

Application Deadline: April 8, 2024

Statewide Voluntary Preschool Program for Four-Year-Old Children

Application Packet

2024-2025

Availability of Funds:

Applicants will not receive grant funds. Funds will be generated the following year based on the October 2024 Certified Enrollment Count.

Contact: Mary Breyfogle, Consultant

Iowa Department of Education

Grimes State Office Building

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Des Moines, IA 50319-0146

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State of Iowa

Department of Education

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It is the policy of the Iowa Department of Education not to discriminate on the basis of race, creed, color, sexual orientation, gender identity, national origin, sex, disability, religion, age, political party affiliation, or actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code sections 216.9 and 256.10(2), Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C.§§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.). If you have questions or complaints related to compliance with this policy by the Iowa Department of Education, please contact the legal counsel for the Iowa Department of Education, Grimes State Office Building, 400 E. 14th Street, Des Moines, IA 50319-0146, telephone number: 515-281-5295, or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, IL 60661-4544, telephone number: 312-730-1560, FAX number: 312-730-1576, TDD number: 877-521-2172, email: OCR.Chicago@ed.gov.

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# Section I: Overview of the Statewide Voluntary Preschool Program for Four-Year-Old-Children

## Purpose

The Iowa Department of Education “Department” is issuing a non-competitive application to fund additional districts in the Statewide Voluntary Preschool Program for Four-Year-Old Children through collaborative partnerships among school districts, local communities and families. The purpose is to solicit applications that will enable the Department to make funding available in the 2025-2026 year based on the Certified Enrollment Count from October 2024. Interested and qualified school districts may participate in providing a Statewide Voluntary Preschool Program for Four-Year-Old Children created in accordance with [281 Iowa Administrative Code (IAC) Chapter 16](http://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/Chapter.281.16.pdf). Applicants must comply with all instructions and requirements as stipulated in this document.

The purpose of the Statewide Voluntary Preschool Program for Four-Year-Old Children is to provide an opportunity for young children in the state of Iowa to enter school ready to learn by expanding statewide voluntary access to quality preschool curricula for four-year-old children. The allocation of funds for the Statewide Voluntary Preschool Program for Four-Year-Old Children is intended to improve access to quality early childhood education and provide a predictable, equitable and sustainable funding method through the Certified Enrollment Count to increase the number of children participating in quality programs. The preschool programs are expected to serve four-year-old children with a range of abilities and disabilities representing the social, linguistic and economic diversity of families within the community.

### Key Terms and Concepts

It is required that applicants meet program and collaboration requirements as outlined in [281—16.3](http://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/Chapter.281.16.pdf) to 16.4 IAC. The following terms associated with the Statewide Voluntary Preschool Program for Four-Year-Old Children provide clarification in completing the application.

*“Applicant”* means a school district applying to become an approved local program. Only public school districts in Iowa may apply for state funds under this chapter.

*“Approved local program"* means a school district's voluntary preschool program for eligible children approved by the Department of Education to provide high quality preschool instruction.

*“Eligible children”* means a child who is a resident of Iowa and is four (4) years of age on or before September 15 of the school year. If space and funding are available, a school district approved to participate in the preschool program may enroll a younger or older child in the preschool program; however, the child shall not be counted for state funding purposes.

*“Program standards”* means the expectations for the characteristics or quality of early childhood centers and schools approved by the Department. Approved program standards include National Association for the Education of Young Children Early Learning Program Accreditation Standards and Assessment Items, Head Start Program Performance Standards, or the Iowa Quality Preschool Program Standards.

*“Staff”* mean those individuals implementing preschool program activities under the direct supervision of a teacher. Staff includes paraeducators, teacher aides and teacher associates. All staff members shall meet the program standards as defined above.

*“Teacher”* means an individual who holds a valid practitioner's license issued by the Board of Educational Examiners under chapter 272 and holds an endorsement from the Board of Educational Examiners that includes prekindergarten. There is no requirement that the teacher be an employee of the applicant school district; the teacher may be employed by a private provider or other public agency with whom the applicant school district has entered into an agreement or contract.

# Section II: General Application Information

## Timeline for District Applications (2024-2025)

| **District Application Packet (2024-2025)--Non-Grant Funded-** availableon Department website, [Statewide Voluntary Preschool Program](https://www.educateiowa.gov/pk-12/early-childhood/statewide-voluntary-preschool-program-four-year-old-children) | March 1, 2024 (Friday) |
| --- | --- |
| **Applications must be** postmarked by Monday, April 15, 2024, or delivered in person by 4:30 p.m. on Monday, April 15, 2024, to the below address. This requirement is a mandatory requirement and **will not** be subject to waiver as a minor deficiency. Please adhere to all requirements. Electronic mail and faxed copies of the application **will not** be accepted. Any information submitted separately from the application will not be considered in the review process:  Mary Breyfogle  Bureau of Early Childhood  Iowa Department of Education  Third Floor  Grimes State Office Building  400 E. 14th Street  Des Moines, IA 50319-0146 | April 15, 2024 (Monday) |
| **Department reviews** district applications. | April 22-26, 2024-*Tentative* (Monday-Friday) |
| **Department notifies** applicants of approval. | May 17, 2024-*Tentative* (Friday) |

## General Provisions of the Statewide Voluntary Preschool Program for Four-Year-Old Children

### Eligible Applicants

A public school district must meet the accreditation requirements under Chapter 12 in order to be an eligible applicant.

