



**Application Name:** 2013-2014 NYS Universal Prekindergarten Program

**Purpose of Program:** The primary purpose of this program is to provide four-year-old students with an opportunity to access high-quality prekindergarten programs that will provide the foundation to help prepare them for future school success.

**Eligible Applicants:** District allocations are determined by a state aid formula prescribed in legislation, using data supplied to SED by each district. Eligible districts and their allocations are listed on the Statewide Prekindergarten Programs website: <http://www.p12.nysed.gov/upk/>.

Two or more eligible districts may submit a joint application. Special instructions apply to joint applications.

**Application Due Date:** One original application and one original and two copies of the FS-20 budget must be **postmarked by Friday, July 12, 2013** and submitted to:

New York State Education Department  
Office of Grants Management  
89 Washington Avenue, Room 464 EBA  
Albany, NY 12234

Attn: Universal Prekindergarten Application

**Questions:** Questions regarding the UPK application may be directed to the Early Learning Team by email at [oel@mail.nysed.gov](mailto:oel@mail.nysed.gov).

## Universal Prekindergarten Information

1. Section 3602-e of Education Law defines "eligible students" as resident children who are four years of age on or before December 1<sup>st</sup> of the year in which they are enrolled or who will otherwise be first eligible to enter public school kindergarten the following school year. **Children who are eligible to enroll in kindergarten are not eligible for UPK.**
2. School districts must establish a process to select eligible students to receive UPK services. When there are more eligible applicants than can be served in a given school year the district must select students on a **random basis**.
3. The applicant district must set aside a minimum of 10% of Universal Prekindergarten funds to be used for collaborating with eligible agencies **to provide the UPK instructional program**. These agencies must be selected through a competitive process as outlined in Section 151-1.6 of the Regulations of the Commissioner. A variance from this collaboration requirement may be requested if the district can document that they were unable to use 10% of their grant to collaborate due to circumstances outside the control of the district. Waivers will only be granted after careful review to ensure that the district has made extensive outreach to eligible agencies and has documented such outreach.
4. UPK allocations are calculated to fund a specific number of students at a specific amount per pupil. To receive the full allocation, districts must serve the full number of students indicated.
5. There is a Maintenance of Effort (MOE) requirement for the UPK program. Section 3602-(e)(11) of Education Law provides that "where the district serves fewer children during the current year than the **lesser** of the children served in the 2010-11 school year **OR** its base aidable prekindergarten pupils computed for the 2007-2008 school year, the school district shall have its apportionment reduced in an amount proportional to such deficiency". The district's MOE is specified in **Column K** of the Allocations List. **A district must serve no fewer than the number of children specified in Column K of the Allocations List to ensure that a fiscal penalty is not applied due to failure to meet the MOE.**

**2013-2014 NYS Universal Prekindergarten Program  
Application Checklist**

**District Name:** \_\_\_\_\_

Listed below are the required documents for a complete application package, in the order that they should appear. Use this checklist to ensure that your application submission is complete and in compliance with the Application Instructions. **Please note that this completed checklist is part of the Application and is to be submitted as such.**

Required Documents	Checked – District		Checked – SED
	Yes	Not Applicable	
Application Checklist – Submit this list with application			
Application Cover Page(s) with original signature in <b>BLUE INK</b>			
Universal Prekindergarten Statement of Assurances			
Basic Program Information			
Request for Variance, if applicable			
District Contact Information			
Budget Summary Form (FS-20)			

**Budget Summary Form (FS-20) -- The only information requested on the FS-20 budget summary is the grand total request, not subtotals by expense category. Please use the FS-20 form attached to the application and do not complete the blacked out sections.**

**Universal Prekindergarten Program 2013-2014  
Application Cover Page**

**Agency Code**

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District:	Contact Person:
Address:	Title:
	Telephone:
	Fax:
City:                      Zip Code:	E-Mail:
County:	Funding Requested:
<p>I hereby certify that I am the applicant’s chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, and Assurances, and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.</p>	
Authorized Signature ( <b>in blue ink</b> )	Title: Chief School/Administrative Officer
Typed Name:	Date:

**Joint Application:** If two or more districts are applying jointly, complete this page for **each district**. Attach a partnership agreement describing each district’s role and responsibilities for program implementation, including the district that will serve as the sole fiscal agent. The fiscal agent of a joint application must submit a single budget.

