

**Welcome to South Carolina's American Rescue Plan Grant application, Providing Opportunities for Lifelong Learning. This is the funding application submission link for the 2021-2022 Request for Proposals. The application submission deadline is Thursday, Dec. 30, 2021 at 11:59 p.m. For assistance with your application, please contact Michelle Nimmons, Director of Grants and Contracts at [mnimmons@scafterschool.com](mailto:mnimmons@scafterschool.com).**

**Before you begin the application process, be sure to review the application eligibility and the pdf application version located at <http://www.scafterschool.com/arp.grants>. We recommend that you complete a draft version of the application in advance to prepare to input information before you get started (your work can not be saved in this online application and must be completed in one sitting).**

The following information will be helpful in filling out this application:

- The school district(s) your students attend,
- List of partners and their contributions to the program,
- A description of your targeted population including age range and special populations, and
- Itemized program budget and description of each category of planned expenditure.

\* 1. Indicate your program area of focus. Only check one group per site.

- ☐ **Elementary (Kindergarten-5th grades) and Middle school (6th-8th grades)** funded by the American Rescue Plan.  
(Comprehensive evidence-based afterschool and summer programs responding to students' academics, social, and emotional needs and address the disproportionate impact of COVID-19.)
- ☐ **Middle School (6th -8th grades) and High School (9th -12th grades)** funded by Governor McMaster's Emergency Education Relief Funds (GEER Funds). *(Comprehensive evidence-based afterschool and summer programs addressing the educational, social and emotional needs of the students who are most at risk of dropping out of school or becoming involved with the juvenile justice system as a result of the COVID -19 pandemic.)*

## Contact and Organizational Information

\* 2. Please fill in the Contact Person's information.

First name

Last name

Phone number  
(000) 000-0000

Email Address

Title

\* 3. Please fill in your organization's information.

Organization's legal name

Federal Identification  
Number (not required)

Annual Budget

Year organization was  
established

Full name of your  
organization's President,  
Executive Director, or  
highest-ranking staff or  
board chair

\* 4. Please fill in your organization's mailing address.

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

5. Please provide your organization's social media information.

Website Address

Facebook link

Twitter link

Instagram link

\* 6. Type of organization

**The applicant shall enter program information. All fields required unless otherwise indicated.**

7. What is your program's title?

8. Please fill in your program's address (only if different from mailing address)

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**The following questions and statements are specific to the program you are seeking funds to support.**

\* 9. When do you plan to operate your program? Select all that apply

☐ Spring 2022 (Jan. 3-May 30th, 2022)

☐ Summer 2022 (June 1-August 30, 2022)

\* 10. What is your target population? Check all that apply

☐ K – 5th Grade (Elementary School Students)

☐ 6th – 8th Grade (Middle School Students)

☐ 9th – 12th Grade (High School Students)

11. Will your program serve the following students? Check all that apply

☐ Youth who are eligible for free or reduced-priced lunch

☐ English language learners

☐ Youth experiencing homelessness

☐ Youth in foster care

☐ Youth with disabilities, including physical, developmental and/or intellectual disabilities; special health care needs

☐ Migrant youth

☐ BIPOC (Black, Indigenous, People of Color) Youth

\* 12. Briefly describe the population you intend to serve. Indicate age range, grade, number of students served, major ethnic and racial groups, economic background, schools served, special disabilities, children and youth experiencing homelessness, foster care, and other etc. [3,000 characters or approx 500 words or less]

13. Indicate the school district(s) where the majority of your participants attend school. Check ALL that apply.

- ☐ Abbeville County School District
- ☐ Aiken County Public School District
- ☐ Allendale County Schools
- ☐ Anderson County School District 2
- ☐ Anderson School District 3
- ☐ Anderson School District 4
- ☐ Anderson School District Five
- ☐ Anderson School District One
- ☐ Bamberg School District 1
- ☐ Bamberg School District 2
- ☐ Barnwell School District 19
- ☐ Barnwell School District 29
- ☐ Barnwell School District 45
- ☐ Beaufort County School District
- ☐ Berkeley County School District
- ☐ Calhoun County School District
- ☐ Charleston County School District
- ☐ Cherokee County School District
- ☐ Chester County School District
- ☐ Chesterfield County School District
- ☐ Clarendon School District 1
- ☐ Clarendon School District 2
- ☐ Clarendon School District 3
- ☐ Colleton County School District
- ☐ Darlington County School District
- ☐ Dillon School District 3
- ☐ Dillon School District Four
- ☐ District 5 of Lexington and Richland Counties
- ☐ Dorchester School District 4

