Appendix B: Pennsylvania Pre-K Counts Continuation Grant Application

Continuation Grant

Grant Structure

1. TOTAL SLOTS*

Is this Grantee requesting a reduction in the total number of either Full-Day or Half-Day Slots?

○ Yes
○ No

1.1. If you answered "Yes" to the above, please indicate these change(s) in the Grant Structure chart and text box below and provide the rationale for these change(s). (2000 characters)*

[text box]

2. SLOT DISTRIBUTION*

Is this Grantee requesting a change in the distribution of Full-Day and/or Half-Day Slots across its Partners and/or Locations?

○ Yes
○ No

2.1. If you answered "Yes" to the above, please indicate these change(s) in the Grant Structure chart below and provide the rationale for these change(s). (2000 characters)*

[text box]

3. PARTNERSHIPS*

Is this Grantee requesting a change in one or more Partners (Adding or Dropping Partners)?

○ Yes
○ No

3.1. If you answered "Yes" to the above, please indicate the Partnership change(s) in the Grant Structure chart below and provide the rationale for these change(s). (2000 characters)*

[text box]

4. SERVICE LOCATIONS*

Is this Grantee requesting a change in one or more Locations (Adding or Closing Locations)?

○ Yes
○ No

4.1. If you answered "Yes" to the above, please indicate the Service Location change(s) in the Grant Structure chart below and provide the rationale for these change(s).*NOTE* Any Service Location being added to the Grant Structure MUST meet the eligibility requirement for its provider type by August 22, 2022 or it cannot be included in this application. (2000 characters)*

[text box]

4.2. Additionally, for any Service Location change to a zip code with a poverty level less than 30%, please provide the rationale for proposing this Location. (2000 characters)

[text box]

Continuation Grant

Program Operations
Staff Qualifications
1. LEAD TEACHER CERTIFICATION*

Complete a row for each provider that will be funded through this Grantee and provide the information indicated based on your CURRENT LEAD TEACHERS. Please verify that the Lead Agency and ALL Partners identified in the Grant Structure are listed.

Provider Name*	Total Number of Lead Teachers*	Number of Lead Teachers with ECE Instructional Certification*	Reason Lead Teacher does not hold ECE Instructional Certification (NA if columns 2 and 3 are equal)*	
[ ]	[ ]	[ ]	[ ]	EDIT ▣ REMOVE ☒

ADD ▣

Grantee-Specific Requirements
1. Please obtain an agency specific question from your Preschool Program Specialist. Copy the question and paste it here along with your response to that question. (2000 characters or less)*

[ ]

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5. ADDITIONAL FUNDING IN 2021-2022*

Did this grantee receive any additional funding in 2021-2022?

○ Yes
○ No

5.1. If you answered "Yes" to the above, please indicate how many slots you were awarded and the amount of funding in the text box below. (2000 characters)*

[ ]

Continuation Grant

Additional Funding
1. IF THERE ARE ADDITIONAL FUNDS AVAILABLE, would this Grantee be interested in requesting additional funds for standard slots?*

○ Yes
○ No

1.1. If you answered "Yes" to the above, please fill out the chart below, showing ONLY the Total Additional Funding & Slots this Grantee would like to request IF AVAILABLE FOR RE-DISTRIBUTION.*

Funding Requested (Enter Whole Numbers ONLY - No Symbols)*	Standard Full-Day Slots Requested*	Standard Half-Day Slots Requested*	
[ ]	[ ]	[ ]	EDIT ▣ REMOVE ☒

ADD ▣

1.2. Additionally, please provide rationale for any Additional Funding and Slots. Are you currently fully enrolled? What is your waitlist number? Describe the need in this community (2000 characters or less)*

[ ]

Continuation Grant

Fiscal Information

Staff Salaries

1. Complete a row for each LEAD TEACHER that will be funded through this Grantee and provide the information indicated. ** NOTE: Reporting of this information is in no way a waiver of program staff qualification requirements.*

Lead Teacher Name*	Early Childhood Education Certified?*	Highest Current Degree?*	TOTAL Annual Salary (Enter Whole Number ONLY – No Symbols)*	Number of PA Pre-K Counts Work Days per Year*	TOTAL Number of Work Days per Year*	Number of PA Pre-K Counts Work Hours per Day*	TOTAL Number of Work Hours per Day*	Number of PA Pre-K Counts Children in Classroom(s) Assigned*	TOTAL Number of Children in Classroom(s) Assigned*	
	Select... ∨	Select... ∨				Select... ∨	Select... ∨			EDIT ☒ REMOVE ☒

ADD ☒

Classroom Enrollments

1. Complete a row for each anticipated CLASSROOM under each Location that will serve PA Pre-K Counts children through this Grantee and provide the information indicated. **Note: Total Pre-K Counts enrollments for all classrooms must match total enrollments for the grant.*

Location Name*	Classroom Name*	PA Pre-K Counts Standard Full-Day Slots in this Classroom*	TOTAL Number of Full-Day Children in this Classroom*	PA Pre-K Counts Standard Half-Day Slots in this Classroom*	TOTAL Number of Half-Day Children in this Classroom*	
						EDIT ☒ REMOVE ☒

ADD ☒

Location Enrollments

1. Complete a row for each anticipated LOCATION that will serve PA Pre-K Counts children through this Grantee and provide the information indicated. **Note: Total Pre-K Counts enrollments for all locations must match total enrollments for the grant.*

Location Name*	PA Pre-K Counts Standard Full-Day Slots in this Location*	TOTAL Number of Full-Day Children in this Location*	PA Pre-K Counts Standard Half-Day Slots in this Location*	TOTAL Number of Half-Day Children in this Location*	
					EDIT ☒ REMOVE ☒