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|  | Sixpence 2023-2024 Continuation Application  This form may not BE uploaded in leu of answering questions within GMS (Grants Management System), you must write A NARRATIVE into the boxed provided within GMS. **The only upload allowed is the Budget Detail Form.**    Document templates can be found at the Sing a Song of Sixpence Website within the Resource Library. <https://www.singasongofsixpence.org/resources/resource-library.html>  **Username:** Sixpence1  **Password:** Rocks#1 |

**¨** Family Engagement **¨** Center-Based

**Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **School District:** | |  | |
| **Sixpence Program Site Address:** | | **City:** | **Zip Code:** |
| **Authorized Representative: (NDE considers the Superintendent, ESU Admin to be the Authorized Representatives)**  **Address (if different from above):** | | **Telephone:**  **Email:** | |
| **District Business Manager:**  **Address (if different from above):** | | **Telephone:**  **Email:** | |
| **Grant Year Reporting on:**  **2023-24** | **Enrollment:**  **Number of children expected at enrollment**  Number of children on waiting list.  Number of children dually enrolled in Early Head Start.  Number of children receiving EDN services. | | |

**Statement of Commitment-must be updated annually and uploaded into GMS.**

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| **Community Partners** | **Agreement Updated** |
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**Professional Development**

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| What goals/plans does your program have for training and professional growth? Your description must include a goal, strategies for meeting the goal and a timeline for completion. |
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| **Does a representative from the Sixpence-funded program participate in your local Early Learning Connection advisory group?  If 'yes', please identify below.** |

**Program Update and Plans**

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| **If home-based, please describe how each funding sources’ requirements are met and not duplicated, especially the number of frequency of contacts with families.** |
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**Verify Evidence Based Model (Curriculum)**

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| --- | --- | --- |
| **Component** | **Model/Curriculum Name** | **Check if None Identified for this Component.** |
| **Child Assessment** |  | **¨** |
| Child Screener |  | **¨** |
| Home-Visit Curricula  (list all used) |  | **¨** |
| Center-Based Curricula  (list all used) |  | **¨** |

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| Center-Based Only |
| |  |  | | --- | --- | |  | | |  |  | | Meals: | Participating in Child Care and Adult Food Program | |  | Participating in School Lunch Program | |  | Breakfast Provided | |  | AM Snack Provided | |  | Lunch Provided | |  | PM Snack Provided |      |  |  |  |  | | --- | --- | --- | --- | |  | | | | |  |  |  |  | | Transportation: | Provided for all enrolled children | Provided for some enrolled children | Not Provided | |  |  |  |  |  |  |  |  | | --- | --- | --- | |  |  |  | | **Step Up to Quality:** |  | Enrolled But Not Yet Rated | |  |  | Rated at Step:    **Do you have a Step Up To Quality coach?**  **Name of SUTQ coach:** | |  |  | NAEYC Accredited | |  |  | NAEYC Expiration Date: | |

**Program Updates**

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| Please describe how your Sixpence is part of the district’s continuous improvement process? |
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| Please describe highlights and successes from the current grant year. |
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| Please describe program challenges from the current grant year and how they were addressed. |
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| **Please describe any unmet financial needs. Applicants MUST include a detailed budget justification in the space provided below. The Board will meet on June 7th to consider any changes with financial impact.** |
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| Does your District perform any Kindergarten readiness evaluation? If so, what are they? How has a child’s participation in Sixpence affected their readiness for kindergarten? |
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**Staff (add boxes as needed)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Coordinator/Administrator** |  | **Full Time Equivalent**  **(FTE)** | **Number of Early Childhood Credit Hours** | **Percentage paid using grant funds.** |
|  |  |  |  |  |

**Staff (add boxes as needed)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names of Teachers and/or Home Visitors Paid Through Grant Funds** | **Position** | **Full Time Equivalent**  **(FTE)** | **Checked against NE Registry** | **Check if New Hire.** |
|  |  |  | **¨** | **¨** |
|  |  |  | **¨** | **¨** |
|  |  |  | **¨** | **¨** |
|  |  |  | **¨** | **¨** |
| **Children/families use a common language other than spoken English.** | | | **Yes No**  **¨¨** |
| **If yes, at least one staff member who uses that language is available as an active participant in the Sixpence program.** | | | **Yes No**  **¨¨** |

**Please upload the Sixpence Budget Template (if your district is subcontracting your Sixpence allocation)**

**Each upload must include DATE, DISTRICT NAME ON ALL UPLOADED DOCUMENTS-BUDGETS MUST BE UPLOADED BY YOUR TA PRIOR TO SUBMISSION.**