2017 Project PlaySmart Application

Please see separate "2017 Project PlaySmart Application Guidance" document for eligibility and other information.

- **Deadline to submit *Flood Recovery* application is noon, Monday, February 13, 2017.**
- **Deadline to submit *PlaySmart Makeover* application is noon, Friday, February 24, 2017.**

Section 1: Center and Contact Information

Center Name	License #
Address	Center Capacity
Phone Number	Early Childhood Community Network in which center is participating (choose one)
Owner Name(s)	Application Contact Name
Director Name	Contact Title
Contact E-mail Address	
Number of years center has been in continuous operation:	Number of years center has been in continuous operation at your current location:

Number of children of each age range currently enrolled at this location:	Maximum Enrollment Center would allow:	Current Enrollment:
Birth to 12 months		
13 months to 24 months		
25 months to 36 months		
37 months to 48 months		
49 months to 60 months		
Older than 60 months		

Total number of at-risk children currently enrolled: *["At-risk" means children who are served by CCAP or the foster care system, who are experiencing homelessness, who have a disability, or who are second-language learners.]*

Section 2: August 2016 Flood Recovery Reimbursement Grant Information

Note: This grant is only available to centers that flooded in August 2016.

- If your center did not flood in August 2016, proceed to Section 3.
- If your center did flood in August 2016, you may choose
  - to apply only for a Flood Recovery Grant (Sections 1 & 2 of the application) OR
  - to apply for both a Flood Recovery Grant and a Project PlaySmart Makeover Prize

What is your FEMA Application Number?
Is your child care center currently open, closed, or open just limited hours? If your center is closed, what is your anticipated opening date?
How many children did you serve prior to the flood? If your center is currently open, how many children are you currently serving? If your center is currently closed, how many children do you expect to serve when you re-open?
Please provide a brief description of your flood damage:
Was any of your damage covered by insurance?
What is a dollar estimate of your child care center losses?
This is a reimbursement grant. Please state several examples of instructional or administrative items you had to replace due to the flooding, along with the approximate cost of those replacements. (Items might include, for example, computer, printer, major appliance, classroom materials.)

Please sign the following:

I will not hold Volunteers of America responsible for future repair or maintenance of equipment reimbursed through this Flood Recovery Grant.

Printed Name of Center Director: _____

Signature of Center Director: _____

Section 3: Project PlaySmart Makeover Needs and Request

Note: If you flooded in August 2016 and are *only* interested in being considered for the Flood Recovery Grant, do not complete Section 3.

Which type of classroom(s) will be impacted by the items you are requesting? (choose all that apply) ☐ Infant (6 weeks-12 months) ☐ Toddler (13 months-36 months) ☐ Pre-K (37 months-60 months) How many children served in the center would be impacted by the items you are requesting? How many at-risk children served in the center would be impacted by the items you are requesting?
Based on the Director's observations and teacher feedback, what challenges do you have with teaching and caring for children in your center with the materials and furniture you currently have? How would the items you are requesting help you meet those challenges and improve child outcomes?
What specific proactive strategies would you use to incorporate requested new materials into play activities so as to minimize behavioral issues?
How would your center support the center staff in using awarded materials effectively?

What kind of specific activities would these new requested materials let the teacher do with the children in the class? (List 7 activities that lead to improved learning outcomes.)

	Materials requested	Brief description of Activity	Age of children to be engaged in Activity	TS GOLD Learning Objectives Activity will meet
1				
2				
3				
4				
5				
6				
7				

Is there anything else you would like to share with us about your child care center that would aid the reviewers?

Bonus:
How might you use some of the items you have requested for improving learning outcomes for children with disabilities?

Also attach 3-5 (total) *color* photos of the space(s) for which you are requesting a makeover. Do NOT include children in the photos.

Section 4: Makeover Participation Agreement Terms

The Center Director <u>must</u> initial (by hand) next to <u>each</u> of the following terms and then sign his or her full name at the bottom of this page:

_____ If my center is chosen for one of the Project PlaySmart Makeovers, I agree to keep this information confidential and will not share this knowledge with center staff, parents and children enrolled, or the public until the official announcement is made by Volunteers of America Greater Baton Rouge.

_____ If my center is chosen for one of the Project PlaySmart Makeovers, I will secure a photo release form on each child taught in the chosen classroom(s)/outdoor play area(s) and allow Volunteers of America to take photos.

_____ I agree to let Volunteers of America use photos of my center and the children I serve for the purposes of promoting the project and the School Readiness Tax Credit program.

_____ I will not hold Volunteers of America responsible for future repair or maintenance of equipment received through Project PlaySmart.

_____ I will provide to Volunteers of America Greater Baton Rouge, if requested, any necessary proofs of insurance coverage prior to receiving my award.

_____ If my center is chosen as the Project PlaySmart Makeover Grand Prize winner, I will agree to welcome Volunteers of America Greater Baton Rouge guests to visit the center the Monday morning after the makeover, as the makeover is revealed to children and guests.

_____ If my center is chosen for one of the Project PlaySmart Makeovers, I agree to commit volunteer hours from parents and/or staff toward the project.

_____ If my center closes within 3 years of a Project PlaySmart award date, I agree to return awarded items to Volunteers of America Greater Baton Rouge for re-allocation to other child care centers.

_____ The information I have entered on this form is true and accurate to the best of my knowledge.

Printed Name of Center Director: _____

Signature of Center Director: _____