

Title of Grant: OFCY	Funding Cycle Dates: 7/01/08 – 6/30/09
Grant's Fiscal Agent: (contact's name, address, phone number, email address) OUSD or CBO	Grant Amount for Full Funding Cycle:
Funding Agency: OFCY	Grant Focus: AFTER SCHOOL
List all School(s) or Department(s) to be Served:	

Information Needed	School or Department Response
How will this grant contribute to sustained student achievement or academic standards?	Students will learn new skills that will contribute to their classroom success.
How will this grant be evaluated for impact upon student achievement? (Customized data design and technical support are provided at 1% of the grant award or at a negotiated fee for a community-based fiscal agent who is not including OUSD's indirect rate of 6.04% in the budget. The 1% or negotiated data fee will be charged according to an Agreement for Grant Administration Related Services payment schedule. This fee should be included in the grant's budget for evaluation.)	It will be evaluated through the OFCY evaluation process.
Does the grant require any resources from the school(s) or district? If so, describe.	Yes, Prop 49 funding is used for the match & facilities.
Are services being supported by an OUSD funded grant or by a contractor paid through an OUSD contract or MOU? (If yes, include the district's indirect rate of 6.04% for all OUSD site services in the grant's budget for administrative support, evaluation data, or indirect services.)	YES – Services are supporting through the following means: <ul style="list-style-type: none"> • YMCA contract & Letter of Agreement • ASES
Will the proposed program take students out of the classroom for any portion of the school day? (OUSD reserves the right to limit service access to students during the school day to ensure academic attendance continuity.)	No.
Who is the contact managing and assuring grant compliance? (Include contact's name, address, phone number, email address.)	Site Principal or Coordinator

Applicant Obtained Approval Signatures:

Entity	Name/s	Signature/s	Date
Principal			
Department Head (e.g. for school day programs or for extended day and student support activities)			

Grant Office Obtained Approval Signatures:

Entity	Name/s	Signature/s	Date
Fiscal Officer	Valerie Williams		
Interim State Administrator	Vincent Matthews		