Preschool Development Grant Subgrant Application Rubric

District / Organization Information

Organization/District Name	CTDS	Street Address	County

Contact Information	Contact Name	Contact Email	Contact Phone
District/Organization Level Grant Manager			
Site Level Grant Coordinator			
Site Level Preschool Coordinator			
Additional PDG Contact			

Eligibility Questionnaire

Question	Meets Eligibility Requirement	Does Not Meet Requirement	Total Points
1. Is your site/program on the PDG Eligibility List?	☐ Yes *(5 points)*	☐ No *(0 points)*	☐
a. Is your site/program located in an Opportunity Zone? *Click HERE to view OZ map. Enter street address and if address shows in "blue zone", select YES. If address is not in "blue zone" select No.*	☐ Yes *(1 point)*	☐ No *(0 points, N/A)*	☐
b. Is your site/program located in a Tribal area? *Click HERE to view Tribal Land Area Address Verification. Enter street address in top search line and click "Enter." If address is located on a tribal land select YES. If address is not located on a tribal land select No.*	☐ Yes *(1 point)*	☐ No *(0 points, N/A)*	☐

c. Is your site/program located in a Rural area? *Click HERE to view Locale Map from National Center for Education Statistics. Enter street address and click on blue dot on the map location. if address shows in "green zone", select YES for Rural. If address is not in "green zone" select No.*	☐ **Yes** *(1 point)* ☐ **No** *(0 points, N/A)*	☐
d. Is your site/program located in a County with a Child Care Gap % greater than 25%? **County** **Child Care Gap %** Apache County 51.4% Cochise County 37.1% Coconino County 41% Gila County 62.2% Graham County 72% Greenlee County 12.2% La Paz County 64.2% Maricopa County 19.1% Mohave County 45.8% Navajo County 55.5% Pinal County 47.9% Pima County 23.7% Santa Cruz County 60.3% Yavapai County 28.2% Yuma County 37.3%	☐ **Yes** *(1 point)* ☐ **No** *(0 points, N/A)*	☐

Program Narrative Questions

Site Name		Organization Type	License Number

Quality First			Accredited		
☐ **No**	☐ **Yes** QF Star Rating:		☐ **No**	☐ **Yes** Accrediting Body:	
			Accrediting Date:		Expiration Date:

Site's Current Licensed Capacity			Site's Current Enrollment		
Infants:	**Toddlers:**	**Preschool:**	**Infants:**	**Toddlers:**	**Preschool:**

Subgrant Funding Option
☐ **Option A: Startup/expansion funding only** (max $200,000)
☐ **Option B: Slot funding only (Infant $22K, Toddler $16K, Preschool $12K)**
☐ **Option C: Startup/Expansion and slot funding**

Startup/Expansion Requested	Slots Request		
☐ **No** ☐ **Yes**	**Infants: #**	**Toddlers: #**	**Preschool: #**
$	$	$	$

Proposed Use of Funds		
☐ **Staff Salaries/Benefits (ERE)**	☐ **Curriculum**	**Additional Proposed Use of Funds:**
☐ **Recruitment/Retention**	☐ **Books/Materials**	
☐ **Staff Tuition Reimbursement**	☐ **Furniture**	

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☐ **Professional Development**	☐ **Technology**	
☐ **Travel**	☐ **Administrative**	

Application Question	Excellent	Satisfactory	Unsatisfactory or Does Not Apply	Total Points
7a. Please describe how your site plans to utilize the startup/expansion funding to open a new infant or toddler classroom. *or* **7b. Please describe how your program intends to use the slot funding and how you plan to support children and staff through grant participation.**	☐ *(10 points)* A detailed explanation of proposed use of funds is provided. Proposed use funds is within allowable costs.	☐ *(5 points)* Explanation of proposed funds is provided but is lacking detail. Most of the proposed use funds is within allowable costs.	☐ *(0 points)* No explanation of funds is provided and/or proposed use of funds is not allowable.	☐
8. Please explain how you will use this funding to meet the current needs of the children and families in your community.	☐ *(10 points)* A detailed explanation of proposed use of funds is provided. Proposed use funds is within allowable costs.	☐ *(5 points)* Explanation of proposed funds is provided but is lacking detail. Most of the proposed use funds is within allowable costs.	☐ *(0 points)* No explanation of funds is provided and/or proposed use of funds is not allowable.	☐
9. What is your program's current curriculum? How does your curriculum align to the Arizona Early Learning Standards and/or Infant and Toddler Developmental Guidelines? **Curriculum:**_____	☐ *(10 points)* Current (or proposed) curriculum is aligned to AZELS and/or ITDG. Detailed explanation of alignment is provided.	☐ *(5 points)* Current (or proposed) curriculum is not aligned to AZELS and/or ITDG.	☐ *(0 points)* No curriculum is currently being used nor proposed to be used with requested funds.	☐

