

**Parents as Teachers Home Visiting Grant**

Request for Applications

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| --- |
| Applications are due at the Department of Education & Early Development  no later than **May 4, 2018 4:00 p.m.** (Alaska Daylight Time) |

Contact:

Supanika Ackerman, Education Specialist II

801 W. 10th Street, Juneau AK 99801

907-465-8707

[supanika.ackerman@alaska.gov](file://C:\Users\rlschweissing\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\mhkurtagh\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\ramorisse\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\awgallanos\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\QF3SMUYX\anji.gallanos@alaska.gov) • <http://education.alaska.gov/>

Copies of this RFA are available electronically at

<https://education.alaska.gov/forms/> General Application Information

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| --- |
| **COMPLETED GRANT APPLICATIONS**  **MUST BE RECEIVED NO LATER THAN 4:00 P.M.**  **FRIDAY May 4, 2018.** |

**NOTE**: Applications received after **Friday, May 4, 2018** will be returned unopened and not considered unless applicant can provide independent verification from a delivery service that delivery would have met the required deadline but was unavoidably detained by weather or the carrier’s mechanical failure. *Applicants are strongly encouraged to notify the program contact as soon as possible if they expect an application delay due to weather or the carrier’s mechanical failure.*

Electronic submissions are accepted. Electronic submissions must be received no later than 4:00 p.m. on **Friday, May 4, 2018**. Completed applications should be sent to:

**By Mail:** Alaska Department of Education & Early Development

Division of Student Learning

ATTN: Supanika Ackerman, Education Specialist II

801 W. 10th St., Suite 200

P.O. Box 110500

Juneau, Alaska 99811-0500

**Electronically:**  [supanika.ackerman@alaska.gov](mailto:anji.gallanos@alaska.gov)

* Applications that do not meet the specifications listed in this RFA may not be reviewed.
* Do not attach any additional support materials beyond what is identified as acceptable appendices. Excess materials will be discarded.
* Do not use spiral binding.
* Incomplete applications will not be reviewed.

Submission of a proposal indicates acceptance by the applicant of the appropriate federal and state administrative conditions. All applicants submitting applications in a timely manner will receive a **Grant Application Receipt Acknowledgment** by email.

Please direct questions:

Supanika Ackerman 907-465-8707 [supanika.ackerman@alaska.gov](mailto:supanika.ackerman@alaska.gov)

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# Section I: Description of the Project

## Program Purpose

The Department of Education and Early Development (DEED) in collaboration with the Department of Health and Social Services (DHSS), Section of Women’s, Children’s, and Family Health (WCFH), is seeking applications for Parents as Teachers (PAT) programs in Alaska. PAT requires specific programmatic approaches. WCFH is partnering with DEED and will provide expertise in program management, evaluation, quality improvement, data analyses, and support for home visiting programs.

The purpose of PAT is to provide the information, support and encouragement parents need to help their children develop optimally during the crucial early years of life. PAT offers parents research-based information on how children grow and develop; types of activities and toys that will foster learning and nurture development; methods of positive discipline; new techniques for problem solving; realistic expectations of child behavior; and attitudes that will raise children's self-esteem. Research suggests that from birth to 3 years and especially the first 6 months of life, the brain goes through the most critical stages of development; by age 3, a child will absorb and recognize about 1,000 words, which is two-thirds of the adult everyday speaking vocabulary; and by the age of 4, a child's brain will have grown to nearly three-fourths of its adult size. The goal of the PAT program is to increase parent knowledge of early childhood development, improve parenting practices, prevent child abuse and neglect, increase children’s school readiness, and detect developmental delays and health issues.

PAT is an approach to working with families that is based on the following philosophy:

* Parents are their children’s first and most influential teachers.
* The early years of a child’s life are critical for optimal development and provide the foundation for success in school and life.
* Established and emerging research should be the foundation of parent education and family support curricula, training, materials, and services.
* All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations.
* An understanding and appreciation of the history and traditions of diverse cultures is essential in serving families.

Early childhood is increasingly recognized as a period when investments in healthy development and prevention of maltreatment pay high dividends in terms of children’s readiness to succeed in school and life. PAT is a relationship-based and parenting-focused home visiting program. Trained parent educators visit homes and help parents build on their own strengths as they interact with their children.

The PAT model includes the following components:

* Personal visits – Individualized, strength-based visits where parent educators focus on child development and parent-child interaction. The training and curriculum, together with the parent educator’s interpersonal and communication skills, bring a valuable service to families, resulting in measureable impacts.
* Resource network – A network of community resources that parents can deploy as needed. It is essential that programs build comprehensive, collaborative, and community-based partnerships that build on family strengths, support long-term self-sufficiency, and impact real and long-lasting change. Because families often are not aware of services available in their community, the parent educator helps bridge the gap between available resources and families’ needs.
* Group connections – An opportunity for parent to share experiences, discuss problems, learn from other parents, support each other, observe their child with other children, and practice parenting skills. In addition, child development information is shared and social connection between parents is fostered.
* Screening – Developmental screening to help parent understand their child’s development, recognize strengths, and identify areas of concern that might suggest the need for follow-up services. Health screening: including overall health, vision, and hearing screenings performed by healthcare professionals.

