



**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. 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 site in the grant award)
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Not-for-Profit Partner Name <i>(only if program is administered by an outside not-for-profit organization/entity)</i>	Grant Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Cohort Number <input type="checkbox"/> 8
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Primary Program Contact Name	Primary Contact Email	Primary Contact Phone
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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):

Elementary School    Elem. grade levels: \_\_\_\_\_     Middle School    MS grade levels: \_\_\_\_\_

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: \$ \_\_\_\_\_

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: _____	Total # of hours this site operates each typical week: school year: ____ summer: ____  Total # of days this site operates each 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: \_\_\_\_\_

Did you charge parent fees?  Yes  No

If yes, how much was collected during 2018-19 school year: \$ \_\_\_\_\_ Was it fully expended by June 30, 2019?  Yes  No

If yes, how was this income expended (on what allowable activities as approved by the grant):

Describe how this SAC award has enhanced program quality this year:

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

Describe how you will improve program quality (this may include results from the PQA or any other tools utilized):

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:

Will this program be self-sustained after grant funding has ended (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:

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

No, describe why not:

<hr/> <p>Signature of Contact Person</p> <hr/> <p>Authorized Signature</p>	<p>Date</p> <p>Date</p>	<p><b>PLEASE SCAN AND EMAIL TO:</b></p> <p><a href="mailto:exl@dese.mo.gov">exl@dese.mo.gov</a></p> <p>For questions, please call (573) 522-2627</p>
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<i>FOR DEPARTMENT USE ONLY</i>			
Signature of DESE Supervisor	Date	Signature of Accounting Specialist	Date

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to the Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).