

# The Seybert Institution

## After School Program Application – Academic Year 2008-2009

### 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 17, 2008.**

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](mailto:Judy1@aol.com)

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

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

<b>Expenses</b>	Rounded to the dollar (\$)			
	<i>This request</i>	<i>Other Funds</i>	<i>In-kind</i>	<i>Total</i>
<b>1 Personnel</b>				
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				
<b>2 Trips</b>				
Transportation				
Admissions				
Other (specify)				
Subtotal				
<b>3 Supplies</b>				
Program Supplies (e.g., books, videos)				
Equipment				
Snacks				
Office Supplies				
Advertising (brochures, posters, etc.)				
Postage				
Maintenance Supplies				
Other (Specify)				
Subtotal				
<b>4 Space Costs</b>				
Site Rental				
Other (e.g., swimming pool)				
Telephone				
Insurance				
Other (specify)				
Subtotal				
<b>Total Expenses</b>				

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

<b>Revenue</b>	<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)		
<b>Subtotal</b>		
In-kind contributions		
<b>Total Revenue</b>		

<b>Total Expenses</b>		
(from 1st page)		
<b>Balance</b>		

(Revenue minus expenses)

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

\_\_\_\_\_  
 Signature of Executive Director or Board President

\_\_\_\_\_  
 Date