### Grant Priorities

1. Use of PAT research based home-visiting model to support parent involvement in children’s education and development through high quality, personal visitation services and parent/child group sessions
2. Provide parents important information on early childhood brain research
3. Increase parent knowledge of early childhood development and improve parenting practices
4. Provide early detection of developmental delays and health issues
5. Provide links between parents with children and local supports and resources
6. Increase the levels of cooperation, coordination, and collaboration between PAT programs and other local entities providing services to and for families with young children
7. Develop or utilize a data system to capture data related to parent and child outcomes that demonstrate program effectiveness and improved outcomes for the population served by the program
8. Participate in training and technical assistance on continuous quality improvement that assist grantees in developing a continuous quality improvement plan
9. Conduct continuous quality improvement cycles on priority indicators and shared reports in the plan
10. Collect and use shared performance measures to demonstrated the value and impact of the programs services
11. Engage in training provided by the Maternal Infant and Early Child Hood (MIECHV) Home Visiting Innovation grant to support the professional development of PAT parent educators by focusing on reflective supervision, substance use, mental health, and intimate partner violence

PAT Model Affiliate Guidelines

A PAT Model Affiliate is a program, which utilizes PAT as their home visiting program model AND utilizes the PAT curriculum. Programs will be required to be PAT affiliates or will complete a plan to become affiliates in this grant year.

To learn more, visit <https://parentsasteachers.org/getting-started-1>

### Program Reporting

All FY 2019 funded programs will be required to complete and submit quarterly reports and budget reimbursement requests, and an annual strategic plan. These reports will provide DEED with information regarding expenditures, program staffing and caseload, client demographics, and performance measures. In addition, programs will report on successes and challenges in meeting grant priorities and required activities. DEED may withhold, terminate, and/or reduce funding to any grantees if complete reports are not submitted on a timely basis. Program updates and budget reimbursement requests are due quarterly in the Grants Management System (GMS) <http://gms.education.alaska.gov>

Programs will be required to submit a report at the end of each quarter on a form provided by the Department (received by the department no more than thirty days after the end of each quarter and the end of the fiscal year). A sample quarterly report is included in this RFA (Appendix F). The report shall include:

1. The number of families enrolled, children served by age group (0-2), (3-5), and the number of families that make <200% of the FPL.
2. The number of families that are newly enrolled, that completed the program or that left before completion (and reasons for leaving the program)
3. Update on staffing and current program waitlist.
4. Number of home visits completed.
5. Number of hearing, vision, and developmental screenings provided.
6. Number of children referred to follow-up based services and receiving follow-up services.
7. The number of family group meetings, including but not limited to: early literacy, sensory exploration, fine motor activities, gross motor activities, car seat safety, parent/children shared time, community events and cultural celebrations.
8. List of types of parent support information and materials disseminated.
9. A list of collaborative/partnership activities.
10. Number of children with current Individualized Education Plans or Individualized Family Service Plans.
11. A list of additional education curricula used in the program.
12. List of staff trainings completed: types of trainings and hours.
13. Number of families linked to other community services.
14. Fiscal Reports and Requests for Reimbursement shall be submitted at least quarterly, with the final fiscal report submitted thirty days after the end of the fiscal year. Failure to submit quarterly program reports will delay the processing of requests for reimbursement.

In addition, annual reports will include additional information on:

1. High risk characteristics as defined by PAT in families served.
2. Child and family demographics (race, language, and caregiver ages).
3. Program performance measures (observations of caregiver-child interaction, early literacy activities, immunizations, child maltreatment investigations, and well-child visits.

Reports are due quarterly on the following schedule:

|  |  |  |
| --- | --- | --- |
|  | **Time Period** | **Due Date** |
| **Quarter 1** | July 1 – September 30 | October 30 |
| **Quarter 2** | October 1 – December 31 | January 31 |
| **Quarter 3** | January 1 – March 31 | April 30 |
| **Quarter 4** | April 1 – June 30 | July 31 |
| **FER** | July 31- August 30 | August 30 |

In addition, a Final Expenditure Report (FER) will be required by August 30, 2018.

### Eligible Recipients

Eligible recipients are Alaskan public, private, and non-profit community service providers including family outreach & early childhood programs, tribal entities and local governments. Funding for these programs will come from the State of Alaska. Through this grant application, DEED may award grants to any home visiting program that are PAT affiliates and those home visiting programs that can document that they are in the process of becoming a PAT affiliate.

## Available Funding

#### Projected Total Amount Available for Awards

Total Home Visiting funds are approximately $500,000 dollars in FY 19. FY 2019 funding is ultimately subject to the FY 2019 final state budget appropriation. In the event that either a reduction or increase occurs in funds, DEED reserves the right to reduce or increase grant awards and to require that grantees complete a new budget reflecting the altered amount. DEED reserves the right to modify required services or priorities associated with this grant.

### Grant Period

This grant will have an initial duration of one year, starting on or about July 1 of 2018 and ending June 30 of 2019. Funding is contingent upon state funding and substantial progress towards meeting grant goals and objectives and compliance with all grant requirements.

The number of grants awarded will not exceed four. There is no minimum amount for the award and the maximum grant award is $200,000. The range of grant awards will vary dependent on location in the state, the level of community collaboration, and the number of families to be served.

Below is a guide for funding:

* Proposals seeking to serve 10 children or less will be funded based on per-family costs in the range of $3,000 – $5,000 per family served.
* Proposals seeking to serve 11 to 20 families: $35,000 – $100,000
* Proposals seeking to serve 21 to 40 families: $70,000 - $200,000

The State reserves the right to award a smaller or larger amount of grant funds than requested based upon available funding, the numbers of families to be served, and the recommendations of the review panel.

### Funding Period

The department will award grants for a period not to exceed one year. The amount of funding in any subsequent grant period will be based on the availability of federal funds designated for this program.

The grant period will be:

### Use of Funds

Each eligible program that receives an award may use the funds to carry out all aspects of a comprehensive PAT program, ensuring that it meets the requirements stated in this grant application. Each grantee will be required to report on the activities and outcomes required in this RFA.

**Lobbying Expenses**: Grant funds shall not be used to cover costs incurred by employees, lobbyists, parents or consultants to influence any local, state or Federal legislation or policy in either the Legislative or Executive Branch.

