

**Hudson Falls Central School District  
Universal Pre-kindergarten Program  
Agency/Provider Application**

**REQUEST FOR PROPOSAL  
2008-2009**

Please return to: Dr. Mark C. Davey  
Assistant Superintendent for  
Curriculum and Instruction  
Hudson Falls Central Schools  
P.O. Box 710  
Hudson Falls, NY 12839-0710  
(518) 747-2121 ext. 4114

Agency/Provider Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of person/title completing this application: \_\_\_\_\_

Directions: Please complete the following form and return the original and two copies to the above address by May 15, 2008. Please complete page 1 and 2 for each facility you operate. If you have any questions concerning this application, please call.

**The application process will include: a site visit to your agency by a school district team, and interview with your agency administrative staff and a review of your curriculum for 4-year olds.**

Agency Name \_\_\_\_\_

If you have more than one center/site and you are applying to collaborate at more than one site, please copy and complete pages one and two for each of your centers that will be applying as a Universal Pre-kindergarten Program collaborative partner.

Site: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person/Title: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ Number of days per week in operation: \_\_\_\_\_

Number of Years in Existence: \_\_\_\_\_ Is your program currently licensed or registered? \_\_\_ Yes \_\_\_ No

If yes, by whom? \_\_\_\_\_

Please check all applicable program types:

Family Day Care \_\_\_ Group Family Day Care \_\_\_ Center \_\_\_ Nursery School \_\_\_ Head Start \_\_\_ Proprietary \_\_\_ Non-profit \_\_\_ Community Organization \_\_\_ Private School \_\_\_ Public School \_\_\_

## I. Enrollment

What is your current enrollment of children?: \_\_\_\_\_ How many of these children are Hudson Falls Central School District residents?: \_\_\_\_\_

	Overall	HFCSD Residents
2 years old by 12/1/2008	_____	_____
3 years old by 12/1/2008	_____	_____
4 years old by 12/1/2008	_____	_____

How many of the 4-year-old children are:

\_\_\_\_\_ Hispanic  
\_\_\_\_\_ African-American  
\_\_\_\_\_ White  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Other ethnic background  
\_\_\_\_\_ Receive special education and/or related services  
\_\_\_\_\_ Have English as second language

## II. Capacity

How many classrooms currently serve 4-year-old children? \_\_\_\_\_

Of those classrooms, how many have mixed groups of 3 and 4-year-old children? \_\_\_\_\_

Could your facility expand to include more 4-year-olds? \_\_\_ Yes \_\_\_ No

If yes, how many more 4-year-olds could you accommodate?

Do you use volunteers, student placements, etc, in your 4-year-old classrooms? \_\_\_ Yes \_\_\_ No  
If yes, describe briefly.

Agency Name \_\_\_\_\_

**III. Facility**

What is the average square footage per preschooler in your facility? \_\_\_\_\_

Do you have an indoor gross motor space? \_\_\_Yes\_\_\_No

If yes, please describe the space and the equipment that is available for the children's use.

Do you have an outdoor gross motor space (playground)? \_\_\_Yes\_\_\_No

Of yes, please describe the space and the equipment that is available for the children's use.

Describe your meal of food program.

**IV. Staffing Patterns and Qualifications (Please indicate the total number of staff on site who has valid NYS Certification)**

- \_\_\_\_\_NYS Provisional or Permanent Certification: Teacher N-3 or N-6
- \_\_\_\_\_NYS Initial or Professional Certificate: Teacher Birth–Grade 2
- \_\_\_\_\_NYS Initial or Professional Certificate: Student with Disabilities Teacher Birth–Grade 2
- \_\_\_\_\_NYS Certified Teacher Birth N-3 or N-6 with Bilingual Annotation
- \_\_\_\_\_B.A./B.S. Early Childhood Education
- \_\_\_\_\_B.A./B.S. Other
- \_\_\_\_\_CDA
- \_\_\_\_\_Associates Degree in Early Childhood Education
- \_\_\_\_\_Associates Degree Other
- \_\_\_\_\_High School Diploma of GED with 6 hours college credit
- \_\_\_\_\_High School or GED only
- \_\_\_\_\_Less than High School
- \_\_\_\_\_Other – Please describe: \_\_\_\_\_

What is the child/staff ratio in your current program? \_\_\_\_\_

What is your current class size for 4-year-olds? \_\_\_\_\_

Agency Name \_\_\_\_\_

**V. Program**

a. Please describe your current program for 4-year-olds. Include in your description your program goals and philosophy.

b. Do you collaborate with any other agencies to provide programming for 4-year-olds? If yes, describe briefly.

c. Describe the curriculum you would use for this Universal Pre-kindergarten program. Address the essential elements as outlined in the attached UPK Program Regulations. Do you currently use this curriculum?

d. What staff development opportunities do you presently offer your staff? Describe your plan for staff development.

e. Please describe parent activities/events that you plan yearly for your parents. Are parents part of your agency's decision-making process? If so, how is this accomplished? Do you offer family support services? If so, please describe.

f. How will you meet the early literacy program requirement specified in the UPK guidelines?

g. What is your agency's experience with preschoolers with disabilities?

Agency Name \_\_\_\_\_

- i. Please describe your fire drill procedures followed by the staff and children in your agency?
  
- j. What do you feel you would need from the Hudson Falls Central School District (excluding funding) to support a UPK Program collaboration?
  
- k. Please detail the Universal Pre-kindergarten Program model you would like to implement at your agency. Include hours of operation including a minimum of 2 ½ hours UPK programming per day, 40 weeks per year (180 days minimum) and location of the UPK Program.
  
- l. What is your experience with Limited English Proficiency (LEP) or English as a Second Language Preschoolers?
  
- m. Do you have a current certificate of occupancy and a certificate of insurance? (Please include copies of the documents.)
  
- n. Describe your current meal/food program.

Agency Name \_\_\_\_\_

**VI. Fiscal and Administrative Information**

For the 2007-08 school year, the New York State Education Department provided \$3, 888 per child to the Hudson Falls Central School District for the UPK Program. We assume a similar amount will for the 2008-09 school year, briefly describe how you plan to use the funds provided for your program model. Please provide an annual budget for the program.

If your agency does not meet all the criteria needed to implement the UPK Program, are you willing to work toward meeting those criteria? \_\_\_Yes\_\_\_No

\_\_\_\_\_  
Agency/Provider Signature

\_\_\_\_\_  
Date

Agency/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**2008-2009**  
**UPK COLLABORATIVE BUDGET PROPOSAL SUMMARY**  
 Hudson Falls Central School District

<i><b>CODE/ BUDGET CATEGORY</b></i>	<i><b>EXPLANATION OF EXPENDITURES</b></i>	<i><b>EXPENSE</b></i>
<i><b>Code 15</b> Professional Salaries</i>		
<i><b>Code 16</b> Support Staff Salaries</i>		
<i><b>Code 40</b> Purchased Services</i>		
<i><b>Code 45</b> Supplies and Materials</i>		
<i><b>Code 80</b> Employee Benefits (Social Security, Retirement and Worker's Compensation, Unemployment Insurance)</i>		
<i><b>Code 20</b> Equipment</i>		
	<i><b>Budget Grand Total</b></i>	