Applicants are not required to implement a preschool program that serves all children in their entire school district boundaries; however, school districts must provide justification for the area selected.

### Criteria for Available Funding

Funding is not available to districts for on time funding. A district’s general fund may not be used to support costs of implementing the Statewide Voluntary Preschool Program for the first year. The applicant will utilize other funding sources to provide an estimated budget for each location. As described in [298A.2](https://www.legis.iowa.gov/docs/code/298A.pdf), one option would be for districts to move unexpended, unobligated funding from certain sources to a flexibility fund account. Other options for funding the first year may include, but are not limited to, seeking other grants available for this purpose, soliciting donations, or fundraising. Sustainable ongoing funding will be available in subsequent years based on the Certified Enrollment Count of 4-year-old children served.

### Application process, terms, and conditions

Application process:

1. An applicant shall make formal response using the Application Form in Section V. Applications not containing the specified information, not following the application format or not received by the specified due date may not be considered.
2. The Department shall have the final discretion to approve district applications.
3. The Department shall notify successful applicants.

### Application Components

The application consists of the following required components:

1. [Cover Page](#_Cover_Page)
2. [Assurances](#_Assurances_Minority_Impact)
3. [Minority Impact Statement](#_Minority_Impact_Statement)
4. [Collaboration: Partners and Commitment Form](#_Collaboration:_Partners_and)
5. [Program Plan to Provide a Quality Preschool](#_Program_Plan_to)
   1. Existing Preschool Question
   2. Preschool Program Plan Narrative
   3. [Preschool Program Plan Form](#_Preschool_Plan_Form)
6. [Preschool Budget Plan](#_Preschool_Budget_Form)

### Inquiries

Inquiries from applicants shall be directed to Mary Breyfogle at [Mary.Breyfogle@iowa.gov](mailto:Jennifer.Adkins@iowa.gov).

### Amendments to the Application

The Department reserves the right to amend the application at any time. In the event it becomes necessary to amend, add to or delete any part of this application, a written amendment will be provided and posted on the Department website.

### Withdrawal of Applications

Applications may be withdrawn, modified and resubmitted at any time prior to the stated due date and time for the receipt of applications. An applicant district desiring to withdraw its application after the submission time shall notify Mary Breyfogle in writing.

### Acceptance of Terms and Conditions

A school district’s submission of an application constitutes acceptance of the terms, conditions, criteria and requirements set forth in the application and operates as a waiver of any and all objections to the contents of the application. By submitting an application, the applicant agrees that it will not bring any claim or have any cause of action against the Department or the state of Iowa based on the terms or conditions of the application or the procurement process.

The Department reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of this application. Should the applicant take exception to the terms and conditions required by the Department, the applicant’s exceptions may be rejected and the Department may elect to terminate negotiations with that applicant. However, the Department may elect to negotiate with the applicant regarding terms which do not materially alter the substantive requirements of the application or the contents of the applicant’s application.

### Costs of Application Preparation

All costs of preparing the application are the sole responsibility of the applicant. The Department is not responsible for any costs incurred by the applicant which are related to the preparation or delivery of the application or any other activities undertaken by the applicant related in any way to the application.

### Verification of Application Contents

The contents of an application submitted by an applicant are subject to verification. Misleading or inaccurate responses shall result in rejection of the application pursuant to Rejection of Applications section.

### Application Clarification Process

The Department may request clarification from applicants for the purpose of resolving ambiguities or questioning information presented in the applications. Clarifications may occur throughout the application evaluation process.

### Public Records

All information submitted by an applicant will be treated as public information following the conclusion of the selection process unless the applicant properly requests that information be treated as confidential at the time the application is submitted.

In the event the Department receives a public request for application information marked confidential, written notice shall be given to the applicant seventy-two (72) hours prior to the release of the information to allow the applicant to seek injunctive relief pursuant to Iowa Code Section 22.8. The information marked confidential shall be treated as confidential information to the extent such information is determined confidential under Iowa Code Chapter 22 or other provisions of the law by a court of competent jurisdiction.

The applicant’s failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed by the Department as a waiver of any right to confidentiality which the applicant may have had.

By submitting an application, the applicant agrees that the Department may copy the application for the purpose of facilitating the evaluation of the application or to respond to requests for public records. By submitting the application, the applicant warrants and represents that such copying will not violate the rights of any third party.

