

PLEASE SUBMIT 4 COPIES OF: a) THIS APPLICATION FORM (Pages 1 and 2); b) YOUR NARRATIVE RESPONSES; c) YOUR WEEKLY SCHEDULE. YOU MUST ALSO SUBMIT ONE COPY OF YOUR "2012 SUMMER FEEDING PROGRAM APPLICATION REQUEST AND WORKSHOP REGISTRATION." APPLICATIONS MUST BE POSTMARKED BY April 6, 2012.

I. PROGRAM INFORMATION

Organization's Name: _____

Complete Mailing Address (Include Street Address, City, Zip Code):

Program's Name (if different from Organization's): _____

On-site, physical address of location where program will be held (Include Street Address, City, Zip Code):

Is the town's population 25,000 or less? _____

Name & Job Title of Primary Contact Person: _____

Work Phone #: _____ Home Phone #: _____

Email: _____

Name & Job Title of Second Contact Person: _____

Work Phone #: _____ Home Phone #: _____

Email: _____

Total Amount Requested (\$5,000 max): _____ **[A]** Total Cost to Operate Summer Program: _____ **[B]**

This request is _____% of our program's budget (Amount Requested divided by Total Cost to run program, **A/B**).

Have you received a Feed Your Brain Grant in the past? ___ Yes ___ No If yes, in what year(s)? _____

What percentage of students in the school(s) or school district being served by the Feed Your Brain grant are eligible for free/reduced price meal programs? _____

Does your program receive any funds or recognition to serve migrant children? ___ Yes ___ No

Will your program act as the sponsor for your Summer Food Service Program's **open** site (through the federal Seamless Summer Feeding Program or the Simplified Summer Food Program)? Yes _____ No _____

If your program will act as the SFSP site with a different sponsor, please provide the name of your sponsor.

NOTE: Programs are required to offer 2 meals (breakfast, lunch and/or snack). Please send a copy of the "2012 Summer Feeding Program Application Request" with your final grant application.

If you are the Summer Food Service Program sponsor, have you been a sponsor before? ___ Yes ___ No

If you have been a SFSP sponsor before, are you adding new meal sites? ___ Yes ___ No

How many days per week and total number of weeks will the summer food program run? _____

Program Operation for Summer 2012:

Programs are required to operate a minimum of 4 days/week for a minimum of 4 weeks.

Proposed Schedule: Total # of hours/week: _____

| | | | | | |
|--|-----|------|-----|-------|-----|
| | Mon | Tues | Wed | Thurs | Fri |
| (indicate the number of hours each day): | | | | | |

Total # of hours of literacy activities per day: _____ Total # of weeks of activities: _____

Program will start on (date): _____ Program will end on (date): _____

Do you charge fees to attend your program? ____Yes ____No If yes, how much? _____

If yes, do you offer scholarships or discounts? Explain. _____

II. DEMOGRAPHIC INFORMATION:

Number of kids ages 5-18 expected to participate in the summer literacy program (estimate daily average): _____

Number of kids ages 5-18 expected to participate in the summer meal program (estimate daily average): _____

What is the adult staff to child/youth ratio in your summer program? _____

Please indicate percentage of children ages 5 to 18 in each category your program typically serves. If you expect a difference during the summer 2012, please explain briefly.

| Race/Ethnicity | % Served (whole numbers only) | | % Served (whole numbers only) |
|----------------------------------|-------------------------------|--------------------|-------------------------------|
| Asian/Pacific Islander | | Immigrant/refugee | |
| African-American/African descent | | White or Caucasian | |
| Latino/a | | Multi-racial | |
| American Indian/Native American | | Other | |
| Language | Percentage Served | | |
| Non- or limited-English speakers | | | |

III. BUDGET INFORMATION:

Please use the table below to indicate how much of Feed Your Brain funds you propose to allocate for each line item. NOTE: Grant funds may not be used for purchasing food or religious instruction.

| Description of Expenditures | Dollar Amount |
|---|---------------|
| Staff Salaries | |
| Staff Training | |
| Supplies & Materials | |
| Transportation | |
| Contracted Services (please explain): | |
| | |
| Other (please explain): | |
| | |
| Subtotal | |
| Administrative costs (limited to a maximum 15% of total budget) | |
| Grand total requested (must not exceed \$5,000.00) | |

IV. NARRATIVE

Please note that responses must be typed, double-spaced, using standard font and size (12 point). Your responses to questions 1, 2 and 3 must not exceed 5 pages total (NOT 5 pages per question). You do not need to restate the question, but please label your responses with the corresponding number.

1. DESCRIPTION OF ORGANIZATION & STATEMENT OF NEED (20 points)

- Describe the mission and purpose of your organization and the population you serve.
- What are the needs of children in your community and how does your organization meet those needs?

2. PROPOSED PROJECT (total of 55 points)

a) Use of Funds (10 points)

- Describe your proposed summer program.
- How would you use the grant funds?
- What is your transportation plan, if any, to bring children and youth to your program, including the summer meal program?

b) Literacy Activities (25 points)

A primary goal of the Feed Your Brain project is to maintain children's reading skill level over the course of the summer program. Please respond to the following bulleted questions in this section to help us gain a better understanding of how you plan to reach this goal within your program. **Each bullet is worth 5 points.**

- How will you determine the specific literacy (reading and writing) learning needs and goals for the children in your program? How will you address those (reading and writing) learning needs and goals?
- Who will be leading literacy activities at the summer program? What are their qualifications?
- Describe your curriculum for the summer program and some of the activities that you will use to address needs and goals.
- How will you measure the success of your literacy program?
- Through a new partnership with Page Ahead (www.pageahead.org), all Feed Your Brain grantees will receive 4 free, new books per participating child. These books are to be distributed as part of a fun literacy activity, ideally involving families as well as children. Please describe your activity or event plan. How will you excite children and involve families using these books?

***PLEASE ATTACH A SEPARATE PAGE THAT DETAILS YOUR WEEKLY SCHEDULE INCLUDING THE LITERACY ACTIVITIES.**

c) Program Outreach (20 points)

- Describe who is eligible for your summer program and what types of outreach activities are planned to ensure participation in both the academic/enrichment program *and* the open site summer food service. Please include the following information:
 - How are children recruited for your summer program?
 - Are they required to attend to fulfill school requirements?
 - Are there other specific eligibility requirements?
 - What type of communications and outreach will you do to inform children, families and other community providers about your program?
 - How will you make the summer meal program accessible to children and youth outside your academic/enrichment program?

3. LINK BETWEEN NEED & PROJECT (25 points)

- How does your proposed project meet the needs of the children and youth in your community?
- How will this grant make a difference in addressing (a) the quality of your program and/or (b) the number of children served in your program and/or (c) the operation days and hours of your program?