



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 site. Completed forms must be returned no later than July 15.**

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| District Name | Site Name (one form for each approved site in the grant award) |
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| Not-for-Profit Partner Name <small>(only if program is administered by an outside not-for-profit organization/entity)</small> | Grant Year <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Cohort Number <input checked="" type="checkbox"/> 9 |
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|------------------------------|-----------------------|-----------------------|------|
| Primary Program Contact Name | Primary Contact Email | Primary Contact Phone | Ext. |
|------------------------------|-----------------------|-----------------------|------|

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|--|---|
| Is this site licensed? <input type="checkbox"/> Yes, License Number: _____ Expiration Date: _____ <input type="checkbox"/> No, describe why on separate page | Is site accredited? <input type="checkbox"/> Yes, must attach copy <input type="checkbox"/> No Which accrediting body: <input type="checkbox"/> MOA <input type="checkbox"/> COA |
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| Does this site receive subsidy dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, has the additional required subsidy training been met: <input type="checkbox"/> Yes <input type="checkbox"/> No |
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Student population served up to age 13 (check all that apply and provide the grade levels of each served):

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| <input type="checkbox"/> Elementary School Elem. grade levels: _____ | <input type="checkbox"/> Middle School MS grade levels: _____ |
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Number of students enrolled in the SAC site 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 site: \$ _____

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| List the beginning and ending times this site is in operation on school days (during non school hours=before/after school): Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Last day of regular on-site SAC programming before school closures due to COVID-19? _____ Did you provide any services during the COVID-19 school closures? <input type="checkbox"/> No <input type="checkbox"/> Yes, summarize what you provided and when on additional page; attach to report | Total # of hours this site operates each <i>typical</i> week: school year: ____ summer: ____ Total # of days this site operates each <i>typical</i> week: school year: ____ summer: ____ Total # of weeks this site operated this year: ____ First day of program (mm/day): ____ Last day of program (mm/day): ____ Number of grant paid staff that work in the program with students: ____ How many grant paid staff received technical assistance such as coaching, mentoring, or consultation this year (i.e., Missouri Afterschool Network's AREs and/or any other appropriate entity): ____ |
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As part of the required DESE state reporting to the Department of Social Services for which these grant funds were received, please provide the following aggregate numbers:

Unduplicated number of students served in this SAC program that received free and reduced lunch meals: _____

Unduplicated number of students with special needs: _____

Number of program staff that provided direct instruction to students participating in the program: _____

Will this program be sustainable after grant funding has ended at the end of the three-year SAC grant award (*attach additional pages if needed*) – please describe any differences among sites (if multiple sites awarded the grant, list each by site name and describe).

Yes, describe how and to what extent the program will continue:

No, describe why not:

Describe how this SAC award has enhanced program quality this year (attach additional page if needed):

List a specific activity, event or curriculum that assisted with building high program quality and was successful with its target audience this year (attach additional page if needed):

Describe how you improved program quality this year, this may include results from the PQA or any other tools utilized (attach additional page if needed):

Provide testimonials from five different parents (minimum) about your program this year (attach additional pages if needed) – this only needs to be done one time at the grantee level if there are multiple sites awarded in the grant; not required for each site.

Provide testimonials from two different partners that contributed to the program this year, this may also include school administrators (attach additional pages if needed) – this only needs to be done one time at the grantee level if there are multiple sites awarded in the grant; not required for each site:

Did you charge parent fees in 2020-21? Yes No
 If yes, how much was collected during 2020-21 school year: \$ _____
 If yes, what purposes were the fees used for?

For signatures, if you are not able to sign and scan, please include in body of email your name and that you approve the submission and data provided.

 Signature of Contact Person Date

 Authorized Signature Date

PLEASE SCAN AND EMAIL TO:

exl@dese.mo.gov

For questions, please call (573) 522-2627

FOR DEPARTMENT USE ONLY

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|------------------------------|------|------------------------------------|------|
| Signature of DESE Supervisor | Date | Signature of Accounting Specialist | Date |
|------------------------------|------|------------------------------------|------|

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