

# Continuation Grant Application

EXPAND ALL

## Grant Structure

Please read and respond to the question(s) on this page. If there are any updates to the Grant Structure, please document these changes both as answers to the applicable questions below, and within the Grant Structure table. Failure to do so will result in a processing delay.

1. TOTAL SLOTS (required)

Is this Grantee requesting a reduction in the total number of Standard Full Year 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) (required)

2. SLOT DISTRIBUTION (required)

Is this Grantee requesting a change in the distribution of Standard Full Year 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) (required)

3. PARTNERSHIPS (required)

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) (required)

#### 4. SERVICE LOCATIONS (required)

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). (2000 characters) (required)

#### 5. ADDITIONAL CHANGES (required)

Detail requests for any changes from the original FY 2022-2023 grant application with the exception of partner and location changes already detailed in previous questions. Grantees who indicated changes in staffing salaries/benefits that would occur over the period of the five-year grant should note in this question how those changes will be implemented. (2000 characters)

## Program Operations

Please read and respond to the question(s) on this page.

### Staff Qualifications

#### 1. LEAD TEACHER QUALIFICATIONS (required)

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 Bachelors Degree in Early Childhood Education or Child Development (*)	Number of Lead Teachers with Associate Degree in Early Childhood Education or Child Development (*)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="EDIT"/> <input type="button" value="REMOVE"/>

### Grantee-Specific Requirements

1. 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) (required)

# Additional Funding

Please read and respond to the question(s) on this page.

1. IF THERE ARE ADDITIONAL FUNDS AVAILABLE, would this Grantee be interested in requesting additional funds for standard slots? (required)

☐ 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. Additional funding requested cannot increase the current cost per child allotted(required)

Funding Requested (Enter Whole Numbers ONLY - No Symbols)* (*)	Standard Full Year Slots Requested (*)	
<input type="text"/>	<input type="text"/>	<div>EDIT REMOVE</div>

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) (required)

# Fiscal Information

Please read and respond to the question(s) on this page.

## Staff Salaries

1. Complete a row for each LEAD TEACHER OR HOME VISITOR 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.(required)

Lead Teacher/Home Visitor Name (*)	Number of HSSAP Work Days per Year (*)	TOTAL Number of Work Days per Year (*)	Number of HSSAP Work Hours per Day (*)	TOTAL Number of Work Hours per Day (*)	Number of HSSAP Children in Classroom(s) Assigned* (*)	TOTAL Number of Children in Classroom(s) Assigned (*)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select... ▼</div>	<div>Select... ▼</div>	<input type="text"/>	<input type="text"/>	<div>EDIT REMOVE</div>

ADD