## Technical Assistance

All applicants are encouraged to submit an email or letter stating their intent to apply for the PAT Home Visiting funding. **Letters are requested by April 1, 2018.** This letter will allow the department to identify potential applicants and communicate additional resources as well as direct technical assistance and support for the application process. Interested applicants who miss the deadline date are still welcome to apply.

The department will offer two technical assistance WebEx meetings to support applicants. (More information in RFA).

Please refer to the department website for an up-to-date schedule of all technical assistance opportunities and resources. **(**[**http://education.alaska.gov/**](http://education.alaska.gov/tls/suicide/)  **)**

Our website has a variety of helpful resources available to interested applicants including:

* General grant writing guidance
* National websites and publications of interest

Individual technical assistance is available by phone 907-465-8707 or email [supanika.ackerman@alaska.gov](mailto:supanika.ackerman@alaska.gov).

## Application Review Process

The Program Evaluation Committee composed of State of Alaska staff and/or other educators/state agency representatives with expertise in early learning, child care, and communities will review eligible grants submitted and received by the deadline. Applications will be scored independently using the scoring form and scoring guide included in this RFA. Reviewers will then meet to clarify the accuracy of reviewers’ understanding. Each reviewer will assign a rating to each numbered subsection published in the scoring guide. The entire range of scores, including 0, may be used by the reviewer for each subsection. The reviewers’ total scores will be averaged to determine the order by which applications will be considered for funding.

Reviewers will be asked for recommendations for improving the project and comment on the feasibility of the budget. These comments may form the basis for adjustments negotiated to the project prior to receiving a grant award.

## Conditions of Grant Award

### Evaluation of grantee performance

Entities receiving state funds are required to meet all necessary reporting requirements of the grant. In awarding the grant, the state expects the grantees to conduct all activities and evaluation measures as written or negotiated in the approved grant proposal. Failure to provide the requested performance reports (reporting on and evaluating all activities as proposed; and implementing the grant as written) could result in the loss of funding. Any changes to the original funded proposal (including modifications to goals and/or objectives) must receive prior approval by the state.

The state reserves the rights to withhold funding, reduce funding, or terminate funding if the proposal is not meeting program reporting requirements, making substantial progress toward meeting identified performance goals and measures; or does not demonstrate a clear need for the allotted level of grant support.

After it has been awarded, the Alaska Department of Education & Early Development may terminate a grant by giving the grantee written notice of termination. In the event of termination after award, the Alaska Department of Education & Early Development shall reimburse the grantee for approved grant expenses incurred up to the notification of termination. This grant is subject to state appropriations and may be reduced or terminated based on state appropriated funds in any given fiscal year.

The state retains the right to refrain from making any awards if it determines that to be in its best interest. This RFA does not, by itself, obligate the state. The state reserves the right to add terms and conditions during grant negotiations. These terms and conditions will be within the scope of the RFA and will not affect the proposal reviews.

After the completion of grant negotiations, the state will issue a written Notice of Intent to Award (NIA) and send copies to all applicants. The NIA will set out the names of all applicants and identify the proposal(s) selected for award. The state reserves the right to modify annual awards based on the actual amount of appropriation towards this grant program.

### Program Administration

Submittal of an application will show the applicant’s acceptance of all of the terms and conditions contained in this Request for Application (RFA). The contents of the application will become contractually binding if a grant is awarded. Failure of the successful applicant to accept these obligations may result in cancellation of the award. Upon opening, all submittals become the property of the Alaska Department of Education & Early Development, and are open to public inspection at all reasonable times. The department reserves the right to reject any and all applications should it be deemed by the department to be in its best interest to do so. Applicants can appeal the department’s decision through the established State Appeal Process found in Alaska State Code, Chapter 40.

The Department of Education is not liable for any costs incurred by applicants in the development of proposals. All costs incurred in responding to this RFA, including negotiation sessions (if held), are the sole responsibility of the applicant.

### Grant Application Format

Applicants are required to use the forms and follow the questions and format indicated in Section II: Application. It is essential that each section clearly and concisely identify the items requested. Appendices may exceed this page limit, but reviewers will only be required to read those appendices requested by this grant application.

### Certificate of Assurances

This is a reminder that the Home Visiting agency or school district must be fully aware of its obligations to adhere to all state and federal requirements in the event the grant application is approved. All other applicants must include the signed Certifications and Assurances with this application.

Copies of this Request for Application may be obtained from DEED and on the department’s web page: <https://education.alaska.gov>.

### Assurance of Nondiscrimination

The Alaska Department of Education & Early Development is an equal opportunity employer and will not discriminate in the department employment, supervision, practices, services or educational programs on the basis of race, religion, color, national origin, age, sex, handicap, marital status, changes in marital status, pregnancy, parenthood, veteran’s status, veteran’s disability or political affiliation.

### Appeals Process

Chapter 40 of the Alaska Administrative Code governs the process of appeals. This information is available on the Alaska Legislative website at <http://www.legis.state.ak.us/folhome.htm>.

1. Scroll down to Alaska Information and select the Alaska Administrative Code,
2. Select TITLE 4 Education and Early Development,
3. Scroll down to Chapter 40. Review and Appeals of Actions and Decisions Regarding Funding. (4 AAC 40.010 - 4 AAC 40.050).

## Fiscal Procedures

All program grants must be assigned to individual accounts that can be readily identified and verified.

All payments will be made on a reimbursement basis for expenditures incurred by the grantee. Reimbursement requests must be submitted to the department at least quarterly and be listed on Form 165d (supplied by the department) or attaching a summary of expenditures to Form 165a. In addition, a detailed computerized report or a detailed Form 165b is required indicating the date of obligation, vendor name, accounting object code, and exact amount of the transaction. The final payment will not be made until after the grant activity has been concluded and the required end-of-year report has been submitted to the department. Expenditures in excess of approved budget amounts will be the responsibility of the grantee.

