

VIRGINIA PRESCHOOL INITIATIVE FOR AT-RISK FOUR-YEAR-OLD CHILDREN  
APPLICATION PACKAGE FOR FISCAL YEAR 2002

Attachment A to Informational Memo No. 61

Locality Applying for Funding:

Title of Program: Virginia Preschool Initiative for At-Risk Four-Year-Old Children

Issuing Agency: Commonwealth of Virginia  
Department of Education  
101 North 14th Street  
P. O. Box 2120  
Richmond, Virginia 23218-2120

Type of Funding: Virginia General Assembly General Fund Appropriation

Period of Funding: July 1, 2001 to June 30, 2002

Deadline: May 15, 2001

Checklist: Each of the items listed below must be included in the application submitted. Place a check by each item that is included with this application.

<input type="checkbox"/>	VPI Form 1: Agency Identification	Signature(s) required
<input type="checkbox"/>	VPI Form 2: Statement of Assurances	Signature required
<input type="checkbox"/>	VPI Form 3: Affidavit Certifying Compliance or Intent to Comply with Day Care Program Regulations	Signature required
<input type="checkbox"/>	VPI Form 4: Program Summary	
<input type="checkbox"/>	VPI Form 5: Classroom Summary	
<input type="checkbox"/>	VPI Form 6A: Projected Budget Revenue Summary	
<input type="checkbox"/>	VPI Form 6B: Budget Narrative	
<input type="checkbox"/>	VPI Form 6C: Summary of Projected Expenses	Maximum 5 page limit
<input type="checkbox"/>	VPI Form 7: Program Narrative	
<input type="checkbox"/>	Copy of Day Care License Electronic copy not needed, attach to the original copy mailed. May not be required, see VPI Form 3.	

Application Guidelines: Application and guidelines for completion and submission can be downloaded in *Microsoft Word* or *pdf* format at:  
<[http://www.pen.k12.va.us/VDOE/Instruction/Elem\\_M/early.html](http://www.pen.k12.va.us/VDOE/Instruction/Elem_M/early.html)>

Telephone inquiries should be directed to: Kathleen M. Smith, Early Childhood Specialist  
(804) 786-5819

Fiscal Year 2002 Virginia Preschool Initiative Application  
Agency Identification  
(Requires signatures)

1. Locality	1.
2. Lead Agency*	2.
3. Official Lead Agency Contact Person	3.
4. Address	4.
5. Telephone	5.
6. E-mail address	6.
7. Fax number	7.
8. Agency conducting program if different from the school division	8.
9. Official Contact Person	9.
10. Address	10.
11. Telephone	11.
12. E-mail Address	12.
13. Fax number	13.
14. Funding is being requested for how many children?	14.
15. Projected number of Virginia Preschool Initiative classrooms in 2001-2002?	15.
16. Amount of state funding requested?	16.
17. City Manager or County Administrator	17. (Typed Name)  Signature: _____  Date: _____
18. Director of Agency conducting the program (if other than school system)	18. (Typed Name)  Signature: _____  Date: _____
19. Division Superintendent	19. (Typed Name)  Signature: _____  Date: _____

\*Lead agency is the school division or local government body responsible for fiscal and program accountability.

Fiscal Year 2002 Virginia Preschool Initiative Application  
Statement of Assurances  
(Requires Signatures)

Lead Agency\*:

Locality:

To administer Virginia Preschool Initiative programs, as directed by the Virginia General Assembly, the above-named lead agency assures that all programs or classrooms serving children funded through the Virginia Preschool Initiative in the above-named locality will:

1. operate a minimum of six (6) hours per day in one environment;
2. operate five (5) days per week;
3. operate a minimum of 180 days (the full school year);
4. enroll program-eligible children whose fourth birthdate occurs on or before September 30 of the school year;
5. have a class size that does not exceed 16 children;
6. have an adult-child ratio that does not exceed eight children to one adult (8:1); and
7. have a classroom teacher who has the appropriate professional credentials for the program site.

Further, this lead agency:

1. confirms the existence of a steering group comprising of representatives of local, private and public entities including the local school division;
2. confirms that no Virginia Preschool Initiative funds will supplant federal funds for programs for at-risk four-year-old children (localities applying for a waiver due to reduced funding under Title 1, should attach a copy of the signed waiver); and
3. confirms that no fees will be charged to families of participating children (small activity fees are permitted).