10. What is your program currently doing to support positive family engagement and how will this grant enhance those strategies?	☐ *(10 points)* Current (or proposed) family engagement strategies are fully immersive, occur frequently, and offer opportunities for two-way exchanges of information.	☐ *(5 points)* Current (or proposed) family engagement strategies include only one-way communication and/or are offered on an infrequent basis.	☐ *(0 points)* No family engagement strategies are utilized currently, and no future activities are proposed.	☐
11. Do you currently serve children with special needs in your program?		☐ **Yes** *(5 points)*	☐ **No** *(0 points)*	☐
12. How do you plan to enhance your capacity to serve children with special needs through this grant?	☐ *(10 points)* A detailed explanation of the inclusion plan is provided and allows for a minimum of 10% inclusion. Or, applicant is currently running a fully inclusive program.	☐ *(5 points)* Proposed plan offers minimal information and/or will not meet the minimum 10% inclusion of children with special needs.	☐ *(0 points)* No inclusion strategies are currently in place and no future strategies are identified.	☐
13. Please describe how you currently and plan to collaborate with early childhood programs, community partners, and local education agencies (i.e. district, charter schools) in your area.	☐ *(10 points)* A detailed explanation of collaboration plan with early childhood programs and community partners is provided.	☐ *(5 points)* A plan for collaborating with early childhood programs and community partners is provided but lacks details.	☐ *(0 points)* No plan is provided.	☐
14. Please complete the table below for Current Staff.	☐ *(10 points)* Table is fully completed for current staff.	☐ *(5 points)* Table is partially completed.	☐ *(0 points)* Table is not completed at all.	☐

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Application Question	Excellent	Satisfactory	Unsatisfactory or Does Not Apply	Total Points
15. How do you currently, and plan to, recruit and retain qualified early childhood staff?	☐ *(10 points)* A detailed explanation plan for recruitemnt and retention of qualified staff is provided.	☐ *(5 points)* A plan for recruitment and retention of qualified staff is provided, but lacks details.	☐ *(0 points)* No recruitment and retention strategies are currently in place and no future strategies are identified.	☐
16. How do you currently, and plan to, support the education attainment and professional development for early childhood staff?	☐ *(10 points)* A detailed explanation for supporting education attainment is provided or all staff have a minimum of a bachelor's degree and/or a detailed PD plan is described.	☐ *(5 points)* A plan for education attainment was provided but lacks detail or does not support reaching minimum qualifications and/or minimal information is provided in relation to PD.	☐ *(0 points)* No education attainment plan was provided and staff do not meet minimum education requirements and/or no PD plan is provided.	☐
17. Why do you feel that your program would be the best fit to participate in the Preschool Development Grant?	☐ *(10 points)* A detailed explaination of their stregths and/or plans is provided; focus on raising quality to support children, families, and staff.	☐ *(5 points)* An explanation is provided but lacks details or focuses on limited indicators of quality.	☐ *(0 points)* No explaination is provided or the explaination is very vague.	☐

Total Points & Approved Funding

TOTAL POINTS	Total Approved Funding	Funding Option Approved		
_____ / 110	$ _____	☐ **Option A: Startup/expansion funding only** ☐ **Option B: Slot funding only** ☐ **Option C: Startup/Expansion and slot funding**		
Startup/Expansion Approved	**Total Slots Approved**	**Age Groups Approved for Funding**		
☐ No ☐ Yes ☐ N/A	☐ No ☐ Yes ☐ N/A	Infants: #	Toddlers: #	Preschool: #
$	$	$	$	$

PDG Application Reviewed By: _____ Date: _____