Eligible expenditures will be limited to those directly necessary and essential to the accomplishment of the proposed grant activity. These will customarily include personnel salaries, benefits, consultant fees, materials and supplies, travel, telephone and postage. The State Department of Education & Early Development shall determine the eligibility of any disputed item and the sponsoring school district or agency shall be responsible for any disputed expenditure. Changes in budgets for approved grant applications shall be conditional on written approval from the department.

The authorization to encumber grant monies will expire at the scheduled conclusion of the approved grant. The final financial statement should be submitted not later than 60 days after the grant expiration date. Home Visiting grantees are responsible for ensuring that audit and accounting procedures are in compliance with OMB Circular A128 and 2 C.F.R. Part 200, Subpart F – Audit Requirements.

### Disallowable Costs

The following are costs not allowed under USDOE fiscal regulations and/or authorizing legislation: bad debts, contingencies, contributions and donations, entertainment costs, fines and penalties, interest and other financial costs, expenses of local governmental bodies such as school boards and city councils, undercover of costs under grant agreements, proposal preparation costs, and/or capital expenditures.  
*Items that may be considered to be educational incentives for students or staff are assumed to be extraneous to the conduct of a federally funded program. DEED will follow federal guidelines.*

### Subcontracts

The Department of Education & Early Development retains the right to establish the following procedures for sub-contracting within a project resulting from this RFA:

1. The grantee may sub-contract for services up to $5,000 without prior approval from the department.
2. Before sub-contracting for services of $5,000 or more the grantee must receive written approval from the Program Manager.
3. Sub-contracts of $5,000 or more must be in written form and a copy sent to the Program Manager for placement in the RFA/Grant file.

### Cancellation

The Department of Education reserves the right to cancel any grant awarded as a result of the RFA for any of the following reasons:

1. if the grantee demonstrates fiscal irresponsibility;
2. if the grantee fails to perform in accordance with the conditions of this RFA;
3. if the grantee fails to perform in accordance with the application and any negotiated modifications;
4. if the state no longer has funds available for the project resulting from this RFA;
5. if the grantee included misleading or faulty information in the application.

### Indemnification

Any contractor shall indemnify, safe harmless and defend the state, its officers, agents and employees from all liability, including costs and expenses, for all actions or claims resulting from injuries or damages sustained by any person or property arising indirectly or indirectly as a result of any error, omission or negligent act of the contractor, subcontractor or anyone directly employed by them in the performance of this contract.

All actions or claims including costs and expenses resulting from injuries or damages sustained by any person or property arising directly or indirectly from the contractor’s performance of this contract which are caused by the joint negligence of the state and the contractor shall be apportioned on a comparative fault basis. Any such joint negligence on the part of the state must be a direct result of active involvement by the state.

### Insurance

During the life of this grant, any contractor shall purchase and maintain insurance with a carrier or carriers satisfactory to the Department of Administration, Division of Risk Management, covering injury to persons or property suffered by the State of Alaska or a third party, as a result of errors or omissions or operations which arise both out of and during the sub-contractor engaged in work under this grant. A thirty (30) days prior notice to the Contracting Officer is required before cancellation, non-renewal or breach and ground for termination of the contractor’s services.

## Grant Application Process Timelines

|  |  |
| --- | --- |
| **RFA Released:** | **March 16, 2018** |
| **Intent to Apply Letters:** | **April 1, 2018** |
| **Optional WebEx for Participants** | **April 2, 2018** 2-3pm  <https://stateofalaska.webex.com/meet/supanika.ackerman>  1-650-479-3207 Call-in toll number (US/Canada)  1-855-244-8681 Call-in toll-free number (US/Canada)  Access code: 802-837-943#  **April 18, 2018** 2-3pm  <https://stateofalaska.webex.com/meet/supanika.ackerman>  1-650-479-3207 Call-in toll number (US/Canada)  1-855-244-8681 Call-in toll-free number (US/Canada)  Access code: 802-837-943# |
| **RFA Due:** | **May 4, 2018** *Applications that are received after this time/date will be returned unopened and not considered unless the applicant can provide an independent verification from the U.S. Post Office or delivery service that the delivery would have met the required deadline but was unavoidably detained by weather or their mechanical failure.* |
| **Grant Review Period:** | **May 7-10, 2018** |
| **Notice of Intent to Award:** | **May 15, 2018**  *The state reserves the right to revoke this Notice of Intent to Award if it is subsequently found to be in error, or made on the basis of inaccurate information, or is otherwise in the best interest of the state to do so.* |
| **Appeal Period:** | **May 15-June 15, 2018** |
| **Grant Award Issuance:** | **June 15, 2018** |
| **Grant Period (Year 1):** | **July 1, 2018- July 1, 2019** |
| **Grant Period (Year 2):** | *The department reserves the option to negotiate the starting and ending dates of individual projects.* |

## Application Submission

**Notice of Intent to Apply emails are due to the Alaska Department of Education & Early Development on or before April 1, 2018. PAT Home Visiting Grants must be received via email by 4:00 p.m. on May 4, 2018**. (Signature pages can be mailed later)

**Email word and PFD applications to:** supanika.ackerman@alaska.gov

**Send the original to:** *(may follow at a later date)*

Department of Education & Early Development

Division of Student Learning

ATTN: Supanika Ackerman

801 West 10th St., Suite 200

P.O. Box 110500

Juneau, Alaska 99811-0500

# Section II: Application

## Application checklist

**Due: May 4, 2018**

**A complete application must include*, in the order given below*, the following sections:**

* The *Application Cover Page*, completed according to the instructions and signed by an authorized official
* The *Application Narratives* (no more than 12 pages **double-spaced**, 1” margins, 12 point font)
* The *Budget and Budget Narrative*

-Budget and Budget Narrative Forms (#05-07-069) can be downloaded from the Alaska Department of Education & Early Development’s Forms & Grants page: <https://education.alaska.gov/forms/>

* *Appendices* (as indicated)

1. Organization’s Experience
2. Schedule of Operations
3. Memorandums of Agreement or Understanding
4. Organization of Program Team
5. PAT Assurances

##### This checklist is for your own use and should not be submitted with your application!

**The sections below will be scored. Point totals are given for each section.**

* **General Program Information & Experience**
* **Application Narratives**
* **Budget and Budget Narrative Forms** (#05-07-069)

The title of each section displays the maximum amount of points that can be given for that section and a scoring guide is provided for reference at the beginning of each section.



