occupancy (Building/Grounds)</div> <div>Office Supplies</div> <div>Printing/Publications</div> <div>Professional Fees (Legal, Audit, Consulting)</div> <div>Staff Training</div> <div>Travel (Daily)</div> <div>Utilities</div> <div>Other</div>
Other	
Amount *	

Narrative *

Detailed description for each item requesting funds for; include calculation, if applicable

Summer Partnerships

This section is to demonstrate how you will spend the requested funds and should match the amount requested above. Please know that if selected, this budget will be used as the basis for your contract. Please add a line and narrative for for each item you are requesting funds.

Organization	<div></div>
Primary Contact	<div></div>
Partnership Letter	<div>Upload a letter for each collaborative partner identified. The letter should be current and specific to how the partnership will function.</div> <div></div>