

Oakland County Out of School Time Grant Application Questions

Eligibility Pre-Questionnaire	
Question	Question Type
<p>Does your organization serve youth in Oakland County?</p> <p><i>Please Note: Any virtual programming components supported with this grant funding must strictly serve participants living in Oakland County.</i></p> <p><i>**If you are applying to expand your programming into Oakland County through this funding opportunity, please mark YES as your response.**</i></p>	<p>Multiple Choice Options: YES/NO</p>
<p>Does your organization serve youth 0-18, or will you only serve youth ages 0-18 with this grant funding?</p>	<p>Multiple Choice Options: YES/NO</p>
<p>Do you track any demographic data such as the ages, races, gender distribution and zip code of those served by your organization?</p>	<p>Multiple Choice Options: YES/NO</p>
<p>Please select your organization type:</p>	<p>Multiple Choice Options:</p> <ul style="list-style-type: none"> <input type="radio"/> Community Based Organization (Nonprofit/501c3) <input type="radio"/> School District, Individual School, or Public-School Academy <input type="radio"/> City, Village, or Township Entity (i.e., Libraries, Parks and Recreation Departments, etc.) <input type="radio"/> Other – Please Specify
<p><u>If a school district, individual school, or public-school academy</u> – do you intend on implementing NEW programming with this grant?</p>	<p>Multiple Choice Options: Yes/No</p>
<p><u>If as a school district, individual, or public-school academy and you intend on implementing new programming</u>, please mark and affirm the following attestation: If awarded, our organization understands that it is our responsibility to match 100% of funding request. Our organization can verify the funds are readily available to match funding request and understands that United Way for Southeastern Michigan may request additional documentation in order to verify the ability to match fund request.</p>	<p>Check Box</p>
<p>Select the tier of funding you are applying for.</p> <p>Award Type 1: Restarting or Supporting established programming, <u>Funding Range:</u> \$30,000 to \$100,000 <u>Award Description:</u> Operational grants may be awarded to nonprofit organizations, school districts, or CVTs that meet basic eligibility criteria and need funds to maintain or enhance out of school time learning supports for youth experiencing learning loss due to the COVID-19 pandemic. This award may also be used to restart out of school time learning support for youth that halted due to the COVID-19 pandemic.</p> <p>Award Type 2: Operational Support to Existing Programming <u>Funding Range:</u> \$30,000 to \$100,000 <u>Award Description:</u> Funding that exclusively supports operating costs can include gap funding for services, such as transportation to and from out of school time programming, but request must be explicitly connected to the services provided to children and the academic or social emotional outcomes those children will achieve. Operational support can be included in other types of awards, this</p> <p>Award Type 3: Expansion Grant <u>Funding Range:</u> \$100,001 to \$250,000 <u>Award Description:</u> Expansion grants from \$100,001 and up to \$250,000 may be awarded to nonprofit organizations, school districts, public academies, or CVTs that meet basic eligibility criteria and need funds to <u>expand to include more youth</u></p>	<p>Multiple Choice Options:</p> <ul style="list-style-type: none"> <input type="radio"/> Award Type 1: Restarting or Supporting Established Programming - \$30,000 to \$100,000 <input type="radio"/> Award Type 2: Operational Support to Existing Programming - \$30,000 to \$100,000 <input type="radio"/> Award Type 3: Expansion- \$100,001 to \$250,000 <input type="radio"/> Award Type 4: Community -\$250,001 to \$400,000