**Parents as Teachers Home Visiting Grant Application**

**FY-19**

|  |  |  |
| --- | --- | --- |
| EEDlogo | Parents as Teachers Home Visiting Grant  Application Cover Page  **Due Date: May 4,2018** | Division of Student Learning  801 West 10th Street, Suite 200  P.O. Box 110500  Juneau, Alaska 99811-0500  **Phone**: (907) 465-8707  **E-mail**: [supanika.ackerman@alaska.gov](mailto:anji.gallanos@gmail.com) |

## General Program Information: 5 points

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Data** | | | | | | | |
| **Program Name:** |  | | | | | **Phone:** |  |
| **Mailing Address:** |  | | | | | **Fax:** |  |
|  | | | | | | | |
| **Program Administrator:** |  | **Phone:** |  | **Email:** |  | | |
| **Grant Lead Contact:** |  | **Phone:** |  | **Email:** |  | | |
| **Records Manager:** |  | **Phone:** |  | **Email:** |  | | |
|  | | | | | | | |

|  |
| --- |
| **Program Description** |
| *Provide a brief summary of how these funds will be used to support home visiting in your agency.* |
| [This Box will expand] |

**By my signature below, I agree, upon the approval of the project application by the Alaska Department of Education & Early Development, to accept and perform the requirements as contained in the Consolidated Federal Programs Assurance & Certification Packet submitted through the ESEA Consolidated Application on the Grants Management System (GMS).**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Fiscal Representative |  | Date |

|  |  |  |
| --- | --- | --- |
| Signature of Authorized Representative |  | Date |

**Application Questions with Scoring Guide**

## Organization’s Experience: 20 points

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization’s Experience** | | | |
| Does your organization have two or more years of experience delivering PAT services in affiliate status? (Submit documentation as Appendix A) | 10 | Does your organization have two or more years’ experience delivering another evidence-based home visiting model? (Submit documentation as Appendix A) | 5 |
| Does your organization currently have PAT affiliate status? (Submit documentation as Appendix A) | 10 | Describe your organization’s plan for obtaining PAT affiliate status. (Complete narrative in space below) | 5 |

|  |
| --- |
| *1. For programs who do not currently have PAT Affiliate status, please describe your organization’s plan to complete the affiliate plan within this grant year* |

## Need for Program: 20 points

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Need for Program** | **Inadequate**  (information not provided) | **Minimal**  (requires additional clarification) | **Good**  (clear and complete) | **Excellent**  (concise and thoroughly developed) |
| Plans are included for inclusion of sub-populations identified most in need of services. | 0 | 1 | 3 | 5 |
| Cites community factors that place target population at risk, and other areas of consideration. | 0 | 1 | 3 | 5 |
| Describes other early childhood programs currently serving target population and existing gaps. | 0 | 1 | 3 | 5 |
| Describe how existing Early Childhood and Family services programs were consulted in a timely and meaningful manner during the design and development of this program. | 0 | 1 | 3 | 5 |

Complete the chart below to provide information on the population to be served by this Alaska Parents as Teachers (PAT) Program:

|  |  |  |
| --- | --- | --- |
| **Name of each Community where services will be delivered** | **# of eligible children in need of service by age (0 – 2, 3-5)** | **# of families to be served** |
| *Example:*  *Eek Tumkanka Program* | *Example:*  *0 - 2: 15*  *3 - 5: 7* | *Example:*  *25* |
|  |  |  |
|  |  |  |

In a narrative form:

|  |
| --- |
| 1. *Describe how your program will target the sub-population of children and families that are MOST in need of these services.* 2. *Cite any additional factors that place children and families at risk and how your program attends to other areas of consideration, such as, but not limited to health, nutrition and safety.* 3. *Describe any other early childhood programs currently serving your target population and how your proposed program will fill particular gaps in services and or supplement existing efforts. Describe how existing Early Childhood and Family services programs were consulted in a timely and meaningful manner during the design and development of this program.* 4. *Submit a Schedule of Operations (Appendix B)* |

## Quality of Program Design: 25 points

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality of Program Design** | **Inadequate**  (information not provided) | **Minimal**  (requires additional clarification) | **Good**  (clear and complete) | **Excellent**  (concise and thoroughly developed) |
| Describe how your program implementation will ensure fidelity to the PAT model | 0 | 1 | 3 | 5 |
| Describe how your program will ensure the provision of vision, hearing, health, developmental, and social/emotional screenings. | 0 | 1 | 3 | 5 |
| Describes how the program will recruit children and their families. | 0 | 1 | 3 | 5 |
| Describes how the program will determine eligibility and manage enrollment in the program. | 0 | 1 | 3 | 5 |
| Describes partnerships and collaborations formed to provide the services of the program that support but do not supplant existing services. Were any Agreements included? | 0 | 1 | 3 | 5 |

Provide the following information:

|  |
| --- |
| 1. *Describe how your agency will ensure your program will be implemented with fidelity to the PAT model* 2. *Describe how you will provide or ensure the provision of vision, hearing, health, developmental, and social/emotional screenings.* 3. *Describe how your program proposes to recruit eligible families with young children.* 4. *Explain how you will determine eligibility and manage family enrollment in the program.* 5. *Describe any partnerships and collaborations formed or utilized to provide the services of the program to support, not supplant, existing services. (Please include any MOAs or MOUs created for these partnerships as* ***Appendix C****)* |

