

The Seybert Institution

After School Program Application – Academic Year 2009-2010

Organization

Name: _____

Tax-exempt name of organization (if different) _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Contact Person: _____ Title _____

Program Site _____

Year agency was founded: _____

Organization's Mission:

Geographic area or neighborhood served; schools served

Annual budget of entire organization: \$ _____

Total program budget: \$ _____

Request: \$ _____

Total funds that are still needed for the 2007-08 budget: \$ _____

Participants:

Number of students: _____ Ages: _____ % from Philadelphia: _____

% who are low-income _____

African American	%	Asian American	%	Caucasian	%	Latino	%	Other	%
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Program Fees (weekly) \$ _____ Student Scholarships: \$ _____ # _____

Range of Scholarships \$ _____ to \$ _____ % of students who receive scholarships over 50% of fee _____

Program: Hours: _____ # of days per week: _____ # of weeks: _____

Organization: _____

How are students recruited?

How are students grouped?

Student/Teacher Ratio _____

What makes your after school program special or unique?

Activities

Please describe the curriculum and attach a sample schedule of typical day.

Frequency and examples of outside activities such as field trips and community service, if applicable. Are extra fees charged?

Program Staff/Administration

Name of program director: _____ Telephone: _____

Total staff: _____ FT: _____ PT: _____

African American	%	Asian American	%	Caucasian	%	Latino	%	Other	%
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Does program staff include: (Please check if the answer is yes.)

<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Psychiatrist or Psychologist	<input type="checkbox"/>	Behavior Specialist
<input type="checkbox"/>	Case Worker	<input type="checkbox"/>	Conflict Resolution Trainer(s)	<input type="checkbox"/>	Art, Dance or Music Specialist(s)	<input type="checkbox"/>	Other Specialized Staff (identify)

Organization: _____

Does staff include:

	Check (✓) if Yes	Are they paid (P) or are they volunteers (V)	If paid, what is the hourly rate? (\$) per hour
Teen aides			
College or University students			
Community aides			

What are the qualifications of the staff, including the program Director?

How is program staff recruited?

What training does program staff receive? Who does the training?

How is the program staff monitored?

Program's Connections with Families, Schools and the Community

Please describe how you interact and communicate with school personnel, including the principal, guidance counselors and teachers.

If possible, please include a letter of support from your collaborating partner – school or other nonprofit – that sends students to your after school program.

Please describe how you interact and communicate with parents or caregivers of children in the after school program, such as "parent/counselor" conferences, telephone, newsletter, special activities. Please describe any special events, workshops, programs for parents or caregivers, culminating family events or other program outreach.

Organization: _____

Do parents or caregivers participate as staff or volunteers in the after school program? Do they help with fundraising or community outreach? If yes, please describe.

Are all staff and volunteers who work with children cleared for child abuse and criminal backgrounds? If not, please explain.

Is after school program affiliated with a religious community? If so, are other children who are not members of this faith accepted as campers?

Evaluation

How will you evaluate the after school program's success? Is there any continuity or extended program during the summer months or when school is not in session?

To the best of my knowledge, the above information is correct:

Signature of Executive Director or Board President

Date

***Please attach
10 copies of after school program budget (form enclosed) and organization budget, if different
3 copies of the most recent financial statement, preferably audited
1 copy of proof of tax-exempt status***

Deadline for proposals is March 16, 2009.

Submit 10 copies of the application to:

Judith L. Bardes, Executive Director
The Seybert Institution
P. O. Box 540, Plymouth Meeting, PA 19462-0540

Phone: 610/ 828-8145 ☎ Fax: 610/ 834-8175 ☎ Judy1@aol.com

Organization: _____

After School Program Budget Form (Please fill in as applicable to your organization)

Expenses	Rounded to the dollar (\$)			
	<i>This request</i>	<i>Other Funds</i>	<i>In-kind</i>	<i>Total</i>
1 Personnel				
Program Administrator				
Program Director				
Support Staff				
Senior staff/teachers				
Junior staff or teachers/ youth workers				
Volunteers				
Maintenance Staff				
Specialists (art, music, reading, etc.)				
Extended Hours				
Staff training				
Other (specify)				
Subtotal				
2 Trips				
Transportation				
Admissions				
Other (specify)				
Subtotal				
3 Supplies				
Program Supplies (e.g., books, videos)				
Equipment				
Snacks				
Office Supplies				
Advertising (brochures, posters, etc.)				
Postage				
Maintenance Supplies				
Other (Specify)				
Subtotal				
4 Space Costs				
Site Rental				
Other (e.g., swimming pool)				
Telephone				
Insurance				
Other (specify)				
Subtotal				
Total Expenses				

Organization: _____

Revenue	<i>Amount (\$)</i>	
	<i>Cash</i>	<i>In-Kind</i>
This request		
Other Foundations		
Corporations/ Businesses		
School District of Philadelphia		
Government		
Tuition/Fees		
Individuals		
Special events		
Other (specify)		
Subtotal		
In-kind contributions		
Total Revenue		

Total Expenses		
(from 1st page)		
Balance		

(Revenue minus expenses)

To the best of my knowledge, the above information is correct:

 Signature of Executive Director or Board President

 Date