Signature of lead agency administrator (County/City Administrator or Division Superintendent):

\_\_\_\_\_  
County/City Administrator or  
Division Superintendent

\_\_\_\_\_  
Date

\*Lead agency is the school division or local government body responsible for fiscal and program accountability.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF EDUCATION  
P. O. BOX 2120  
RICHMOND, VIRGINIA 23218-2120

AFFIDAVIT CERTIFYING COMPLIANCE OR INTENT TO COMPLY  
WITH CHILD DAY PROGRAM REGULATIONS  
(Requires Signatures)

School divisions must complete this form. Private providers must attach a copy of their current license.

Locality:

Official Contact Person:

Name of School(s): (List all schools or sites where Virginia Preschool Initiative classrooms are located. If more space is needed, list additional schools or sites on the next page.)

1.

2.

3.

Check all that are appropriate:

I certify that the above identified school(s) is(are) operating programs in full compliance with the requirements of the Minimum Standards for the Accreditation of Child Day Programs Serving Children of Preschool Age or Younger Operated by Public Schools.

I certify that the above identified school(s) is(are) operating programs in full compliance with the requirements of the Minimum Standards for the Accreditation of Child Day Programs Serving School-Age Children Operated by Public Schools.

I certify that we operate a program(s) for (check one):

preschool age children

school-age children

at the above identified school(s) which will be in full compliance with the requirements with applicable regulations on or before (date).

I certify that we have a program(s) for (check one):

preschool age children

school-age children

at the above identified school(s); however, these programs(s) are operated by \_\_\_\_\_ (Name of Agency) and are licensed by the Department of Social Services. (Must attach a copy of the license to the original application mailed.)

I certify that we house a preschool program which operates under the Individuals with Disabilities Education Act (IDEA) or vocational child care programs and is, therefore, exempt from the requirement of these regulations.

Signature: \_\_\_\_\_  
Official Lead Agency Representative

\_\_\_\_\_  
Date

Additional schools not indicated on page 1 of the Affidavit Certifying Compliance with Child Day Regulations in which Virginia Preschool Initiative students are located:

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- 40.

Fiscal Year 2002 Virginia Preschool Initiative Application  
 Program Summary

This summary describes the overall program. All information on this form pertains to the sum of all classrooms serving Virginia Preschool Initiative (VPI) children. Answer each question below:

1. Locality	1.
2. Funding has been requested for how many students?	2.
3. How many VPI classrooms?	3.
4. What is the length of the program in days? The length of the program year must include a minimum of 180 instructional days.	4.
5. What is the length of the program each day in hours? The length of the Day must include a minimum of six hours.	5.
6. What curriculum will be used? (High Scope, Creative Curriculum, Core Knowledge, locally developed)?	6.
7. How many full-time teachers are serving VPI students? a. How many teachers have a BS or higher degree? b. How many teachers have an Associates degree? c. How many teachers have a CDA?	7. a. b. c.
8. How many full-time classroom aides are serving VPI students? a. How many aides have an Associates or higher degree? b. How many aides have a CDA? c. How many aides have a High School Diploma or GED?	8. a. b. c.
9. How many additional personnel serve VPI students? List each and Give the percentage of time they serve VPI students (e.g. social worker, Speech teacher, home-parent coordinator, program director, principal)  Position a. b. c. d. e.	9.  % of time w/VPI a. b. c. d. e.
10a. Will you be using the Pre-K Phonological Awareness Literacy Screening instrument developed by the University of Virginia? b. If so, have you included this in your budget as a cost? (See Application Guidelines for information regarding cost of this instrument.)	10a.  b.

Fiscal Year 2002 Virginia Preschool Initiative (VPI) Application  
Classroom Summary

Please complete one box for each classroom: (Copy this page for additional classrooms, if needed.)

Locality:

1. School Name	1.	1.	1.
2. Telephone Number	2.	2.	2.
3. Fax Number	3.	3.	3.
4. E-mail Address	4.	4.	4.
5. Type of School (public school or other)	5.	5.	5.
6. For this classroom, approximately how many students will be funded from each source?  a. VPI (state share only) b. Early Childhood Special Education c. Paying Tuition d. Title I e. Head Start f. Dept. of Social Services g. Local h. Other Funding Sources	a.  b.  c.  d.  e.  f.  g.  h.	a.  b.  c.  d.  e.  f.  g.  h.	a.  b.  c.  d.  e.  f.  g.  h.
7. Total Number of Students (cannot exceed 16)	7.	7.	7.
8. How many staff are assigned to this classroom full-time? (pupil-teacher ratio cannot exceed 8:1)	8.	8.	8.