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<p>in out of school time learning and social emotional support services for youth because of increased demand due to the COVID-19 pandemic.</p> <p>Award Type 4: Community Grant <u>Funding Range:</u> \$250,001 to \$400,000 <u>Award Description:</u> Community grants of \$250,001 and up to \$400,000 may be awarded to nonprofit organizations, school districts, public academies, and CVTs that meet basic eligibility criteria and need funds to implement out of school time learning and social emotional support services for learning recover due to the COVID-19 pandemic in new communities. To be considered, organizations applying for this award type must have an annual operating budget of at least \$4,000,000, recorded in the most recently approved organizational budget. Organizations applying for this award type must also have a large service footprint that reaches clients throughout communities in Oakland County or reaches a large percentage of youth in a specific, localized Oakland County community. Organizations will be expected to demonstrate their ability to deploy the larger amount of funds requested within the spending period through budget allocations and narrative details. For this award type, the minimum number of youth served through programming must be 250.</p> <p><i>Please Note: School Districts and Public-School Academies may apply to implement new programming but will be required to provide match funding. Evidence of match funding will be required.</i></p>	
<p>What is your operational budget?</p> <p><i>Please note funding requests CANNOT exceed 20% of your current annual operating budget, or 10% of the prior fiscal year audited or CPA reviewed financials, whichever is greater. If you are using a fiduciary, the same guidelines apply to the fiduciary's financial statements.</i></p> <p>Please enter your organization's operation budget in numerals (numbers only). Do not include dollar signs (\$), commas (,), or decimals (.).</p>	Text Box
<p>What is the exact amount of your funding request?</p> <p>Please enter your organization's operation budget in numerals (numbers only). Do not include dollar signs (\$), commas (,), or decimals (.).</p>	Text Box

<p>Review Organizational Information</p>
<p>Please verify that the information auto-populated is correct based on the information provided in your previously completed Organization and Financial Information program.</p>

Contact Information	
Question	Question Type
If awarded, is your organization utilizing a fiduciary organization/group to receive funds?	Multiple Choice Options <input type="radio"/> Yes/No
Are you a fiduciary organization applying on behalf of another organization?	Multiple Choice Options <input type="radio"/> Yes/No
What is the name of that organization you are applying on behalf of?	Text Box

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Organization Information	<ul style="list-style-type: none"> - Organization Name (Text Box) - Address (Text Box) - City (Text Box) - State (Drop Down) - Zip Code (Text Box)
If your organization is registered as a Community Based Organization (Nonprofit/501c3) please provide your organization's EIN/IRS Number.	Text Box
If your organization is registered as a School District, Individual School, or Public School Academy, please provide your organization's School ID or District ID Number.	Text Box
If your organization is registered as a City, Village, or Township Entity, please upload your governmental information letter indicating your governmental status.	Upload field
Organization Leadership Information	<ul style="list-style-type: none"> - CEO/Executive Director Name (Text Box) - Title (Text Box) - Email (Text Box) - Phone Number (Text Box) - Preferred Pronoun (Drop Down)
Grant Contact #1	<ul style="list-style-type: none"> - First & Last Name (Text Box) - Title (Text Box) - Email (Text Box) - Phone (Text Box) - Preferred Pronoun (Drop Down) - Add another contact? (Check Box)
Grant Contact #2 (Optional)	<ul style="list-style-type: none"> - First & Last Name (Text Box) - Title (Text Box) - Email (Text Box) - Phone (Text Box) - Preferred Pronoun (Drop Down)

Program Information	
Question	Question Type
How was your programming affected by COVID-19?	Text Box
What effects of COVID 19 have you mitigated in your work and how?	Text Box
What effects of COVID 19 are still lingering in your work? These can be positive or negative effects and can span the breadth of your organization's programming.	Text Box
How will you use this funding to support youth ages 0-18 in expanded learning opportunities through academic or social-emotional learning to decrease the effects of learning loss due to COVID-19?	Text Box
Do you offer free, or low-cost programming to all, some, or no program participants?	Multiple Choice Options: <ul style="list-style-type: none"> <input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None
If Some, please explain what qualifies a youth to take advantage of low or no cost programming.	Text Box
If some, what percentage of recipients receive free or low-cost programming?	Text Box
How do you meet or host programming with youth participants?	Multiple Choice Options: <ul style="list-style-type: none"> <input type="radio"/> In Person <input type="radio"/> Virtual <input type="radio"/> Hybrid
What percentage of programming is virtual?	Text Box
Program Overview	
Question	Question Type