- ☐ Dorchester School District Two
- ☐ Edgefield County School District
- ☐ Fairfield County School District
- ☐ Florence Public School District One
- ☐ Florence School District 2
- ☐ Florence School District 3
- ☐ Florence School District 4
- ☐ Florence School District 5
- ☐ Fort Mill Schools
- ☐ Georgetown County School District
- ☐ Greenville County School District
- ☐ Greenwood School District 50
- ☐ Greenwood School District 51
- ☐ Greenwood School District 52
- ☐ Hampton School District 1
- ☐ Hampton School District 2
- ☐ Horry County Schools
- ☐ Jasper County School District
- ☐ Kershaw County School District
- ☐ Lancaster County School District
- ☐ Laurens School District 55
- ☐ Laurens School District 56
- ☐ Lee County School District
- ☐ Lexington School District 2
- ☐ Lexington School District 3
- ☐ Lexington School District 4
- ☐ Lexington School District One
- ☐ Marion 10 School District
- ☐ Marlboro County School District
- ☐ McCormick County School District
- ☐ Newberry County School District
- ☐ Orangeburg County School District



- ☐ Richland County School District One
- ☐ Richland School District Two
- ☐ Rock Hill Schools - York County District 3
- ☐ Saluda County School District
- ☐ School District of Oconee County
- ☐ School District of Pickens County
- ☐ South Carolina Governor's School for Science and Mathematics
- ☐ South Carolina Governor's School for the Arts and Humanities
- ☐ Spartanburg County School District 1
- ☐ Spartanburg County School District 3
- ☐ Spartanburg County School District 4
- ☐ Spartanburg County School District 5
- ☐ Spartanburg County School District 6
- ☐ Spartanburg County School District 7
- ☐ Spartanburg School District 2
- ☐ Sumter School District
- ☐ Union County School District
- ☐ Williamsburg County School District
- ☐ York School District 1
- ☐ York School District 2

14. What key components will your program address to equitably support students most in need of recovery and learning acceleration? Check all that apply

- ☐ Learning acceleration: Math
- ☐ Learning acceleration: literacy/reading skills
- ☐ Learning acceleration: STEM (Science, Technology, Engineering and Math)
- ☐ Learning acceleration: college readiness
- ☐ Learning acceleration: job/career readiness
- ☐ Enrichment activities: visual and performing arts
- ☐ Enrichment activities: arts and crafts
- ☐ Enrichment activities: job/career readiness
- ☐ Enrichment activities: career exploration
- ☐ Enrichment activities: financial literacy
- ☐ Enrichment activities: Youth Entrepreneurship
- ☐ Healthy eating and physical activity: sports/recreation
- ☐ Well-being and connectedness: Social-Emotional Learning
- ☐ Well-being and connectedness: family and parent activities
- ☐ Healthy eating and physical activity: nutrition education
- ☐ Well-being and connectedness: mental health supports
- ☐ Well-being and connectedness: problem solving
- ☐ Well-being and connectedness: team building
- ☐ Well-being and connectedness: community service and service learning
- ☐ Youth At-risk behaviors (drop-out prevention, decreasing discipline referrals, truancy, etc.)
- ☐ Other (please specify)

15. Describe the extent to which the proposed program will help to address the needs of students at-risk of educational failure. Cite factors and data sources that place students at-risk. Use data related to education barriers, juvenile crimes and incidents, poverty, unemployment rate, dropout rates, academic gaps in math and reading, Free and Reduced Lunch rates, lack of parent engagement, suspension and expulsion rates, lack of access to the arts and STEM (Science, Technology, Engineering and Math), community assessments, and inventory of community assets/resources. [3,000 characters or approx 500 words or less]