### Construction of Application

This application shall be constructed in light of pertinent legal requirements and the laws of the state of Iowa. Changes in applicable statutes and rules may affect the approval process or the funding. Applicants are responsible for ascertaining the relevant legal requirements.

### Application Review and Approval Process

1. Review Process
   1. All eligible applications will be reviewed by the Department using the quality components specified in the application requirements.
   2. The Department shall have the final discretion to approve applicants. Each approved school district shall generate funding in 2024-2025 based on the Certified Enrollment Count from 2023.
   3. The Department shall notify all applicants within 45 days following the application due date.
2. Approval Process
   1. *Notification of Applicants*. All applicants will be notified of their approval status in an email to the superintendent, with an attached letter.

# Section III: Instructions for Writing the Application

Applications shall address the requirements found in [281—Iowa Administrative Code Chapter 16](https://www.legis.iowa.gov/docs/ACO/chapter/281.16.pdf).

The applicant is encouraged to review additional information found in [281—Iowa Administrative Code Chapter 16](https://www.legis.iowa.gov/docs/ACO/chapter/281.16.pdf)and in [Iowa Code Chapter 256C](https://www.legis.iowa.gov/DOCS/ACO/IC/LINC/Chapter.256c.pdf):

Instructions for writing the application have been outlined using the following components in each section: 1) a general description based on the requirements of the Iowa Code and Administrative Rules; 2) the instructions to complete forms. The scoring criteria are included in this section.

**Note: Board approval is required prior to signature of board president/designee.**

The application must follow the format requirements in addition to including the required application components.

## Format Requirements:

The application submitted to the Department must adhere to the following requirements:

* Submit documents in the following order:

1. [Cover Page](#_Cover_Page)
2. [Assurances](#_Assurances_Minority_Impact)
3. [Minority Impact Statement](#_Minority_Impact_Statement)
4. [Collaboration: Partners and Commitment Form](#_Collaboration:_Partners_and)
5. [Program Plan to Provide Quality Preschool](#_Program_Plan_to)
   1. Existing Preschool Question
   2. Preschool Program Plan Narrative
   3. [Preschool Program Plan Form](#_Preschool_Plan_Form)
6. [Preschool Budget Plan](#_Preschool_Budget_Form)

* Preschool Program Plan Narrative is limited to six (6) pages.
* Narrative responses must be double-spaced, single-sided, with one-inch margins on the top, bottom and sides.
* Tables included in the narrative responses must be double-spaced.
* Provide page numbers and school district number at the bottom of each page (footer).
* Font size must be a minimum of 12 point.
* The **original** **and one copy** of the application must be submitted by the due date. The original and one copy of the application can be delivered in person to Mary Breyfogle, Consultant, at the Grimes State Office Building, 400 East 14th Street, Des Moines, 3rd Floor, by 4:30 p.m. on April 15, 2024 or be mailed and postmarked on or before April 15, 2024.
* The original application must have original signatures of the school superintendent and board president/designee. *Note: No signature stamps are allowed*.
* The copy of the application does not require an original signature.
* Documents are not to be submitted in a three-ring binder or encased in page protectors.
* Applicants using US postal service are advised to mail the application with a tracking receipt. If applicant has not received such notice from the Department within three days of mailing, the applicant is encouraged to contact Mary Breyfogle at the Department (Mary.Breyfogle@iowa.gov).
* All forms included in the application must be completed and submitted with the application.
* **No redesign of these forms is permitted.**

## Application Components:

### [Cover Page](#_Cover_Page) and Number of Copies

*Applicants will provide brief logistics to the Department. All items must be completed on the application Cover Page.*

Instructions:

* Include all information requested on the Cover Page. The cover page should be the first visible sheet of paper in the application and is to be one page, one-sided in length. No other cover or page should precede it.
* The original application must be signed by the school superintendent and board president/designee. *Note: No signature stamps are allowed.*
* Submit the **original application and** **one copy** to the Department by the due date.

### [Assurances](#_Assurances_Minority_Impact)

*The purpose of this section is to assist the applicant in understanding the requirements of* [*Iowa Administrative Code Chapter 16*](http://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/Chapter.281.16.pdf)*. The applicant will review and agree to fulfill the agreements and conditions indicated in the assurances.*

* The Assurances in the original application must have original signatures of the school superintendent and board president/designee. *Note: No signature stamps are allowed.*
* The copy of the application does not need to have original signatures.

### [Minority Impact Statement](#_Minority_Impact_Statement)

*Completion of the Minority Impact Statement is required for all grants submitted to the State of Iowa. The purpose is to ensure that the applicant considers the potential impact on minority populations.*

* A narrative must accompany the statement chosen on the Minority Impact Statement Form; and
* The Minority Impact Statement must be signed by a district representative.