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<p>What age level of youth do you serve through this funding opportunity?</p> <p><i>Please select all that apply.</i></p>	<p>Check Box</p> <p>Options:</p> <ul style="list-style-type: none"> <input type="radio"/> Early Childhood, 0 to 4 years old <input type="radio"/> Elementary, Grades Kindergarten to 5th Grade <input type="radio"/> Middle School, 6th to 8th Grade <input type="radio"/> High School, 9th to 12th Grade
<p>What time of year do you intend to implement programming supported through this funding opportunity?</p> <p><i>Please select all that apply.</i></p>	<p>Check Box</p> <p>Options:</p> <ul style="list-style-type: none"> <input type="radio"/> School Year Programming <input type="radio"/> Summer/School Break Programming <input type="radio"/> Episodic Programming (One Time Experiences, Drop In)
<p>Where will the proposed programming occur?</p>	<p>Multiple Choice</p> <p>Options:</p> <ul style="list-style-type: none"> <input type="radio"/> In a School Setting <input type="radio"/> In the Community <input type="radio"/> Both
<p>Please identify each site that your organization intends on offering the proposed programming.</p> <p>Organizations can add up to 5 site locations.</p>	<ul style="list-style-type: none"> - Site Name (Text Box) - Address (Text Box) - City (Text Box) - State (Text Box – Michigan) - Zip (Text Box) - Phone Number (Text Box) - Anticipated # of Students Served at this Site - Add another location? (check box)
<p>What is the total number of youth seats available for this program?</p>	<p>Text Box</p>
<p>Is this a drop-in program or do students register for a set number of hours and days?</p>	<p>Multiple Choice</p> <p>Options:</p> <ul style="list-style-type: none"> <input type="radio"/> Drop In <input type="radio"/> Registration <input type="radio"/> Both
<p>If both, what percentage of students are registered for recurring programming?</p>	<p>Text Box</p>
<p>If both, what percentage of students drop-in to your programming?</p>	<p>Text Box</p>
<p>How many days per year will the program operate?</p>	<p>Text Box</p>
<p>How many hours per day will the program operate?</p>	<p>Text Box</p>
<p>Please provide a comprehensive overview of the programming that you propose to support with this funding. Please detail who you will serve, how you identify participants, and a detailed, but high-level overview of the programming activities and outcomes. Why is your organization uniquely positioned to offer this program?</p>	<p>Text Box</p>
<p>Award Type 1: Relaunching Established Programming Specific Questions</p>	
<p>Question</p>	<p>Question Type</p>
<p>What caused your program to stop running?</p> <p><i>Please select all that apply.</i></p>	<p>Check Box</p> <p>Options:</p> <ul style="list-style-type: none"> <input type="radio"/> COVID 19 Shutdowns <input type="radio"/> Lack of Available Staff for Program Facilitation <input type="radio"/> Low Youth Registration <input type="radio"/> Program or Staff Restructuring <input type="radio"/> Other – Please Specify <input type="radio"/> None of the Above
<p>Please expand on how this funding would help to mitigate program stoppages, based on the selections above.</p>	<p>Text Box</p>
<p>Do you expect to continue offering this program following the end of this grant period?</p>	<p>Multiple Choice</p> <p>Options:</p> <ul style="list-style-type: none"> - Yes - No

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*How will you create sustainability to ensure the program continues to run following the end of this grant period?	Text Box
Award Type 2: Operational Support of Current Programming or Gap Funding Specific Questions	
Question	Question Type
Will you continue to support these services following the end of this grant period?	Multiple Choice Options <input type="radio"/> Yes <input type="radio"/> No
If yes, please share how you intend on supporting these services following the end of this grant period.	Text Box
Is this funding designed to fill a gap in services?	Multiple Choice Options <input type="radio"/> Yes <input type="radio"/> No
Please check the gaps in funding, or operational costs, that this grant would cover. Please select all that apply.	Check Box Options <input type="radio"/> Staffing Costs <input type="radio"/> Benefits for Staff <input type="radio"/> Transportation for Students <input type="radio"/> Materials, Supplies, and Youth Operational Support <input type="radio"/> Utilities, Rent, Organizational Operational Support <input type="radio"/> Other – Please Specify <input type="radio"/> None of the Above
Based on your responses above, please expand on using this funding to cover gaps in funding/services, or operational costs.	Text Box
Award Type 3: Expansion Grant Specific Questions	
Question	Question Type
Please describe your plan to engage more students through program expansion: Please select all that apply.	Check Box Options <input type="radio"/> Transporting students from new schools/communities <input type="radio"/> Expanding program offering locations <input type="radio"/> Advertising through parent and student resources <input type="radio"/> Hire new staff for program facilitation <input type="radio"/> Other _____ <input type="radio"/> None of the Above
Based on the selections above, please expand on how you will expand programming to engage more students.	Text Box
What is your strategy for expansion within your staff and operations to ensure youth are provided with quality, consistent programming?	Text Box
Do you expect to maintain this expansion and create sustainability beyond the two-year grant period?	Multiple Choice Options <input type="radio"/> Yes <input type="radio"/> No
If yes, how will you do this?	Text Box
How many NEW Children do you plan to enroll in programming?	Text Box
Award Type 4: Community Grant Specific Questions	
Question	Question Type
Please describe your strategy for implementing NEW programming, using the following prompts <ul style="list-style-type: none"> - Describe who this programming will serve within your school or community. - Use Specific Numbers and Details on how you will determine eligible participants 	Text Box