## Family & Community Engagement: 25 points

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent, Family, and Community Engagement** | **Inadequate**  (information not provided) | **Minimal**  (requires additional clarification) | **Good**  (clear and complete) | **Excellent**  (concise and thoroughly developed) |
| Show how you will link individual families to needed support services. | 0 | 1 | 3 | 5 |
| Describe your program group gathering activities that link groups of families to local supports and resources. | 0 | 1 | 3 | 5 |
| Describe how Strengthening Families protective factors will be incorporated into your program. | 0 | 1 | 3 | 5 |
| Describe the plan to disseminate information to the community ensuring it is understandable and accessible. | 0 | 1 | 3 | 5 |
| Describe your Community Advisory Board (CAB), including meeting plans and board participants, including plans to include a parent/consumer member on the CAB. | 0 | 1 | 3 | 5 |

Please provide narrative information for the following:

|  |
| --- |
| 1. *Describe how you will link individual families to needed support services (i.e. special education, WIC, housing authorities, health, dental and mental health programs, other needed social services provided Tribally, or by the State or local Community).* 2. *Describe your program’s parent, family, and community gathering activities that link groups of families to local supports and resources.* 3. *Describe how Strengthening Families protective factors will be incorporated into your program.* 4. *Describe the plan to disseminate information about your program to the community in a manner that is understandable and accessible* 5. *Describe your Community Advisory Board (CAB), including meeting plans and board participants, and your plans to include a parent/consumer on the community advisory board* |

## Resources: 25 points

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adequacy of Resources** | **Inadequate**  (information not provided) | **Minimal**  (requires additional clarification) | **Good**  (clear and complete) | **Excellent**  (concise and thoroughly developed) |
| Describes staffing for proposed programs, staff to family ratios, visitations and activities. | 0 | 1 | 3 | 5 |
| Attached job descriptions and credentials describe essential staff roles and requirements, including planning for staff not yet hired. | 0 | 1 | 3 | 5 |
| Describes the types of professional development that will be offered, how often, and to whom. | 0 | 2 | 6 | 10 |
| Describes how existing resources will be utilized to support program services. | 0 | 1 | 3 | 5 |

Show that appropriate resources and personnel have been carefully allocated for the tasks and activities described in your application. Successful programs describe the role and responsibility of all key staff and provide resources for ongoing staff development and training.

|  |
| --- |
| 1. *Describe the staffing for proposed programs and services, including the staff to families’ ratios, and the frequency of visitations and group/community activities.* 2. *Describe the organization of the program team. Include job descriptions and credentials of key program personnel in* ***Appendix D*** *of your proposal. If staff are not current employees, provide a plan for recruitment.* 3. *Describe the types of professional development that will be provided: What will be offered, how often, and to whom? Consider: orientation, issues of culture & individual differences, working with, supporting, and strengthening families, developing family, community and systems collaborations, fostering positive behavior, regularly scheduled staff meetings for program development, how to help with cognitive development, reflective supervision, linking to standards and Early Learning Guidelines, required assessment tools and reporting.* 4. *Describe how you will utilize existing community resources to carry out your activities.* |

## Management: 20 points

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality of Management** | **Inadequate**  (information not provided) | **Minimal**  (requires additional clarification) | **Good**  (clear and complete) | **Excellent**  (concise and thoroughly developed) |
| Describe the organizational structure and how it will result in effective management your PAT program. | 0 | 1 | 3 | 5 |
| Describe how the agency will provide oversight at the local level and monitoring of program implementation. | 0 | 1 | 3 | 5 |
| Include a timeline for program implementation and continued planning. | 0 | 1 | 3 | 5 |
| Include information about program documents and other materials (tools, forms) that will be used or developed for use to support implementation and program activities. | 0 | 1 | 3 | 5 |

|  |
| --- |
| 1. *Describe your organizational structure and how it will result in effective management of your PAT program. Include information indicating the percentage of time the agency’s administrator will spend overseeing the requirements of this grant, the percentage of time site administration will spend collecting data and overseeing each PAT site, and the percentage of time any other administrative staff (such as secretarial support) will spend with grant duties.* 2. *Describe how you will provide oversight at the local site level and monitor program implementation.* 3. *Include a timeline for program implementation for the first year including professional development and parent, family, and community engagement activities.* 4. *Include information on program documents and materials for your program including developed or planned development for the collection of data for reporting purposes (If your tools have not been selected yet, please share your review process for its selection), production of parent materials, creation of registration and tracking forms, handbooks, policy information etc.* |

## 

## Program Evaluation: 25 points

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality of Program Evaluation** | **Inadequate**  (information not provided) | **Minimal**  (requires additional clarification) | **Good**  (clear and complete) | **Excellent**  (concise and thoroughly developed) |
| Describe how the evaluation information will be used to improve programming, provide feedback to stakeholders and staff and inform program direction. | 0 | 1 | 3 | 5 |
| List what types of data, when it will be collected, and which objectives they address is included. Required screenings and data are included. | 0 | 1 | 3 | 5 |
| Describe how you will use collected data for program implementation and program improvement. | 0 | 1 | 3 | 5 |
| Describe how you will assess the quality of your engagement efforts, parent resource materials and inclusion of the Strengthening Families. | 0 | 1 | 3 | 5 |
| Describe how the proposal will assess the quality of intervention efforts, including information on any self-assessment tools that will be used. | 0 | 1 | 3 | 5 |

For your local evaluation requirements, submit an evaluation plan for the program. The plan should include program objectives and outcome measures to assess impact on participants.