### [Collaboration: Partners and Commitment Form](#_Collaboration:_Partners_and)

*The purpose of collaboration, and the intent of the preschool program legislation, is to maintain a community of combined efforts and resources to meet the preschool needs of four-year-old children.*

*The Collaboration: Partners and Commitment Form of the application is completed to identify community partners and describe the collaborative partnerships between the applicant and the partner to 1) develop the preschool application and/or 2) implement the preschool program.*

### [Program Plan to Provide Quality Preschool](#_Program_Plan_to)

*The purpose of this section is to inform the Department of the plan the applicant has developed to implement the Statewide Voluntary Preschool Program for Four-Year-Old Children.*

*The Program Plan to Provide Quality Preschool involves the completion of 1) the Existing Preschool Question; 2) the Preschool Plan Narrative to describe how the applicant and community partners will provide quality preschool programming by addressing each of the items in this section; and 3) the Preschool Plan Form that provides information on the locations where the preschool will be implemented.*

### [Preschool Budget Form](#_Preschool_Budget_Form)

*The applicant will utilize other funding sources to operate the Preschool Program during the 2024-2025 school year. A district’s general fund may not be used to support costs of implementing the Statewide Voluntary Preschool Program for the first year.* *The funding required to operate the Preschool Program during the 2024-2025 school year will be identified in the budget planning form by completing the Preschool Budget Form and Narrative. Funding (.5) to support the Preschool Program in 2025-2026 will be generated from the 2024 Certified Enrollment Count for 4-year-old children. Subsequent years are funded through the Certified Enrollment Count for 4-year-old children.*

The formula for calculation of state aid is: 0.5 x certified enrollment count of eligible students times the state cost per pupil. The state cost per pupil for FY23 was 7,413. This amount changes based on the supplemental state aid percentage for the given fiscal year.

# Section IV: Scoring

## Collaboration: Partners and Commitment Form

* 1. Extent to which the applicant describes preexisting relationships among early care, health and education providers and community partners to support the application of general education preschool programming for four-year-olds.

Adequate: Preexisting relationships and partnerships were described to support the application for general education preschool programming for four-year-olds as evidenced by previous involvement of at least five (5) Categories of Community Partners.

Weak: Preexisting relationships and partnerships were described to support the application for general education preschool programming for four-year-olds as evidenced by previous involvement of at least two (2) Categories of Community Partners.

DE Comments:

* 1. Extent to which the applicant describes the plan to maintain relationships and partnerships among early care, health and education providers and community partners to support the implementation of general education preschool programming for four-year-olds.

Adequate: The plan to maintain relationships and partnerships to support the implementation of the preschool program as evidenced by future involvement of at least five (5) Categories of Community Partners.

Weak: The plan to maintain relationships and partnerships to support the implementation of the preschool program as evidenced by future involvement of at least two (2) Categories of Community Partners.

DE Comments:

## Program Plan to Provide Quality Preschool

* 1. What evidence is provided to indicate there is nonexistent general education preschool opportunities within the school district boundaries to serve four-year-old children?

Adequate: There are NO general education preschool opportunities currently within the school district boundaries to serve four-year-old children.

Weak: General education preschool opportunities currently exist within the school district boundaries to serve four-year-old children.

DE Comments:

* 1. Extent to which the applicant describes the program plan to implement the Statewide Voluntary Preschool Program for Four-Year-Old Children?

Adequate: The applicant has an extensive description of the program plan for preschool implementation for all areas.

Weak: The applicant has a minimal description of the program plan for preschool implementation for all areas.

DE Comments:

* 1. What evidence is provided on the Preschool Plan Form to describe preschool programming?

Adequate: The applicant has completed all information on the Preschool Plan Form for each location.

Weak: The applicant has completed some information on the Preschool Plan Form for each location.

DE Comments:

# Section V: Application Form

## Cover Page

### STATEWIDE VOLUNTARY PRESCHOOL PROGRAM FOR FOUR-YEAR-OLD CHILDREN

| For DE Use Only  Number of children:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of community partners:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Applications must be postmarked or delivered by 4:30 p.m. on April 15. Hard copies can be mailed  or delivered to:  Mary Breyfogle, Consultant  Iowa Department of Education  School Improvement Bureau  Grimes State Office Building  Third Floor  400 East 14th Street  Des Moines, IA 50319-0146 | For DE Use Only  AEA:  Date Application Received or Postmarked:  \_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- |

### Applicant’s Information

| Name of District (Applicant) | | Estimated Total Number of Eligible 4-Year-Old Children in the community | |
| --- | --- | --- | --- |
| Name of Superintendent: | | Contact Person and for Program and Application Questions: | |
| Address: | | Address: | |
| City | Zip | City | Zip |
| Phone: | | Phone: | |
| Email: | | Email: | |

## Assurances Minority Impact Statement

### Part A: Nondiscrimination

It is the policy of the Iowa Department of Education not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, gender, disability, religion, age, political party affiliation, or actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code sections 216.9 and 256.10(2), Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, *et seq*.), Title IX (Educational Amendments, 20 U.S.C.§§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and the Americans with Disabilities Act (42 U.S.C. § 12101, *et seq*.). If you have questions or grievances related to compliance with this policy by the Iowa Department of Education, please contact the legal counsel for the Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146, telephone number 515/281-5295, or the Director of the Office for Civil Rights, U.S. Department of Education, 111 N. Canal Street, Suite 1053, Chicago, IL 60606-7204.