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The following questions will address the strategy/strategies your organization will utilize for program development in a new community.	
Will you recruit new students/families in a new community?	Multiple Choice Options <input type="radio"/> Yes <input type="radio"/> No
If yes, how will you recruit new students/families in a new community?	Text Box
Please describe your strategy for hiring or supporting current staff and engaging operations to support this expanded programming with the two-year contract frame.	Text Box
Program Information	
Question	Question Type
How do you plan to market your services to intended recipients? <i>Please select all that apply.</i>	Check Box Options: <input type="radio"/> Discover Your Spark <input type="radio"/> Local Newsletters <input type="radio"/> School Rallies <input type="radio"/> Word of Mouth <input type="radio"/> Robocall <input type="radio"/> Other Service Providers <input type="radio"/> School District Partnerships <input type="radio"/> Wait List Management <input type="radio"/> Other: Please Specify <input type="radio"/> None of the Above
Expand on your marketing plan, based on your selections above.	Text Box
What areas of youth academic and social emotional development do you expect to be measurably impacted by the activities of this program? Each competency contains sub-competencies that will appear when selected. You can check and un-check selections as needed. <i>Please select all that apply.</i> <u>For reference:</u> <ul style="list-style-type: none"> - Interpersonal - How the Student Engages with Other Students - Intrapersonal -How the Student engages with their own thoughts and feelings 	Check Box Options: <input type="radio"/> Academic Competencies <input type="radio"/> Intrapersonal Competencies <input type="radio"/> Interpersonal Competencies
Please provide the sub- competencies associated with ACADEMIC COMPETENCIES selection. <i>Please select all that apply.</i>	Check Box Options: <input type="radio"/> Literacy <input type="radio"/> Numeracy <input type="radio"/> Social Sciences <input type="radio"/> Science <input type="radio"/> Language Arts/Foreign Language <input type="radio"/> Critical Thinking <input type="radio"/> Creativity (Solutions-Oriented Approach to Thinking) <input type="radio"/> Other – Please Specify
Please describe the ACADEMIC SUB- COMPETENCIES developed in youth through this programming, based on the academic sub-competencies selected above.	Text Box
Please provide the sub-competencies associated with Intrapersonal Competencies . <i>Please select all that apply.</i>	Check Box Options: <input type="radio"/> Conscientiousness <input type="radio"/> Initiative <input type="radio"/> Flexibility <input type="radio"/> Emotional Regulation <input type="radio"/> Grit/Resilience <input type="radio"/> - Other – Please Specify

