

Glassboro Public Schools



MEMO

To: Mark Silverstein

From: Lisa Ridgway

Date: November 3, 2023

Re: Resolution – Youth Services Grant – Bowe School

Be it Resolved that the Board of Education does hereby approve the application and acceptance of the Gloucester County Youth Services Grant for the period covering January 1, 2024, through December 31, 2024.

COUNTY OF GLOUCESTER 2024

YOUTH SERVICES COMMISSION, DIVISION OF HUMAN & SPECIAL SERVICES

| | | | |
|---|---|---|-------------------------------------|
| Service Category Applying For | Prevention Programming | | |
| Incorporate Name of Applicant | Thomas E Bowe Middle School | | |
| Type: | <input checked="" type="checkbox"/> Public School | <input type="checkbox"/> Local government | <input type="checkbox"/> Non-Profit |
| Federal I.D. Number: | | | |
| Address of Applicant: | 7 Mancuso Lane, Glassboro NJ, 08028 | | |
| Address of Service(s): | 7 Mancuso Lane, Glassboro NJ, 08028 | | |
| Contact Person and Phone #: | Lauren Kerr 856-652-2700 ext 3104 | | |
| Total Dollar Amount Requested: | \$16,000 | | |
| Total Number of Unduplicated | 45 | | |
| Email address of contact person (required): lkerr@gpsd.us | | | |
| Brief Description of Proposed Services: After school tutoring and homework program for grades 6-8. | | | |
| | | | |
| | | | |
| Authorized Voucher Signature: Name/Title | | | |
| Signature: | | | |

PROGRAM DESCRIPTION -NARRATIVE SECTION

Please complete the Program Description Section by answering each of the elements listed. There is a “table” under each section. Add additional sheets as needed. Be sure to keep the number of the elements in the sequence outlined below as the score sheet is organized by this information.

I PROJECT/PROGRAM DESCRIPTION:

A.) Agency Overview

1. Briefly describe the philosophy/mission of the agency.

Thomas E Bowe Middle School strives to be a diverse community built on mutual trust and respect. Each child will be able to grow academically, socially, and emotionally by celebrating accomplishments and cultivating self-esteem. At TEB, we value growth that that evolves from inquiry, problem solving, and perseverance and we are setting the foundation for our children to become responsible, accomplished citizens within the community, country and world.

Thomas E Bowe Middle School’s mission is to empower students to be unique, exceptional, citizens through a culture of character and learning. To ensure that, student achievement relies upon support, guidance and instruction aimed at facilitating a student’s social, emotional, and academic growth and potential.

B) Specific Project/Program

Describe the service component for requested funds.

The after-school program will consist of academic and emotional support with building deeper school connections in a smaller setting. The requested funds will provide transportation, supervision, and materials for this program to run multiple days a week.

C) Rationale/Mission of Project/Program

Describe the need that is being addressed, the methods/ modalities to implement the program design and how it meets the need(s) oh youth in Gloucester County.

Bulldogs After School will provide students with social and emotional outlets that will help gain success and confidence in their academics. We believe that young children who have the proper support systems in place throughout major stages of their life will be able to have the development of solid, healthy, productive skills. This program will provide caring adults from within the school to help encourage students to achieve more and see their potential.

D) Goals, Objectives, and Program Evaluation

Using the Attachment C Program Profile form, outline the purpose of the project/program design and identify quantifiable goals, objectives, and outcomes and evaluation methods.

1. What are the goals and outcomes of this program and how will they be measured?

- To provide a safe afterschool outlet
- Increase positive student – student and student – adult interactions.
- Decrease number of academic failures

F. JUSTIFICATION

1. Why is this program important to the community?

Our population of at-risk youth are at a disadvantage of having necessary academic supports at home. Having this positive support is extremely important in the development of our youth as they develop skills necessary to move to the high school. Our program will assist with not only academics, but gaining independence, knowledge and continuing their education.

II. PROJECT/PROGRAM ADMINISTRATION / STAFFING

A) Detail the supervision lines of this project/program in relationship to overall agency operation.

Mrs. Lauren Kerr will oversee the program being run by the school counselor, Brittinee Garica.
Ms. Garcia will approve the teachers that will provide supervision

B) Provide job descriptions of staff indicating their qualifications.

Lauren Kerr- Assistant Principal
Brittinee Garcia – School counselor
Valeria Delia – Special Education teacher
Steve LaRue – Special Education teacher
Stacy Smith – Science teacher
Stephen Cross – History teacher
James Lord – ELA teacher
Jennifer Budmen – Special education teacher

C) Is your staff required to undergo a criminal background check prior to employment?