Submit one original completed application and one original and two copies of the FS-20 budget **postmarked by Friday, July 12, 2013** to:

New York State Education Department  
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89 Washington Avenue, Room 464 EBA  
Albany, NY 12234

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## Statement of Assurances

As Chief School Officer, I have signed the cover page assuring that the district and each participating agency classroom will operate according to Section 3602(e) of Education law and Subpart 151-1 of the Commissioners Regulations. Specifically, I assure the District will:

- Adhere to the Universal Prekindergarten Plan approved by the Board of Education, including any changes or additions to district goals;
- Adopt and implement age and developmentally appropriate curriculum and activities that are learner centered across all settings and based on State learning standards;
- Screen all enrolled prekindergarten students in all UPK sites according to CR Part 117;
- Provide for an assessment of the development of language, cognitive and social skills of all enrolled prekindergarten students;
- Ensure continuity between all UPK classrooms and instruction in kindergarten and the early elementary grades;
- Encourage students to be self-assured and independent;
- Encourage the co-location and integration of students with special education needs;
- Utilize staff who meet the qualifications set forth in Section 3602-e of Education Law;
- Provide for strong parent partnerships and parent involvement in the education of their students;
- Provide professional development, integrated with K-Grade 3, for staff and teachers in all public and non-public UPK classrooms;
- Establish a method for selection of eligible students to receive prekindergarten program services on a random basis when there are more eligible students than can be served in a given school year;
- Provide supervision for all classrooms regardless of setting. School districts are also responsible for supervision of classrooms in community based organizations (CBOs);
- Adopt and use proper methods of administering each program, including (a) the enforcement of any obligations imposed by law on agencies, institutions, organizations and other recipients for carrying out each program; and (b) the correction of deficiencies in program operations that are identified through audits, monitoring or evaluation;
- Use such fiscal control and fund accounting procedures as will ensure proper disbursement of, and accounting for, funds under each program;
- Maintain on file a detailed accounting of UPK grant expenditures including other sources of funding use to support the District's UPK program including local tax levy; and
- Make reports to the State Education Department as may be necessary to enable the Department to perform its duties under the program.

The District will maintain on file and provide to the State Education Department as requested:

- A description of the school district's competitive selection process for collaboration;
- A copy of any contracts or agreements between the collaborative agencies and the school district to implement a Universal Prekindergarten Program;
- A list of all UPK collaborators and the following information for each site:
  - the number of UPK students;
  - the number of UPK teachers; and
  - the type of certification or degree with a 5-year plan for each teacher who is not certified;
- A description of the process used for random selection of eligible students;
- Documentation to support any waivers requested by the district, if applicable; and
- A copy of the UPK Program Plan approved by the Board of Education.

## Basic Program Information

<b>Maximum Allocation (Column D on Allocation List):</b>	\$ _____
<b>Total Grant Requested:</b>	\$ _____
<b>Total amount used for collaboration with agencies:</b>	\$ _____

### **PROJECTED NUMBER OF CHILDREN**

Enter the *projected number of children* that will be served in classes operated by each type of provider. Use the definitions below the chart to help you identify the type of provider(s) with whom you contract. If more than one category applies, select the one you feel best fits the way the UPK program is being provided. For example, if an agency is both a 4410 program and a Head Start program and the UPK instruction is being provided in an integrated classroom, identify the provider as a 4410 program.

<b>TYPE OF PROVIDER</b>	<b>Half-Day</b>	<b>Full-Day</b>	<b>Total</b>
Approved Special Education Provider (4410)			
Day Care Center Child Care Center (DCC)			
Family/Group Family Day Care (F/GFDC)			
Head Start (HS)			
Nonpublic Schools (NPS)			
Nursery School (NS)			
BOCES			
Museum			
Library			
Public Schools (PS)			
<b>Grand Total</b>			

**Approved Special Education Provider (4410)** means a program approved by SED to operate a special class integrated setting (SC/IS) program. In such settings, the UPK students generally are enrolled as the “typically developing” peers for the identified preschool children with disabilities who have Individualized Education Plans (IEPS) that prescribe placement in the SC/IS classroom.

**Day care center** means a program licensed by the NYS Office of Children and Family Services (OCFS) to provide group child care services in an out-of-home setting.

**Family/Group Family Day Care** means a program, licensed or registered with the NYS OCFS to provide child care in a home setting to groups of 6-12 children.

**Head Start** means a federally-funded program serving children from families that are economically disadvantaged.

**Nonpublic School** means an organization, other than a public school, offering elementary or secondary education.

**Nursery school** means any program providing preschool services to groups of children in an out-of-home setting for less than three hours per day. Such programs are not required to be licensed or registered with the NYS OCFS. Some, but not all, are voluntarily registered with SED.

**BOCES** means Board of Cooperative Education Services.

**Museum** means a prekindergarten classroom operated through collaboration with a museum on museum property and staffed by a teacher employed by the museum.

**Library** means a prekindergarten classroom operated through collaboration with a library on library property and staffed by a teacher employed by the library.