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*Please describe the INTRAPERSONAL SUB- COMPETENCIES developed in youth through this programming, based on the intrapersonal competencies selected above.	Text Box
* Please provide the sub-competencies associated with Interpersonal Competencies <i>Please select all that apply.</i>	Check Box Options: <ul style="list-style-type: none"> <input type="radio"/> Communication <input type="radio"/> Collaboration <input type="radio"/> Conflict Resolution <input type="radio"/> Leadership <input type="radio"/> Other – Please Specify
* Please describe the INTERPERSONAL SUB- COMPETENCIES developed in youth through this programming, based on the interpersonal competencies selected above.	Text Box
Please select the physical safety controls you have in place for this program. <i>Please select all that apply.</i>	Check Box Options: <ul style="list-style-type: none"> <input type="radio"/> Written Safety Policies <input type="radio"/> Training for Staff in Emergency Situations <input type="radio"/> Established and adhered to transportation rules <input type="radio"/> Allergy Lists and Other Aversions Considered in Food and Drink Provisions <input type="radio"/> ADA Compliance <input type="radio"/> Physical Accessibility for All Participants <input type="radio"/> Other – Please Specify <input type="radio"/> None of the Above
Please expand on each of the safety controls you have selected in the question above.	Text Box
What is the youth to staff ratio you anticipate having?	Multiple Choice Options: <ul style="list-style-type: none"> <input type="radio"/> Youth: Staff ration is less than 11:1 <input type="radio"/> Youth: Staff ratio is between 11:1 and 15:1 <input type="radio"/> Youth: Staff ratio is higher than 15:1 <input type="radio"/> Organization Doesn't Know
Please select the aspects of quality program environment fostered by your program: <i>Please select all that apply.</i>	Check Box Options: <ul style="list-style-type: none"> <input type="radio"/> Safe, clean, and developmentally appropriate setting for youth. <input type="radio"/> Outdoor programming with safe, ability appropriate spaces. <input type="radio"/> Introduces and reflects diversity represented in participants, families, and community. <input type="radio"/> Other – Please Specify <input type="radio"/> None of the Above
Please expand on each of the selected Program Environment quality standards you selected in the question above.	Text Box
Identifying Type of Evidence Based Programming	
Question	Question Type
Please select the tier that best describes your programming.	Multiple Choice Options: <ul style="list-style-type: none"> <input type="radio"/> Tier 1 <input type="radio"/> Tier 2 <input type="radio"/> Tier 3 <input type="radio"/> Tier 4
Explain how your program fits within the tier selected.	Text Box
Quality of Programming	
Question	Question Type

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Does your organization collect program feedback from participants?	Multiple Choice Options: <input type="radio"/> Yes <input type="radio"/> No
If yes, select the form(s) of feedback your organization uses. <i>Please select all that apply.</i>	Check Box Options: <input type="radio"/> Survey <input type="radio"/> Interviews <input type="radio"/> Focus Groups <input type="radio"/> Direct Feedback at Programming
If yes, who do you collect feedback from?	Check Box <input type="radio"/> Parents/Caregivers <input type="radio"/> Youth <input type="radio"/> Educators/Facilitators <input type="radio"/> School Administrators
If yes, how often does your organization collect feedback?	Check Box Options: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually <input type="radio"/> Other – Please Specify
If yes, based on your responses above, how does your organization know this programming was positively received by participants in the past?	Text Box
Addressing a Need	
Question	Question Type
How did you identify the need for this programming for Oakland County youth ages 0 to 18? Select all that apply.	Check Box Options: <input type="radio"/> Community Feedback <input type="radio"/> History of Programming <input type="radio"/> Mandated Programming <input type="radio"/> Request for Parents <input type="radio"/> Request from Students <input type="radio"/> Other – Please Specify <input type="checkbox"/> None of the Above
Expand on how you use all of options selected above to determine need in your service area within Oakland County.	Text Box
What research supports the connection between this specific curriculum or program supports, and the needs identified for Oakland County youth ages 0-18?	Text Box
Please select the ways in which your program accounts for your surrounding community in the options below. Select all that apply.	Check Box Options: <input type="radio"/> Collaborations Offering Wraparound Supports to Participants <input type="radio"/> Partnerships to Improve Programming or Curriculum <input type="radio"/> Local/Lived Experience Hiring Practices <input type="radio"/> Other – Please Specify <input type="radio"/> None of the Above
Based on your answers above, please expand on the ways in which your program accounts for your surrounding community.	Text Box
Programs Activities & Outcomes	
Question	Question Type
How do youth express choice, planning and leadership in your program? <i>Please select all that apply.</i>	Check Box Options: <input type="checkbox"/> Direct Feedback to Facilitators <input type="checkbox"/> Input on New Curriculum