### Part B: Personnel

As the designated applicant agency representative, I certify that the Statewide Voluntary Preschool Program for Four-Year-Old Children will have an appropriately licensed and endorsed teacher available for the program by the first day of school, to provide the instructional time to eligible children.

I further certify that the Statewide Voluntary Preschool Program for Four-Year-Old Children has or will have sufficient numbers of staff available for the preschool program.

### Part C: Supplement, not Supplant

As the designated applicant agency representative, I certify that funds from the Statewide Voluntary Preschool Program for Four-Year-Old Children will be used to supplement, not supplant, other public funding received by the applicant school district as a result of the participation of any eligible children if funded from other state or federal sources such as Head Start, Shared Visions, or Early Childhood Iowa. This restriction is applicable only for costs related to instructional time.

### Part D: Integration of Other Preschool Programs

As the designated applicant agency representative, I certify that the Statewide Voluntary Preschool Program for Four-Year-Old Children will make provisions for the integration of children from other state and federally funded preschool programs including Head Start, Special Education, Title 1, Shared Visions Preschool and Early Childhood Iowa.

### Part E: Collaboration with Community

As the designated applicant agency representative, I certify that the Statewide Voluntary Preschool Program for Four-Year-Old Children was developed and will be carried out in active collaboration with families, community agencies, organizations, boards and other stakeholders.

### Part F: Fiscal Accountability

As the designated applicant agency representative, I certify that the applicant assumes responsibility for the control of funds received through the 2024 Certified Enrollment Count. It is acceptable to enter into a 28E agreement or contract with another agency to employ the teacher and support instructional costs for the Statewide Voluntary Preschool Program for Four-Year-Old Children.

### Part G: Program Accountability

As the designated applicant agency representative, I certify that the Statewide Voluntary Preschool Program for Four-Year-Old Children agrees to meet the program requirements specified in the administrative rules which indicates that each preschool classroom will adopt and meet the approved Preschool Program Standards that include NAEYC Program Standards and Accreditation Criteria, Head Start Program Performance Standards or the Iowa Quality Preschool Program Standards.

The preschool program will provide children with a minimum of ten (10) hours of instructional time delivered in accordance with curriculum and child standards.

I further certify that the applicant will provide an annual report to the Department regarding program requirements by the required date.

I further certify that the applicant will provide at least one home visit by the teacher, one family night and at least two family teacher conferences.

### Part H: Evaluation and Data Collection

As the designated applicant agency representative, I certify that the Statewide Voluntary Preschool Program for Four-Year-Old Children agrees to collect data on the performance measures specified in the administrative rules and any additional data that will be necessary for the evaluation of the preschool program, as may be required by the Department.

### Part I: Program Site

As the designated applicant agency representative, I certify that the Statewide Voluntary Preschool Program for Four-Year-Old Children will take place in an adequate and appropriate space and an accessible facility.

### Part J: Public Access to the Application

As the designated applicant agency representative, I certify that this application has been made available for public access.

### Part K: Preschool Program standards Met in One Year (Only applicable if a classroom does not meet program standards currently)

As the designated applicant agency representative, I certify that each preschool classroom will address the implementation of the district identified required Preschool Program Standards.

The applicant agrees to meet with staff at the Department upon request.

**Certification**: As the authorized representative of the applicant agency, and on behalf of the Statewide Voluntary Preschool Program for Four-Year-Old Children, I agree to fulfill all of the above agreements and conditions. In addition, I certify that the local education agency agrees to collect and share with the Department and community partners the performance measures data that will be necessary for the evaluation of the Statewide Voluntary Preschool Program for Four-Year-Old Children. I further certify that the school district agrees to continue ongoing collaborative community partnerships to maintain the proposed application preschool plans.

Applicant District Name:

Original signature of district superintendent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Signature stamps and electronic signatures will not be accepted.**

Original signature of School Board President/Designee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Signature stamps and electronic signatures will not be accepted.**

## Minority Impact Statement Collaboration: Partners and Commitment Form

Completion of the Minority Impact Statement is required for all grants submitted to the State of Iowa. A narrative must accompany the statement chosen on the Minority Impact Statement Form and **district signature must be included**.

### Minority Impact Statement Form

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all applications submitted to the State of Iowa shall include a Minority Impact Statement. This is the state’s mechanism to require applicants to consider the potential impact of the proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this application. Complete all the information requested for the chosen statement(s).