|  |
| --- |
| 1. *Describe your evaluation process and how the information will be used to improve programming, provide feedback to stakeholders and program staff, and inform future program direction.* 2. *List what types of data will be collected, when it will be collected, as well as which objectives it will address.* 3. *Describe how you will use the data that is collected by your program for program implementation and improvement.* 4. *Describe how you will assess the quality of your engagement efforts, parent resource materials and inclusion of the Strengthening Families.* 5. *Describe how you will assess the quality of your intervention efforts, including information on any self-assessment tools you will use.* |

## 

## Budget/Budget Narrative: 20 points

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality of Budget** | **Inadequate**  (information not provided) | **Minimal**  (requires additional clarification) | **Good**  (clear and complete) | **Excellent**  (concise and thoroughly developed) |
| Provides a detailed budget and budget narrative that align with program activities. | 0 | 2 | 6 | 10 |
| Funds requested are reasonable for proposed services. | 0 | 1 | 3 | 5 |
| Detailed materials budget is included. | 0 | 1 | 3 | 5 |

Using the state’s form for budget/budget narratives (#05-07-069) referenced in the forms sections of this application, provide the following information:

Include a detailed budget and budget narrative that itemizes how you will use grant funds as well as funds from other sources, including other revenues and in-kind donations, if applicable. Indicate in both the budget and the budget narrative the purpose by line item for each of the expenditures, paying particular attention to the following categories:

* Personal Services: For each position, describe theservices to be provided, the duration of services, and the unit rate of pay (salary, per hour or per day).
* Professional/Technical: Describe proposed subcontract agreements with community agencies and other allowable contractors including the cost. It should reflect your Memorandum of Agreement/Contract accurately.
* Staff Travel: Indicate the event, amount of time and cost.
* Supplies/Materials: Please provide specific information on supplies and materials requested and their costs per site.

# Section III. Reviewers Scoring Form

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A: General Program Information: 5 points

Score: \_\_\_\_\_

B: Organization’s Experience: 20 points

Score: \_\_\_\_\_

C: Need for Program: 20 points

Score: \_\_\_\_\_

D: Quality of Program Design: 25 points

Score: \_\_\_\_\_

E: Family, and Community Engagement: 25 points

Score: \_\_\_\_\_

F: Resources: 25 points

Score: \_\_\_\_\_

G: Management: 20 points  
Score: \_\_\_\_\_

H: Program Evaluation: 25 points

Score: \_\_\_\_\_

IG: Budget: 20 points

Score: \_\_\_\_\_

Total points possible = 185 points possible

**TOTAL SCORE = \_\_\_\_\_\_**

# Section IV: Appendices

## Appendix A: Organization’s Experience

If your organization is a PAT Affiliate, please attach documentation from PAT National showing your current and/or previous years of affiliation.

If your organization has provided another evidence-based home visiting program before, please attach documentation showing your current and/or previous experience with providing home visiting services in Alaska.

This should be clearly labeled **Appendix A**.

## Appendix B: Schedule of Operations

*(This must be included in your application.)*

Directions: Complete a typical Schedule of Operation form for each proposed site. If the schedule is the same for each site you may use one form to include all sites.

This should be clearly labeled **Appendix B**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Community**  **Served** | **Hours of Operation** | **M** | **T** | **W** | **TH** | **F** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## Appendix C: Memorandums of Agreement or Understanding

*(This must be included in your application.)*

Provide Memorandums of Agreement or Understanding for each partner within the community, if an MOA or MOU is cited in your Application Narrative.

This should be clearly labeled **Appendix C**.

## Appendix D: Organization of Program Team

*(This must be included in your application.)*

Describe the organization of the program team, provide personnel roster, and job descriptions for key program personnel or positions and their experience.

This should be clearly labeled **Appendix D.**

## Appendix E: Alaska Parents as Teachers Program Assurances

*(This must be included in your application.)*

By my signature below, I agree, upon the approval of the program application by the Alaska Department of Education & Early Development, to accept and perform the following requirements:

The program will meet the PAT standards as set by the PAT National Center or will work towards affiliate status if status has not already been achieved.

The program was developed and will be carried out in active collaboration with the families, the children and appropriate community service providers.

The program will be offered with high levels of intensity and of enough duration to significantly increase the likelihood of success;

The program will primarily target at risk families.

The applicant will provide quarterly program reports (on a form provided by the Department) to the Department within 30 days of the end of each quarter.

The community was given notice of the applicant’s intent to submit an application; and

The applicant will provide opportunities for public review of the application after submission.

Typed Name and Title of Authorized Representative

Signature of Authorized Representative Date

## Appendix F: Sample Quarterly Report Forms

***This is NOT required that this be submitted with your application, this to help programs understand the quarterly reporting requirements.***

Division of Student Learning

801 West 10th St., Suite 200

P.O. Box 110500

Juneau, Alaska 99811-0500

Phone: (907) 465-4862

Fax: (907) 465- 2806

E-mail: [supanika.ackerman@alaska.gov](file://C:\Users\rlschweissing\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\mhkurtagh\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\2T1HSW8Q\supanika.ackerman@alaska.gov)