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	<ul style="list-style-type: none"> - Leading Groups of Peers and/or Younger Children - Students Participate and are Welcomed at their Comfort Level - Other – Please Specify - None of the Above
Please expand on the options selected above and how you encourage youth to express choice, planning, and leadership in your program.	Text Box
Family Engagement	
Question	Question Type
<p>How are families invited to participate in your organization’s programming?</p> <p><i>Please select all that apply.</i></p>	<p>Check Box</p> <p>Options:</p> <ul style="list-style-type: none"> - Family Activities Within Programming - Information Provided to Families (i.e. Printed, Email, Website, Social Media) - Volunteer Opportunities - Other – Please Specify - None of the Above
Based on your selections above, please expand on how families are invited to participate in your organization’s programming.	Text Box
Training, Monitoring, and Modification of Evidence Based Programming	
Question	Question Type
<p>How do you foster a positive and safe emotional climate for youth?</p> <p><i>Please select all that apply.</i></p>	<p>Check Box</p> <p>Options:</p> <ul style="list-style-type: none"> - Fostering authentic relationships between adults and youth - Appropriate ratios of youth to adults during programming (RATIO LINK) - Staff participate in effective orientation, training, and professional development - Staff are qualified and adhere to best practices in programming - Following Michigan Out of School Time Quality Standards - Other _____ - None of the Above
Please expand on how you create a positive and safe emotional environment for youth, based on the selected answers above.	Text Box
<p>How do you identify the need for programming modifications?</p> <p><i>Please select all that apply.</i></p>	<p>Check Box</p> <p>Options:</p> <ul style="list-style-type: none"> - Data Collection (academic progress, behavior improvements) - Participant Feedback analysis - Adherence to Michigan Out of School Time Quality Standards - Participant Observation and screening for facilitator improvement
In the past, how have you implemented changes you’ve identified as necessary, while maintaining the fidelity of the evidence-based program curriculum?	Text Box
Conflict of Interest Policy	
Question	Question Type
Does your organization have a Conflict-of-Interest policy in place?	<p>Multiple Choice</p> <p>Options:</p> <ul style="list-style-type: none"> - Yes - No

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*If available, please upload your organizations Conflict of Interest policy here	Upload Field
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Outcomes & Impacts	
Question	Question Type
Which areas do you expect to see measurable impact to the youth you serve?	Check Box Options <ul style="list-style-type: none"> - Long Term Tracking of Student Success - Behavioral Markers - Developmental Markers - Interest in Special Topics - Career Readiness - Family Participation - Academic Performance - Social Emotional Development - Other – Please Specify - None of the Above
Which areas do you expect to see measurable impact to the youth you serve in the area of Long-Term Tracking of Student Success ?	Check Box Options <ul style="list-style-type: none"> - High School Graduation Rates - College Graduation Rates - Positive Employment Attainment - Other – Please Specify
Which areas do you expect to see measurable impact to the youth you serve in the area of Behavioral Markers ?	Check Box Options <ul style="list-style-type: none"> - Reduced Suspensions or Detentions Over Time - Fewer Visits to the Office for Behavioral Reasons - Improved Attendance
Which areas do you expect to see measurable impact to the youth you serve in the area of Developmental Markers ?	Check Box Options <ul style="list-style-type: none"> - Number of Students that have Matriculated - Early Childhood Developmental Milestones
Please expand on the type of Early Childhood Developmental Milestones your organization expects to impact	Check Box Options <ul style="list-style-type: none"> - Gross Motor Skills (Crawling, Jumping, or Running) - Fine Motor Skills (Writing, Drawing) - Increased Vocabulary, Clear Speech - Cognitive and Intellectual (Counting, Identifying Shapes) - Social and Emotional Skills such as Increased Play with Other Children
Which areas do you expect to see measurable impact to the youth you serve in the area of Academic Performance	Check Box Options <ul style="list-style-type: none"> - Performance Assessments - Grade Point Average - Subject Proficiency - Developmental Test Placements
Please expand on the type of Performance Assessments your organization intends on utilizing to measure impact	Check Box Options <ul style="list-style-type: none"> - Internal Assessments - Standardized Assessments - Third Party Assessments - Other – Please Specify
Which areas do you expect to see measurable impact to the youth you serve in the area of Social Emotional Development ?	Check Box Options