Fiscal Year 2002 Virginia Preschool Initiative (VPI) Application  
 Projected Budget Revenue Summary

Locality:

<p>A.          1. State VPI funds requested</p> <p>State funds are being requested for how many children?</p>	<p>State funds requested</p> <p>1.          Number of children for whom state funds are being requested</p> <p>2.</p>	<p>A.          Total (1)</p>
<p>B. Other state or federal funds Expended for the VPI program:</p>	<p>B. Other state or federal funds Source/Amount</p> <p>3.          4.          5.</p>	<p>B.          Total (3+4+5)</p>
<p>C. Local funds Required:</p> <p>Cash match</p> <p>6a. Local cash match:          Do not include in-kind from 7 below or 6b funds from other sources.</p> <p>6b. Funds from other sources used as a cash match, not included in 6a. above (i.e., Title I, Head Start or Title IIB cannot be used as a cash match).</p> <p>Source/Amount</p> <p>7. Local in-kind match</p> <p>No more than 25% of required local match.</p>	<p>Local cash amount          6 (a+b)</p> <p>Local in-kind amount          7.</p>	<p>C.          Total (6+7)</p>
<p>D. Total program cost</p>	<p>A. State funds          B. Other state and federal funds          C. Local cash match</p>	<p>D.          Total (A+B+C)</p>
<p>E. Projected number of children to be served</p> <p>8.          9.</p>	<p>Projected number of children to be served</p> <p>8.          9.</p>	<p>E.          Total (8+9)</p>
<p>F. Cost per child (Divide D by E)</p>		<p>F.          Cost per child:          (Divide D by E)</p>







Fiscal Year 2002 Virginia Preschool Initiative Application  
 Summary of Projected Expenses

Summarize projected expenses for each category using VPI Form 6B. See Appendix I for explanation of object codes. Appendix H of the guidelines provides a sample budget.

Locality:

EXPENDITURES BY OBJECT CODE	STATE AMOUNT	OTHER STATE OR FEDERAL FUNDS	LOCAL AMOUNT	IN-KIND	TOTAL AMOUNT BUDGETED
1. Personnel Services (1000)	\$	\$	\$	\$	\$
2. Employee Benefits (2000)					
3. Purchased Services (3000)					
4. Internal Services (4000)					
5. Other Charges (5000)					
6. Materials and Supplies (6000)					
7. Capital Outlay (8000)					
7. Parental Involvement (9000)					
	Form 6A (A)	Form 6A (B)	Form 6A (C.6)	Form 6A (C.7)	Form 6A (D)
TOTAL	\$	\$	\$	\$	\$

## Fiscal Year 2002 Virginia Preschool Initiative Application Program Narrative

In no more than five (5) pages, single or double spaced with at least a 10-size font, please respond to each of the questions below. Do not include any additional attachments, such as letters of support from other agencies either in the original or e-mailed copy. Provide each response with the corresponding question as numbered below.

1. Describe the program's staff development plan. Include topics and discuss how support personnel and classroom aides will be included in all planned inservice.
2. Describe the program's student assessment plan. Indicate how the program will assess readiness for kindergarten. Describe how assessment information will be shared with receiving kindergarten teachers and parents.
3. Describe the program's early literacy component such as rhyme awareness, upper and lower case alphabet knowledge, beginning sound knowledge, verbal memory, print knowledge, concept of word, and name writing.
4. Describe the program's social services, health services, and family involvement plan. How will staff complete ongoing home visits throughout the year? How will initial and ongoing health services be provided? How will parent meetings or workshops be provided? Discuss how parents will be trained to promote literacy at home.
5. List of all agencies on the program's planning team.
6. Provide a program calendar indicating the number of days for classroom instruction, teacher pre-service training, teacher inservice training, and parent training. A minimum of 180 classroom instructional days must be provided during the year. This does not include parent visitation days or home visitation days.
7. Describe the program's transportation plan. How will transportation services be provided to parents and students?

8. Provide a daily schedule of activities. Include the amount of time spent during the day specifically planned for literacy activities. The program must operate a minimum of six hours each day.
  
9. Provide the at-risk rating scale and/or local definition of “at-risk” used to determine eligibility for services.