**TEACHER QUALIFICATIONS** – Choose only **one** certification area per teacher.

	<b>Birth- Gr. 2 Cert.</b>	<b>N-6 Cert.</b>	<b>Special Ed Cert.</b>	<b>Bachelor’s Degree w/ 5 Year Plan</b>	<b>Other w/ 5 Year Plan</b>		<b>Total # of Teachers</b>
# of UPK Teachers in Classrooms Operated by <b>Public Schools</b>						=	
# of UPK Teachers in Classrooms Operated by <b>Agencies</b>						=	
						<b>TOTAL</b>	



## Request for Variance

Variance	Requested		Required Documentation – Attach additional pages as needed.
	Yes	No	
<p><b>Class size:</b> Section 3602-e allows for a variance to class size based upon the unique characteristics of the program at the Universal Prekindergarten site or to promote inclusion of preschool children with disabilities or children who are homeless.</p>			<p>Describe the unique characteristics of the site, the desired class size and why the variance is needed. Describe how the district will ensure appropriate child/staff ratios and meet program requirements.</p>
<p><b>From the collaboration requirement:</b> Section 3602-e allows for a variance from the collaboration requirement based on documented evidence that the district has been unable to develop a collaborative arrangement for reasons that are outside the control of the district. New York City Community School Districts may not apply for this variance.</p>			<p>Describe the district's extensive efforts to identify and recruit eligible agencies and the reasons for not collaborating. Allowable reasons include: there are no eligible agencies; existing agencies are not interested or able to collaborate with the district; or there is good cause for not entering into a contract.</p>

<p><b>To operate a summer only program:</b> Section 3602-e allows for a variance from the 180-day requirement for the operation of a summer-only UPK program during the months of July and August for the following reasons <b>only:</b> there is no space available in public school buildings <b>and</b> there is no space available in eligible agencies during the school year in which to operate UPK classrooms.</p>		<p>Describe the reasons why the district is not able to operate a program during the regular school year.</p>
<p><b>To operate under the TPK regulations</b></p> <p>Districts that operated a TPK program in the 2006-2007 school year may request a variance to operate under Subpart 151-2 of the Commissioner’s Regulations.</p> <p>The amount of funding applied to classes under the variance(s) <u>may not exceed</u> the amount of Targeted Prekindergarten grant funds received by the district for the 2006-2007 school year.</p>		<p>1. Check each area for which a variance is being requested:</p> <p>_____ Student selection methodology</p> <p>_____ 180-day requirement</p> <p>_____ Alternative scheduling</p> <p>_____ Serve income eligible three-year-olds provided all four-year-olds are being served (Syracuse only)</p> <p>2. Projected total number of students: _____</p> <p># students in half-day classes: _____ # students in full-day classes: _____</p> <p>3. The amount of funds supporting classes under the variance: \$_____</p>

## District Contact Information

**ALL DISTRICTS MUST COMPLETE THIS PAGE. THE DISTRICT'S UPK GRANT APPLICATION WILL NOT BE APPROVED UNTIL THIS INFORMATION IS SUBMITTED.**

It is the policy of the NYS Education to use e-mail for all bulk correspondence to school districts, including but not limited to policy notices, funding opportunities and important deadlines. Therefore, it is imperative that we have the current and accurate e-mail addresses for the superintendent and the person designated as the UPK contact.

*Please type or print clearly.*

**School District:** \_\_\_\_\_

Ms.       Mr.       Dr.       Mrs.

Name of **Superintendent:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Superintendent's** Mailing Address with zip code:

Building: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Ms.       Mr.       Dr.       Mrs.

Name and title of the **UPK Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contact's** Mailing Address with zip code:

Building: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

## Grant Applicant Information

Funding Source: \_\_\_\_\_

Report Prepared

By:

Name of

Applicant:

Mailing Address:

Report Prepared By:		
Name of Applicant:		
Mailing Address:		
Street		
City	State	Zip Code

Telephone #: \_\_\_\_\_ County: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Project Funding Dates:    07 / 01 / 2013                  06 / 30 / 2014  
  Start    End

## INSTRUCTIONS

- ❖ Submit the original FS-20 Budget Summary and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to the Grants Finance.
- ❖ Please submit the FS-20 Budget Summary as a two page form (not back-to-back on a single sheet).
- ❖ Enter whole dollar amounts only.
- ❖ For changes in agency or payee address contact the State Education Department office indicated on the application instructions for the grant program for which you are applying.
- ❖ An approved copy of the FS-20 Budget Summary will be returned to the contact person noted above. A window envelope will be used; please make sure that the contact information is accurate, legible and confined to the address field.
- ❖ For information on budgeting, including 2005-06 **REVISED** guidelines for equipment and supplies, refer to the Fiscal Guidelines for Federal and State Aided Grants at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/).

**BUDGET SUMMARY**

CATEGORIES	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost (IC)* (Amount from "C" below)	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
<b>Grand Total</b>		

\*A. Modified Direct Cost Base

\$

B. Approved Restricted IC Rate

%

C. (A) x (B) = Indirect Cost  
(Be sure to put total in Code 90  
above)

\$

**Agency Code**

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**Project #**

0	4	0	9	1	4				
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**Contract #**

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**Agency Name:** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Approved Funding Dates: 07/01/2013 From 06/30/2014 To

**Program Approval:** \_\_\_\_\_

Date: \_\_\_\_\_

<u>Fiscal Year</u>	<u>First Payment</u>	<u>Line #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	
Voucher #	First Payment	

**CHIEF ADMINISTRATOR'S CERTIFICATION**

I hereby certify that the requested budget amounts are necessary for the implementation of this project and that this agency is in compliance with applicable Federal and State laws and regulations.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

**Date**    **Signature**

\_\_\_\_\_

**Name and Title of Chief Administrative Officer**