



Collection of this information is a requirement of s. 121.02, Wis. Stats.

For additional information, contact

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I. GENERAL INFORMATION		
Applicant School District	Mailing Address <i>Street, City, State, Zip</i>	
4K Coordinator, Principal, or Contact Person	Title	Telephone <i>Area/No.</i>
		Email Address
Grant Contact <i>If other than contact person</i>	Title	Telephone <i>Area/No.</i>
		Email Address

II. ENROLLMENT PROJECTIONS FOR FUNDING CONSIDERATION			
1. Number of Children Enrolled in 5K for 2022-23 School Year		2. Estimated Number of Children to Enroll in 4K for 2023-24 School Year	
3. Estimated Number of 4K Sites for 2023-24		4. Estimated Number of 4K Classrooms for 2023-24	
No. of Community Sites	No. of School Sites	No. in Community	No. in Schools

III. 4K PROGRAM OUTREACH	
1. The 4K program is designed for child count of: <i>Check Only One.</i> <input type="checkbox"/> .5 FTE <input type="checkbox"/> .6 FTE	
*To count students as a .5 Full-Time Equivalent (FTE), a district must operate a program a minimum of 437 hours per year. Of that time, 87.5 hours (20 percent) of the 437 hours may be used for outreach activities for the school staff to link to the child's primary caregivers. Additionally, a district may add 87.5 hours of outreach to the minimum 437 hours and count students as a .6 FTE.	
2. If your program will include primary caregiver outreach, briefly describe the outreach component.	

IV. 4K ELIGIBILITY—DISTRICT PLANS TO OPERATE 4K	
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School districts are eligible for grant funds based on implementation of 4K that meets the following requirements. Check "Yes" or "No" and provide description(s) as requested. A "Yes" response is required in order to receive grant funds.

Yes	No	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. The district <b>did not</b> count children as participating in a 4K program on the PI-1563 Pupil Count Report in the 2022-23 school year.
<input type="checkbox"/>	<input type="checkbox"/>	2. The 4K program will be open and accessible to all age-eligible children of the district at no charge.
<input type="checkbox"/>	<input type="checkbox"/>	3. The 4K program will include a minimum of 437 hours of instruction per school year.
<input type="checkbox"/>	<input type="checkbox"/>	4. The 4K teachers will hold a license issued by the DPI to teach prekindergarten or kindergarten.
<input type="checkbox"/>	<input type="checkbox"/>	5. The 4K program will meet the school district standards under S. 121.02(2)(a), (b), (c), (e), (f), (g), (h), (i), (j), (k), (L), (o), (q), and (t), Wis. Stats.
<input type="checkbox"/>	<input type="checkbox"/>	6. The school district will provide transportation to and from the 4K program at no charge as per S. 121.54(1) and (2), Wis. Stats. <i>Briefly describe:</i>

**V. 4K PROGRAM SETTINGS**

4K programming will take place in the following setting/s.

- Only school district buildings
- Only community approach (CA) partner sites (child care, Head Start, private school). \*\*
- Both school district buildings and CA sites.\*\*

\*\*If "yes" was chosen please answer the following CA Requirement questions.

Yes	No	CA Requirement Questions
<input type="checkbox"/>	<input type="checkbox"/>	1. The school district financial arrangements with community sites will cover the full cost of the 4K program, including the costs associated with programs located off-site. Such school district costs include staff compensation, special education, support services for children, facilities, supplies, and staff development. <i>Describe these financial arrangements with community sites.</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. The school district will have a mechanism for supervision of community sites. <i>Describe how this will occur.</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. The school district will establish and will maintain a collaborative committee, council, or advisory group. The group membership includes representatives from community-based providers; the school district, which may include administration, school board members, or principals; and at least one representative of other community interest groups such as family child care, community home visiting programs, parent education, resource and referral agencies, family resource centers, health or mental health organizations, social service agencies, elected officials, or business or philanthropic organizations. <i>Describe the group membership and include any other community representative not noted above.</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. The collaborative committee, council, or advisory group was involved in the initial planning of public awareness. <i>Briefly describe efforts.</i>
<input type="checkbox"/>	<input type="checkbox"/>	5. The collaborative committee, council, or advisory group was involved in the initial planning of delivery models, program design, site selection, and policy development. <i>Briefly describe efforts.</i>
<input type="checkbox"/>	<input type="checkbox"/>	6. The collaborative committee, council, or advisory group was involved in the initial planning of staffing patterns. <i>Describe staffing patterns.</i>
<input type="checkbox"/>	<input type="checkbox"/>	7. The collaborative committee, council, or advisory group was involved in the initial planning of program standards and curriculum. <i>Briefly describe approaches.</i>
<input type="checkbox"/>	<input type="checkbox"/>	8. The collaborative committee, council, or advisory group will be involved in on-going implementation and administration of the program. <i>Describe efforts or any changes that will be made to sustain the initial planning group.</i>  <i>Describe the mechanism that will be used to maintain this group in the ongoing program implementation.</i>

**VI. ADDITIONAL REQUIRED DOCUMENTATION**

*Complete **Only** If Community Approach*

- a. Number of sites involving community-based providers
- b. Estimated number of children to be served in a setting involving a community-based provider
- c. List names and addresses of each site involving a community-based provider

Name of Site	Address Street, City, State, Zip

**VI. SIGNATURE**

**I HEREBY CERTIFY** that the information contained in the application is true and correct to the best of my knowledge.

Signature of School District Administrator



Date Signed *Mo./Day/Yr.*