



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 EXTENDED LEARNING/AFTERSCHOOL PROGRAM
 School Age Community (SAC) - CCDF



FINAL PROGRAM REPORT

As part of the requirement in receiving a SAC award, you agreed to submit to the Department, SAC program information at the completion of your award. **Please complete the following information within the space provided for each approved grant. Forms not completed according to directions will be returned for revision. Completed forms must be returned no later than July 15.**

District Name	Site Name (one form for each approved grant)	Cohort Number <input type="checkbox"/> 6 <input type="checkbox"/> 7
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County/District Code Number (for school districts)/ Federal Tax ID Number (for CBOs)	County Name	School Year
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Not-for-Profit Partner Name (only if program is administered by an outside not-for-profit organization/entity)

Is this site licensed? If yes, <u>must</u> attach copy. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is site accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, must attach certificate copy. Which accrediting body: <input type="checkbox"/> MOA <input type="checkbox"/> COA
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Student population served up to age 13 (check all that apply and provide the grade levels of each served): <input type="checkbox"/> Elementary School Elem. grade levels: _____ <input type="checkbox"/> Middle School MS grade levels: _____	Number of staff that work in the program with students:	Staff/child ratio:
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Number of students enrolled in the SAC program who attend:

Before school **only**: _____ After school **only**: _____ Before **and** after school: _____ Summer: _____

Holidays: _____ Breaks: _____ Other, describe: _____

Total number of students enrolled: _____

Average daily attendance of this SAC program: _____ Average cost per child, per day of this SAC program: \$ _____

List the beginning and ending times this program is in operation on school days (during non school hours=before/after school) this quarter: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Total # of hours this program typically operates each week: _____.	List the beginning and ending times this program is in operation on non-school days (days school is not in session) this quarter: Summer: _____ (include month) Holidays: _____ Break: _____ Other, describe: _____
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Describe how SAC award has enhanced program quality:

Describe how specified partners contributed to the program this year:

List Training attended/completed (include training name and date of training):

State: _____

Regional: _____

Kids Care Center: _____

Other: _____

Describe how program self assessment results will be used to improve quality of program:

List a specific activity, event or curriculum that assisted with building high program quality and was successful with its target audience:

Will this program be self-sustained after grant funding has ended? Yes No

If yes, describe how:

_____	_____
Signature of Contact Person	Date
_____	_____
Authorized Signature	Date

PLEASE COMPLETE AND RETURN TO:

Afterschool Program
Extended Learning
Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102-0480
Phone: (573) 522-2627 Fax: (573) 522-3726