The proposed programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this program:

Indicate which group is impacted:

\_\_\_ Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

The proposed programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this program:

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

\_\_\_ Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

The proposed programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

Minority Impact Statement – Signature

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge.

Signature of District Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Definitions

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):

*b.* As used in this subsection:

(1) *"Disability"* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

*"Disability"* does not include any of the following:

(a) Homosexuality or bisexuality.

(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.

(c) Compulsive gambling, kleptomania, or pyromania.

(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

## Collaboration: Partners and Commitment Form

The Collaboration: Partners and Commitment Form is used to identify partners and describe the partnerships between the applicant and the partner to 1) develop the preschool application and/or 2) implement the preschool program.

No communities are the same; consequently, school districts will have to ascertain which of the partners listed in [281—Iowa Administrative Code (IAC) Chapter 16](http://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/Chapter.281.16.pdf) are relevant to the specific community. Every community has representation from at least the following partners:

* Parents/families;
* Area Education Agency (AEA);
* Community Early Childhood Iowa Board(s);
* Business representatives;
* Head Start;
* Human Services; and
* Public Health.

The applicant will follow these steps to complete the Collaboration: Partners and Commitment Form:

* Step 1 – In Column 2, identify the agency name for each category of community partners (listed in Column 1) that assisted in developing the preschool application and/or will assist in the preschool program implementation.
* Step 2 – In Column 3, indicate Yes or No whether the agency was a collaborative partner to develop the preschool application.
* Step 3 – In Column 3, describe the collaboration to develop the preschool application.
* Step 4 – In Column 4, indicate Yes or No whether the agency will be a collaborative partner to implement the preschool program.
* Step 5 – In Column 4, describe the collaboration to implement the preschool program.

Do not delete or change any of the “Categories of Applicable Community Partners” in the left column of this form. Additional lines may be added as necessary.

### Collaboration: Partners and Commitment Form

| Column 1  **Categories of Applicable Community Partners**  \*Required Partners | Column 2  **Name of Applicable Community Partners by Category**  Put “N/A” if not applicable or not available in the community (add rows as necessary for each category) | Column 3  **Collaborated with Community Partner to Develop the Preschool Application**  Identify (Y/N) and Describe Collaboration | Column 4  **Collaboration with Community Partners to Implement the Preschool Program**  Identify (Y/N) and Describe Implementation |
| --- | --- | --- | --- |
| Parents\* |  |  |  |
| Area Education Agency\* |  |  |  |
| Community Early Childhood Iowa Area Board\* |  |  |  |
| Head Start\* |  |  |  |
| Human Services\* |  |  |  |
| Public Health\* |  |  |  |
| Business Representative\* |  |  |  |
| Shared Visions |  |  |  |
| Other School Districts |  |  |  |
| All Accredited Nonpublic Schools, including Faith-Based Representative in the Community |  |  |  |
| Child Care Resource and Referral |  |  |  |
| Economic Development |  |  |  |
| Licensed Childcare Centers in the Community |  |  |  |
| Registered Child Development Homes in the Community |  |  |  |
| Other |  |  |  |

## Program Plan to Provide Quality Preschool

The Program Plan to Provide Quality Preschool section involves the completion of 1) the **Existing Preschool Question** to indicate whether preschool opportunities do or do not currently exist for four-year-old children; 2) **Preschool Plan Narrative** for Curriculum, Assessment, Program Standards, and Family Involvement to describe implementation; and 3) [**Preschool Plan Form**](#_Preschool_Plan_Form), which provides information on the preschool sessions.

* 1. **Existing Preschool Question** – The applicant will check the applicable box to indicate if opportunities for preschool for four-year-old children currently exist within the boundaries of the district.

|  | Check the box that describes the current status for this community. |
| --- | --- |
| General education preschool **opportunities currently exist** within the school district boundaries to serve four-year-old children |  |
| General education preschool **opportunities DO NOT currently** exist within the school district boundaries to serve four-year-old children |  |

* 1. **Preschool Plan Narrative is limited to five (5) pages.** The applicant will describe how the district and community partners will ensure compliance with [Chapter 16](http://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/Chapter.281.16.pdf) and provide a quality preschool program by completing a short narrative addressing each of the following areas
     1. Curriculum – The applicant will identify the curriculum and the professional development experiences supporting teachers’ implementation of the chosen curriculum. The applicant will complete “1” through “3”:
        1. The applicant will complete the following form for each teacher in the preschool program (include all district and community partner teachers). If the teacher is not yet known, indicate UNK. Please add rows as needed to allow for additional teaching staff.
           1. In Column 1 enter the teacher name; last name, first name.
           2. In Column 2 indicate the name of the curriculum to be used in this classroom.

