# Kentucky Department of Education

# Nita M. Lowey 21st Century Community Learning Program

**Summer Action Plan (SAP)**

**Please submit the following items to your assigned KDE consultant by 2 p.m. EST on March 29, 2024: SAP, field trips/purchase requests, and calendar.**

**Region 1 and 2:** [Tammy Dowell](mailto:Tammy.dowell@education.ky.gov) **/ Regions 3 and 5:** [Leslie Spears](mailto:Leslie.Spears@education.ky.gov) **/ Regions 4, 6 and 7:** [Glenna Cummins](mailto:Glenna.cummins@education.ky.gov)

**(FOR KDE USE ONLY) kde consultant / Date of Approval:** Click or tap here to enter text. / Click here to enter a date.

**Date Submitted:** Click here to enter a date.

**Grant Cycle:** Click here to enter text.

**Grant Type:** Choose an item.

**Fiscal Agent:** Click here to enter text.

**Co-applicant:** Click here to enter text.

**School(s) Served:** Click here to enter text.

**Physical Address for Summer Program:** Click here to enter text.

**district:** Click here to enter text.

**Site Coordinator:** Click here to enter text.

**Program Director:** Click here to enter text.

**Name of Staff Member Submitting Report:** Click here to enter text.

**E-mail/Phone:** Click here to enter text.

**Total # of Students Served Last SUMMER** (*if applicable*)**:** Click here to enter text.

**Total # of Students to Be Served and Grade Levels:** Click here to enter text.

**Total # of Weeks:** Click here to enter text.

**Total # of Days per Week:** Click here to enter text.

**Total # of Hours per Day:** Click here to enter text.

**Daily Operating Hours:** Click here to enter text.

**Total # of Summer Program Staff:** Click here to enter text.

**Total # of Certified Teachers** (*minimum of 16 certified hours per week*)**:** Click here to enter text.

**Staff/Student Ratio:** Click here to enter text.

**Criteria for Participation/Priority Enrollment** (*check all that apply*)**:**

Disability  Low Income  Reading Intervention  Struggling Student

**Content Areas to Be Addressed** (*check all that apply*)**:**

Reading  Math  Science  STEM  Practical Living

Social Studies  Arts and Humanities  Transition Readiness

**Select program type:**

**Elementary (K-5)** – Minimum Requirements

* 120-hours minimum
* 4 consecutive weeks – 6 hours a day / 5 days a week
* Minimum of 2.5 hours of academic support including remediation/acceleration in reading and math each day (1 hour and 15 minutes for reading, and 1 hour and 15 minutes for math)
* Provide to all students served by the grant
* Pre/post-test in reading and math
* Enter summer data by deadline
* Field trips: 1 field trip per week, per site
* Transportation may not be included within programming hours

**Middle (6-8) –** Minimum Requirements

* 40-hours minimum
* 2 consecutive weeks – 5 hours a day / 4 days a week
* Provide to all students served by the grant
* Enter summer data by the Cayen deadline
* Field trips: 1 field trip per week, per site
* Transportation may not be included within programming hours

**High (9-12)** – Minimum Requirements

* 40-hours minimum
* 2 consecutive weeks – 5 hours a day / 4 days a week
* Provide to all students served by the grant
* Enter summer data by the Cayen deadline
* Field trips: 1 field trip per week, per site
* Transportation may not be included within programming hours

**How will the summer program support each of the performance goals and performance indicators from the current grant application?** **The grantee must list performance goals/performance indicators and describe the activities that will support each one.**

* Click here to enter text.

**How will each activity be assessed? Grantee must list specific assessments (pre/post-tests, etc.)**

* Click here to enter text.

**Which meals will be provided by the USDA snack program?**

Breakfast

Lunch

Dinner

Other source: Click here to enter text.

**List your summer partners and describe the services they will provide for the program.**

* Click here to enter text.

**How will families be involved in the summer program? (Minimum of 1 activity)**

* Click here to enter text.

**Describe the weekly summer theme, focus or camp (as age appropriate) per week of programming and attach calendar that includes daily schedule, monthly events and field trips.**

* Click here to enter text.

**Summer Programming Budget**

1. **Personnel**

**List the number/position of full and part-time staff to be employed with grant funds and estimate salary for each. If paid a daily rate, multiply rate by number of days for each staff person.**

* Click here to enter text.

| **Total Personnel Costs:** Click here to enter text. |
| --- |

1. **Fringe Benefits**

**List benefit(s) + estimated cost or portion of cost for each staff person employed through the grant = Total Fringe Benefits Costs.**

* Click here to enter text.

| **Total Fringe Benefits Costs:** Click here to enter text. |
| --- |

1. **Equipment**

**Itemize items and cost of each.**

* Click here to enter text.

| **Total Equipment Costs:** Click here to enter text. |
| --- |

1. **Supplies/Materials**

**Itemize items and cost of each.**

* Click here to enter text.

| **Total Supplies/Materials Costs:** Click here to enter text. |
| --- |

1. **Contractual**

**Itemize contractual fees.**

* Click here to enter text.

| **Total Contractual Costs:** Click here to enter text. |
| --- |

1. **Indirect Cost**

**Itemize administrative expenses.**

* Click here to enter text.

| **Total Indirect Costs:** Click here to enter text. |
| --- |

1. **Transportation (Program)**

**Estimate mileage costs and include related costs such as bus rental, bus drivers (if not included under personnel), field trips, etc.**

* Click here to enter text.

| **Total Transportation Costs:** Click here to enter text. |
| --- |

1. **Other**

Specify and itemize.

* Click here to enter text.

| **Total “Other” Costs:** Click here to enter text. |
| --- |

**TOTAL SUMMER BUDGET COST (Add items A-H) = $**Click here to enter text.