Yes

III. PROJECT DURATION:

A) Identify program funding period.

January 2024 – December 2024

IV. TARGET POPULATION/ELIGIBILITY:

A) Describe who will be served (including age, gender, etc.) Discuss limitations (if any) of program to accept referrals-is this a "no eject, no reject" program?

First, this program will be a voluntary program offered for support. If enrollments are low, we will base criteria off students who have been identified as having academic and behavioral concerns.

B) List eligibility criteria.

Students will be recommended by teacher or administrator based on academic performances and negative social behaviors

C) Describe geographic service area for this project/program.

Gloucester County, NJ

V. ADMISSION CRITERIA:

A) Describe referral/enrollment process and include client's initial financial obligation, if any (e.g. deposit needed for evaluation, then returned at time of appointment).

Admission into the program will be on a voluntary basis. Once the first marking period has concluded we will base admissions off students who have academic failures. Teacher / parent referrals will also be accepted.

B) Attach reports/forms/documents needed for referral/admission - if an evaluation instrument is used as part of the intake process, please specify, and include rationale for its use. (e.g. industry standard, best practice, etc.)

VI. HOURS OF SERVICE/PROGRAM ACCESSIBILITY:

A) Specify location of program and hours of service provision.

Thomas E Bowe Middle School
7 Mancuso Lane
Glassboro, NJ 08028

B) Describe how applicant would accommodate persons with disabilities.

As with our students during the school day, all accommodations identified in a students IEP or 504 plan will be followed.

C) List program service days'/holiday schedule on attached Calendar of Service Days chart.

Will provide district calendar

VII. LEVEL OF SERVICE:

A) What is the definition of Unit of Service?

The unit services is two after school sessions. Bulldogs After school will meet with students on Tuesdays and Wednesdays. Each session will be 75 minutes.

B) Indicate the number of unduplicated juveniles/families to be served.

Goal of 45 students to be serviced with our program

C) Specify the Unit of Service Cost.

2.5 hours @ 41.00 per hour weekly for 3 staff members each day the program runs

VIII. DATA COLLECTION

A) Describe client record keeping system to provide backup documentation for billing and service justification.

All student records are confidential however program attendance and population will be taken.

B) Specify staff responsible for the plan.

Lauren Kerr & Brittinee Garcia

**GLOUCESTER COUNTY * YOUTH SERVICES COMMISSION
DEPARTMENT OF HUMAN SERVICES
CALENDAR OF SERVICE DAYS**

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Site Location:

Service Time:

SUNDAY _____ MONDAY _____ TUESDAY _____ X _____

WEDNESDAY _____ X _____ THURSDAY _____ FRIDAY _____

SATURDAY _____

Emergency Provisions: Emergency forms will be submitted if needed by each participant.

Holiday Schedule – Service will not be provided on holidays or early dismissal days.

Occasion

Dates

Attach Resumes for Staff

Gloucester County Youth Services Commission

I. BUDGET EXPENSE SUMMARY

AGENCY NAME: _____ **TIME-FRAME** 1/1/24-12/31/24

| BUDGET CATEGORY | STATE / COMMUNITY |
|--------------------------------------|--------------------------|
| | PARTNERSHIP GRANT (SCPG) |
| PERSONNEL | 15,000 |
| A. Salary | |
| B. Materials / Supplies | 1,000 |
| C. Client Assistance | 0.00 |
| D. GEN. & ADM. (G&A) Cost Allocation | 0.00 |
| E. Total Operating Costs | 16,000 |
| F. Funding Request | 16,000 |

II. BUDGET JUSTIFICATION

(Explain Categories A through D)

A) Personnel

Our staff members who will assist with supervision during the program will be paid on the hourly contract rate (\$41.00/hour)

B) Materials/ Supplies

These will be determined by each advisor and approved by assistant principal

C) Client Assistance

N/A

D) Gen. Administration

N/A

E) Other

N/A

VIII. ADDITIONAL BUDGET QUESTIONS

- Describe the agency's ability to manage the fiscal aspects of the program/project and ensure YSC Administrator receives proper backup/supporting documentation for all reimbursement request.

An account will be set up through the districts Business Office. All payroll and spending will be documented by payroll vouchers. They will be approved by the building principal and will be submitted to the accounting supervisor for payment.