**Preschool Program Plan: Curriculum**

| Column 1  Name of Teacher | Column 2  Name of Curriculum to be used in classroom |
| --- | --- |
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* + - 1. Briefly describe the district's strengths and challenges in implementing the selected curriculum.
      2. Briefly describe the professional development experiences supporting the teachers in implementing the selected curriculum. If the district teacher(s) is not yet known, please describe the district plan to assure the implementation of the selected curriculum.
    1. Assessment – The applicant will identify the assessment and the professional development experiences supporting teachers’ implementation of assessment. The applicant will complete “1” through “3”:
       1. The applicant will complete the following form for each teacher in the preschool program (include all district and community partner teachers). If the teacher is not yet known, indicate UNK. Please add rows as needed to allow for additional teaching staff.
          1. In Column 1 enter the teacher's name.
          2. In Column 2 indicate the name of the assessment to be used in this classroom.

**Preschool Program Plan: Assessment**

| Column 1  Name of Teacher | Column 2  Name of Assessment to be used in classroom |
| --- | --- |
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* + - 1. Briefly describe the district's strengths and challenges in implementing the assessment(s).

***Note:*** [Iowa Code section 279.60](http://www.legis.iowa.gov/DOCS/ACO/IC/LINC/Section.279.60.pdf) requires districts to administer the Teaching Strategies GOLD assessment to all prekindergarten children enrolled in a district program.

* + - 1. Briefly describe the professional development experiences supporting the teachers in implementing the assessment(s). If the district teacher(s) is not yet known, please describe the district plan to assure the implementation of the assessment(s).
    1. Program Standards – The applicant will complete “1” through “3”:
       1. Applicant will identify the approved set of program standards to be followed. Approved program standards include:
          1. National Association for the Education of Young Children (NAEYC) Accreditation;
          2. Head Start Program Performance Standards; or
          3. Iowa Quality Preschool Program Standards (IQPPS).
       2. The applicant will briefly describe the district's strengths and challenges in implementing the selected program standards.
       3. The applicant will briefly describe the professional development plan to ensure that teaching staff will receive professional development to support the implementation of the selected program standards.
    2. Family Involvement – The applicant describes the plan to address each of the three required family involvement components. The applicant will complete “1” through “3”:
       1. One Home Visit – The applicant will describe the plan to ensure that at least one home visit is accomplished for each 4-year-old child.
       2. Two Parent/Teacher Conferences – The applicant will describe the plan to ensure that at least two parent/teacher conferences are accomplished for each 4-year-old child.
       3. One Family Night – The applicant will describe the plan to provide at least one family night.
  1. The applicant will complete the [**Preschool Plan Form**](#_Preschool_Plan_Form) to provide information about the locations, including addresses, at which the Statewide Voluntary Preschool Program for Four-Year-Old Children will be implemented. *Please add rows as needed to allow for additional location and address information.* Required information includes:
     1. Column 1 - Location – Applicant lists the name and address of the site where the preschool sessions will be held. This may be the name of the district elementary school, a community preschool or childcare center, an accredited nonpublic school, Shared Visions grantee, or Head Start. Please use a separate line for each location.
     2. Column 2 - Number of Sessions at this Location – Applicant lists the total number of sessions at the specific location. A session is described as a period of time when one group of children is present. For example:
        1. If a teacher had a morning and an afternoon session with a different group of children in each, that would be considered two (2) sessions.
        2. If a teacher had a full-day session with the same children, that would be considered to be one (1) session.
     3. Column 3 - Program Standards – Applicant enters the appropriate program standards for each specific location. All preschool sessions must meet one of the three program standards. The applicant will enter:
        1. **H** for Head Start Program Performance Standards;
        2. **N** for National Association for the Education of Young Children (NAEYC) Accreditation; or
        3. **I** for Iowa Quality Preschool Program Standards (IQPPS).
     4. Column 4 - Collaborating Agency for Session(s) at this Location – The applicant indicates, by marking an “X” in the appropriate box describing each specific site. The applicant checks all columns that apply to each specific location.
        1. District – Check here if the program is a district-operated program on a school campus or other site.
        2. DHS Licensed Preschool and/or Child Care Center – Check here if the program is licensed by the Department of Human Services and operated by a child care or preschool agency.
        3. Faith-Based Preschool- Check here if the program is operated by a faith-based organization. If the session is in a faith-based, accredited non-public school, check both “Faith-Based Preschool” and “Accredited Non-Public School”.
        4. Accredited Non-Public School – Check here if the session is part of an accredited non-public school. If the session is in a faith-based, accredited non-public school, check both “Faith-Based Preschool” and “Accredited Non-Public School”.
        5. Head Start – Check here if the session is administered by a federally funded Head Start program.
        6. Shared-Visions – Check here if the session is a state-funded Shared Visions program.
     5. Column 5 - Estimated Child Count by Category at this Location – The applicant enters the number of children from each of the categories that will be included in the preschool program sessions at this location. Note: Class size may not exceed twenty (20) children per session. Districts must ensure that space is allocated for children on instructional IEPs.
        1. Statewide Voluntary Preschool Program – Enter the total number of eligible four-year-old children at this location. Eligible children will generate .5 funding for 2025-2026.
        2. Early Childhood Special Education (ECSE) – Enter the total number of children on instructional IEPs at this location. (Do not include children on a support only IEP such as speech or physical therapy.) If the district operates a segregated ECSE classroom, enter that on a separate line.
        3. Head Start – Enter the total number of children funded through Head Start at this location.
        4. Shared Visions – Enter the total number of children funded through Shared Visions at this location.
        5. Other – Enter the total number of children funded through other sources at this location (for example, parent tuition, Early Childhood Iowa Area, etc.).
     6. Column 6 - Estimated Total Number of Children at this Location – The applicant enters the number of children anticipated to attend the sessions at this location.