## Program design and implementation

16. Based on the identified needs and key components, what are the measurable evidence-based goals, objectives, activities and outcomes to be achieved by the proposed program? Include the following:

- Measurable evidence-based program goals, objectives, and outcomes aimed at addressing the key components you identified for your program.
- Indicate the services and activities your program will provide to address the key components identified during afterschool and summer hours. (Objectives and Activities)
- How will program staff collaborate with school leaders and teachers to assess and address students' needs? Will you hire any certified teachers or instructional coaches?
- How and to what degree the specific learning opportunities and activities are expected to help students recover and accelerate learning?
- Include strategies to support regular (daily) student attendance in the program.
- Include specific teaching strategies that program staff will use to help students with their academic needs.

[6,000 characters or approx 1,000 words or less]

**If you are applying for funding for Spring 2022, please indicate the days of the week and the hours your program will operate. If you are only applying for Summer 2022, you can skip to the next page.**

**17. Spring 2022**

Start date (MM/DD/YYYY)

End date (MM/DD/YYYY)

18. Spring 2022: enter the **start time** for your program for each day of the week. If you do not offer programming on a certain day of the week, leave it blank.

Monday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Tuesday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Wednesday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Thursday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Friday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Saturday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Sunday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

19. Spring 2022: enter the **end time** for your program for each day of the week. If you do not offer programming on a certain day of the week, leave it blank.

Monday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Tuesday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Wednesday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Thursday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Friday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Saturday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Sunday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

**Please indicate the days of the week and the hours your program will operate for Summer 2022. If you are not applying for Summer 2022, you can skip to the next page.**

**20. Summer 2022**

Start date

End date

21. Summer 2022: enter the **start time** for your program for each day of the week. If you do not offer programming on a certain day of the week, leave it blank.

Monday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Tuesday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Wednesday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Thursday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Friday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Saturday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Sunday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>



22. Summer 2022: enter the **end time** for your program for each day of the week. If you do not offer programming on a certain day of the week, leave it blank.

Monday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Tuesday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Wednesday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Thursday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Friday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Saturday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

Sunday

Time		AM/PM
<input type="text" value="hh"/>	<input type="text" value="mm"/>	<input type="text" value="-"/>

## Partnerships

List the organizations and/or agencies you will partner with to implement your afterschool and summer learning program ( i.e. Union Baptist Church, Prince Charles Masonic Lodge, local school, business, colleges and universities, technical colleges.) and list how each partner will contribute to your program (i.e. donate space, provide transportation, donate meals/snacks.)

### 23. Partner 1

Name of partner

Contribution

### 24. Partner 2

Name of partner

Contribution

### 25. Partner 3

Name of partner

Contribution

### 26. Partner 4

Name of partner

Contribution

### 27. Partner 5

Name of partner

Contribution

### 28. Partner 6

Name of partner

Contribution

### 29. Partner 7

Name of partner

Contribution

**30. Partner 8**

Name of partner

Contribution

**31. Partner 9**

Name of partner

Contribution

**32. Partner 10**

Name of partner

Contribution

33. Will your organization/agency provide low cost or no-cost programming to students?

☐ Yes

☐ No

34. Briefly explain how you will keep cost low or not charge students. [600 characters or approx 100 words or less]

35. Is transportation provided to students in the program?

☐ Yes

☐ No

36. If yes, please describe how transportation is provided. [300 characters or approx 50 words or less]

37. If no, please tell us why transportation is not included. [300 characters or approx 50 words or less]

38. What meals will your program provide to participants? Check all that apply

☐ Breakfast

☐ Lunch

☐ Snacks

☐ Dinner

39. If you are not providing meals, please explain why not? [300 characters or approx 50 words]

40. Based on the number of students in your program, how many staff will work at each site?

Spring site

Summer site

41. Will you have to hire new/additional staff?

☐ Yes

☐ No

42. If yes, how many staff will be hired?

43. Will any of your staff have SC teaching certificates?

☐ Yes

☐ No

44. How long has your organization/agency operated afterschool and/or summer learning programs?

45. Explain how you will sustain this programming once this grant funding ends in 3 years? [600 characters or approx 100 words]