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	<ul style="list-style-type: none"> - Academic Confidence - Social Confidence - Confidence Interacting with Peers - Can Articulate a Problem and Find a Solution - Confidence in Communicating with Teachers and Other Adults - Able to Evaluate and Address Conflicts
Please expand on how your program offerings create the impact selected above.	Text Box
<p>Based on your selections of measurable impact above, please provide 1-2 expected outcomes. These outcomes should be specific, measurable, concrete, occur within the timeframe of the grant award, and be grounded in the impact selected above.</p> <p><i>Example of Outcomes: 75% of enrolled students will increase their math scores by one letter grade; Out of School time program attendance will increase by 15%; 350 families will receive subsidized or free childcare</i></p>	
Based on your measurable impact selection of Long-Term Tracking of Student Success , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)
Based on your measurable impact selection of Behavioral Markers , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)
Based on your measurable impact selection of Developmental Markers , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)
Based on your measurable impact selection of Interest in Special Topics , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)
Based on your measurable impact selection of Career Readiness , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)
Based on your measurable impact selection of Academic Performance , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)
Based on your measurable impact selection of Interest in Special Topics , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)
Based on your measurable impact selection of Social Emotional Development , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)
Based on your measurable impact selection of Other – Please Specify , please provide 1-2 outcome statements (1 required, 1 optional).	Options <ul style="list-style-type: none"> - Outcome Statement 1 (Text Box) - Outcome Statement 2 (Optional) (Text Box)

Demographics & Service Scope	
Question	Question Type
How many unique, unduplicated youth ages 0-18 years in Oakland County will you serve through this funding opportunity?	Text Box
How do you determine who is eligible for your programming? <i>Please select all that apply.</i>	Check Box Options: <ul style="list-style-type: none"> - Socioeconomic Status - Interest in Program/Self Selection - Current Academic Standing - Developmental Assessments/Screening Tools - Teacher/Partner Referral - Parent Need (Before/After School Care) - Other – Please Specify - None of the Above
Based on your selection of Developmental Assessments/Screening tools, please provide the screening tools you utilize.	Text Box

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Based on your selections above, how do you ensure that you are targeting and serving vulnerable populations?	Text Box
Where do you provide services in Oakland County?	List of all Oakland County municipalities provided.
How long has your organization been providing youth services in Oakland County?	Multiple Choice Options: <input type="radio"/> 0-1 Year <input type="radio"/> 1-2 Years <input type="radio"/> 3-5 Years <input type="radio"/> 5-10 Years <input type="radio"/> 10+ Years – Please Specify <input type="radio"/> Our organization does not currently provide youth services to Oakland County.
Please estimate the number of youth your organization serves in each municipality in Oakland County, specific to the program and/or services you are applying for.	List of all Oakland County municipalities provided.
Please estimate the number of individuals by gender identity that your organization will serve (specific to program and/or services which you are seeking funds).	Check List Options: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-Binary <input type="radio"/> Other <input type="radio"/> Organization Does Not Capture This Data.
Please explain what data your organization will use to report on these demographic details in your quarterly reports.	Text box
Please estimate the number of individuals by race/ethnicity that your organization will serve (specific to the program and/or services which you are seeking funds).	Check List Options <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Hispanic or Latino <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Two or More Races <input type="radio"/> Other <input type="radio"/> Organization Does Not Capture This Data
Please estimate the number of individuals by age brackets that your organization will serve (specific to the program and/or services which you are seeking funds).	Age Brackets <input type="radio"/> 0-4 years <input type="radio"/> 5-10 years <input type="radio"/> 11-13 years <input type="radio"/> 14 -18 years
Please explain what data your organization will use to report on these demographic details in your quarterly reports.	Text Box
Please estimate the number of individuals by household income that your organization will serve (specific to the program and/or services which you are seeking funds).	Check List Options <input type="radio"/> Less than \$25,000 <input type="radio"/> \$25,000 to \$34,999 <input type="radio"/> \$35,000 to \$44,999 <input type="radio"/> \$45,000 to \$74,999 <input type="radio"/> More than \$75,000 <input type="radio"/> Organization Does Not Capture This Data.
Please explain what data your organization will use to report on these demographic details in your quarterly reports.	

Budget	
Question	Question Type
Standard UWSEM Budget Grid	Line-Item Allocations: <input type="radio"/> Personnel <input type="radio"/> Fringe Benefits <input type="radio"/> Contractual Services

Oakland County Out of School Time Grant Application Questions

	<ul style="list-style-type: none"> ○ Wrap Around Support to Participants ○ Travel ○ Equipment ○ Supplies ○ Occupancy ○ Utilities ○ Evaluation ○ Professional Development and Training ○ Other Program Costs ○ Indirect/Administrative Costs
Budget Narrative (Optional)	Text Box
Budget Narrative Upload (Optional)	Upload Field