### Preschool Plan Form

| Column 1 | Column 2 | Column 3  Program Standards (Indicate all that apply to this location) | Column 4  Collaborating Agency for Sessions at this Location  (Check all that apply) | | | | | | Column 5  Estimated Eligible Child Count by Category in Sessions at this Location  (complete for each program as necessary) | | | | | Column 6  Estimated Total Number of Children in Sessions at this Location |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location  (include address) | Number of Sessions at this Location | N=NAEYC  H=Head Start  I=IQPPS | District | DHS licensed preschool | Faith-Based Preschool | Accredited Non-Public | Head Start | Shared Visions | Statewide Voluntary Preschool | Early Childhood Special Education | Head Start | Shared Visions | Other |  |
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## Preschool Budget Form

**No** **grant award funds are available for startup costs at this time**. Applicants will complete all information, as applicable, on the Preschool Budget Form. The applicant will provide an estimated budget for each location. The applicant will total all columns and rows to ensure the accuracy of calculations.

**A district’s general fund may not be used** to support costs of implementing the Statewide Voluntary Preschool Program for the first year. The applicant will utilize other funding sources to operate the Preschool Program during the 2024-2025 school year. As described in [298A.2](https://www.legis.iowa.gov/law/iowaCode/sections?codeChapter=298A&year=2018), one option would be for districts to move unexpended, unobligated funding from certain sources to a flexibility fund account. These sources include the professional development supplement, home school assistance program funds, and any other school district fund or school district general fund account if the program, purpose, or requirements for the expenditure of such funding have been repealed or are no longer in effect. Districts, through a board resolution that includes specific stipulations as described in [298A.2](https://www.legis.iowa.gov/law/iowaCode/sections?codeChapter=298A&year=2018), can then use these funds for their Statewide Voluntary Preschool Program (including startup costs). Other options for funding the first year may include, but are not limited to, seeking other grants available for this purpose, soliciting donations, or fundraising.

The funding required to operate the Preschool Program during the 2024-2025 school year will be delineated on the Preschool Budget Form and further detailed in the Preschool Budget Narrative form. Funding (.5) to support the Preschool Program in 2025-2026 will be generated from the 2024 Certified Enrollment Count. Subsequent years are automatically funded through the Certified Enrollment Count.

The formula for calculation of state aid is: 0.5 x certified enrollment count of SWVPP students times the state cost per pupil. The state cost per pupil for FY23 is $7,413. This amount changes based on the supplemental state aid percentage for the given fiscal year.

Lines may be added to accommodate additional locations as needed.

* If Administrative Costs are anticipated, the applicant must complete the Administrative Cost Budget in the Preschool Budget Narrative form. Districts may not supplant administrative costs. District administrative costs are limited to 5% of the state cost per pupil. Community partners may use 10% of the 95% allocation for administrative costs.
* The categories for the description of expenses need not all be funded (some categories may be $0).

**Note:** All SWVPP funds are categorical; please refer to [IAC 281-98.13](https://www.legis.iowa.gov/law/administrativeRules/rules?agency=281&chapter=98&pubDate=02-14-2018) for allowable costs. Partnership budgets should be based upon direct costs to provide and maintain a quality preschool program rather than per child costs.

### Preschool Budget Form

| Location | Salaries | Administrative Costs | Benefits | Travel | Professional Development | Supplies & Materials | Equipment | Contracted Services | Transportation | Total Expenses at Location |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| TOTALS |  |  |  |  |  |  |  |  |  |  |

## Preschool Budget Narrative

The applicant will provide a detailed budget narrative. The district will describe the following:

* How the district plans to fund the following categories for the district and all community partners;
* The source of funding for each category; and,
* A detailed explanation of the need for administrative costs.

| **Preschool Budget Category** | **Narrative** |
| --- | --- |
| 1. Salaries for Personnel |  |
| 1. Administrative Costs |  |
| 1. Benefits |  |
| 1. Travel |  |
| 1. Professional Development |  |
| 1. Supplies & Materials |  |
| 1. Equipment |  |
| 1. Contracted Services |  |
| 1. Transportation |  |
| 1. Total Budget |  |