## Budget

**Complete the budget below for Spring 2022 and/or Summer 2022.**

**NOTE: If the program already receives federal reimbursements for meals through the federal child nutrition programs, including the Summer Food Service Program, School Nutrition Programs or the Child and Adult Care Food Program, then the program is only eligible for food cost beyond the federal meal reimbursement.**

\* 46. Please enter your total amount of funding requested. Remember, each program site may apply for up to \$50,000.00 for the spring 2022 and up to \$50,000.00 for the summer. (If you are applying for \$50,000, write "50000" with no comma or dollar sign).

**47. You are applying for \${{ Q46 }}.**

For each item below, write the cost to the project. Please enter a whole number dollar amount (e.g. if you plan to spend \$15,000 on staff salaries, write "15000"). Ensure that the sum of the amounts presented here equals \${{ Q46 }}.

Staff Salaries

Contractual Services

Training and Educational Materials

Project Supplies

Rental (Space/Equipment)

Travel (Staff)

Professional Development/Staff Training

Student Transportation

Other (1)

Other (2)

**\* 48. Budget confirmation**

☐

I certify that the sum of the cost to the project items equals \${{ Q46 }}.



49. Please write a description of each expenditure

Staff Salaries

Contractual Services

Training and Educational Materials

Project Supplies

Rental (Space/Equipment)

Travel (Staff)

Professional Development/Staff Training

Student Transportation

Other (1)

Other (2)

## Assurances

**Please read the statements carefully. Check the boxes if your organization can adhere to the statements.**

### \* 50. Evaluation

☐ I have read the evaluation statement and I agree to participate with SCAA's required evaluation efforts:

SCAA has hired an external evaluation team to collect and analyze data. Grantees will be required to participate in any technical assistance, professional development, and evaluation efforts. A timeline of meetings and reporting requirements will be provided before contracts are signed. The following is a preliminary list of the data to be collected, but not limited to:

- \*Number of youth served
- \*Unique student ID numbers for all participating students (SUN numbers)
- \*Demographics of youth served: i.e. English language speakers, homeless youth
- \*Daily program attendance
- \*Dosage: Number of days and hours programming was offered
- \*Benchmark outcomes of key components
- \*Youth, staff and family surveys

### \* 51. Non-Discrimination Policy and Delivery of Services

☐ I certify that the organization named in this application has a policy and demonstrates a practice of non-discrimination as it relates to the operation of the organization, including service delivery on the basis of race, creed, color, religion, gender, age, national origin, physical or mental health, sexual orientation or any characteristic protected by law. In accordance with Title VII of the Civil Rights Act of 1964, as amended, no person shall, on the grounds of race, color, religion, national origin, sex, age, disability, marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, genetic information, matriculation, or political affiliation, be denied the benefits of or be subjected to discrimination under any program activity receiving government funds.

### \* 52. Staff Clearances and Requirements

☐ I certify that all adults, paid and unpaid, who have regular (more than one interaction per week) contact with youth will have SLED Criminal Background Check, SCDSS Child Protection Register Check, and verified results from the Sex Offender Registry on file. I grant the South Carolina Afterschool Alliance access to these records at their request, during monitoring visits. I further certify that one-day visitors, guests, and volunteers who do not have the required clearances, shall always be under the direct supervision of a staff member with appropriate clearances.

### \* 53. Personal Assurance

☐ I certify that I have read the certifications and assurance listed above, that I have the signing authority on behalf of the organization, and I certify that all information contained in this application is true and accurate to the best of my knowledge and belief and that any misinformation may result in a termination of the grant. I understand and agree that this certification will carry through to the end of the grant period

Thank you for submitting your application. The applications will be reviewed, and then SCAA will notify all applicants of the status of their request the week of January 17th, 2022.