|  |  |  |
| --- | --- | --- |
| EEDlogo | **Alaska Parents as Teachers (PAT)**  **Parent Education & Family Support Program**  **Birth to Age 5**  **QUARTERLY REPORT FY2019**  Quarterly Reports Due: 1st 10/31 2nd 1/31 3rd 4/30 4th 7/31 |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quarterly Enrollment** | | | | | | | | | | |
|  | | | | | | | | **Current** | | **Cumulative (FY-19)** |
| **Family Enrollment** | | | | | | | |  | |  |
|  | | Single-child families | | | | | |  | |  |
| Multi-child families | | | | | |  | |  |
| Family Income < 200% FPL | | | | | |  | |  |
| Newly-enrolled families (within the past quarter) | | | | | |  | |  |
| Families that left before completion (narrative below) | | | | | |  | |  |
| Families that graduated / aged out | | | | | |  | |  |
| 1 or fewer high risk characteristics \*Reported 4th quarter only | | | | | |  | |  |
| 2 or more high risk characteristics \*Reported 4th quarter only | | | | | |  |
| **Children enrolled** | | | | | | | |  | |  |
|  | | Ages 0-2 | | | | | |  | |  |
| Ages 3-5 | | | | | |  | |  |
| **Staff** | | | | | | | | | | |
|  | **Home Visitors** | | | **Other Staff** | | | Notes – Report staff by FTE hours. If one half-time and one full, then 1.5 FTE | | | |
| **Current** |  | | |  | | |
| **Capacity** |  | | |  | | |
| **Waitlist** | | | | | | | | | | |
| **Families** |  | | | | | | | | | |
| **Children 0-2** |  | | **Children 3-5** | |  | | | **Total Children** |  | |
| **Reasons that families left before program completion** | | | | | | | | | | |
| **Reason** | | | | | | **Count** | | | | |
|  | | | | | |  | | | | |
|  | | | | | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Visits & Screenings** | | | |
|  | | **Current** | **Cumulative** |
| **Personal visits completed (by family)** | |  |  |
| **Personal visits completed (by child)** | |  |  |
| **Hearing screenings provided** | |  |  |
|  | Children **requiring** follow-up based services |  |  |
| Children **receiving** follow-up based services |  |  |
| **Vision screenings provided** | |  |  |
|  | Children **requiring** follow-up based services |  |  |
| Children **receiving** follow-up based services |  |  |
| **ASQ screenings provided** | |  |  |
| **ASQSE screenings provided** | |  |  |
|  | Children **requiring** follow-up services |  |  |
| Children **referred** to follow-up services |  |  |
| Children **receiving** follow-up services |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Demographics and Performance Measures (Cumulative, Reported 4th quarter only)** | | | | | | | |
| **Child Demographics** | | | | | | | |
| **Race** | | **White** | | **Alaska Native** | | **Other** | **Multiple Races** |
| Ages 0-2 | |  | |  | |  |  |
| Ages 3-5 | |  | |  | |  |  |
| **Primary Language** | | **English** | | **Spanish** | | **Alaska Native Language** | **Other** |
| Ages 0-2 | |  | |  | |  |  |
| Ages 3-5 | |  | |  | |  |  |
| **Number of Families with one or more caregivers under age 20** | | | | | |  |  |
| **Performance Measures** | | | | | | | |
| **Number of Caregivers who received an observation of caregiver-child interaction using a validated tool** | | | | | | | |
| Ages 0-2 |  | | Ages 3-5 | |  |  | |
| **Number of Caregivers who report that they read, sing-songs, or tell stories to their children every day** | | | | | | | |
| Ages 0-2 |  | | Ages 3-5 | |  |  | |
| **Number of Children with Up-to-date Immunizations** | | | | | | | |
| Ages 0-2 |  | | Ages 3-5 | |  |  | |
| **Number of Children with Investigated Report of Child Maltreatment** | | | | | | | |
| Ages 0-2 |  | | Ages 3-5 | |  |  | |
| **Number of Children who received last recommended Well-Child visit (based on AAP schedule)** | | | | | | | |
| Ages 0-2 |  | | Ages 3-5 | |  |  | |

1. **Program Activities (update this section quarterly)**

*Please specify the areas of topic for each family event, and a brief description. Include the total number of adults, children, and non-PAT enrolled families that attended each event.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **Early Literacy** | **Sensory Exploration** | **Fine Motor Activity** | **Gross Motor Activity** | **Car Seat Safety** | **Parent /Children Shared Time** | **Community Events** | **Cultural Celebrations** | **Other** |  |
| **Date** | **Event Title** | **PAT Adults** | **PAT Children** | **Non Enrolled Families** | **Total** |  |  |  |  |  |  |  |  |  | **Description** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Community Referrals**

*Please provide the number of families linked to more than* ***two*** *community services, and list the organizations referred.*

|  |  |
| --- | --- |
| Organizations: |  |
| How many families are linked to ***2*** or more organizations? |  |

1. **Program Achievements, Challenges and Proposed Solutions (update this section quarterly)**

*Please identify the major achievements and challenges for your program this quarter. Select from the following “Issues” or add one that better describes the topic of your narrative: Human Resources, Facilities, Transportation, Health and Safety, or Child Outcomes. Narratives should express changes occurring with ongoing issues or reflect new issues as they arise every quarter.*

|  |
| --- |
| ***S*taffing/Staff Development**  **Quality Improvement/Affiliation & Endorsement**  **Outcomes/Outputs**  **Community Outreach**  **Professional Development**  **Barriers/Challenges**  **Future Objectives** |

1. **Educators**

*Please specify the number of educators that completed PAT Certifications, are continuing education, and any other staff trainings provided. This section only needs to be completed on the 1st and 4th Quarter Reports.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PAT Certification** | | | |  | | | | |
|  | **Foundational** | **Model Implementation** | **Foundational 2 (3-K)** | **Life Skills Progression (LSP)** | **CDA** | **AA** | **BA** | **MA** | **PHD** |
| **Number of educators with:** |  |  |  |  |  |  |  |  |  |
| **Number of educators pursuing a:** |  |  |  |  |  |  |  |  |  |
| **List other staff trainings completed:** |  | | | | | | | | |

1. **Fiscal Data**

*Fiscal and program reports shall be submitted quarterly, due 30 days after the end of the quarter. Failure to submit both quarterly sections will delay the processing of requests for reimbursement.*

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **For School Year 16/17** | **Anticipated for School Year 17/18** |
| **Cost per child** |  |  |
| **Cost per family** |  |  |
| **State PAT Funding** |  |  |
| **Percent of PAT Budget Spent** |  |  |