

APPLICATION TEMPLATE

PART 1 – LOCAL LEAD APPLICANT PROFILE

1. Complete the following information.

Applicant Name: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____

Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact Email: _____

2. What is your proposed catchment area(s)? (See Section II.A. for definition of catchment area.)

PART 2 – RATIONALE AND EVIDENCE FOR DESIGNATION AS LOCAL EARLY CHILDHOOD LEAD ORGANIZATIONS

1. Describe why your organization is suited to serve as the early childhood local lead. Include any history of successfully completing similar roles and responsibilities in your community. (500 words or less)
2. Describe why you are applying for the specific catchment area you indicated in Part 1. (250 words or less)
3. Describe your plans to foster collaboration between community partners in your proposed catchment area if your organization is designated the early childhood local lead. (500 words or less)
4. Describe your plans to support the needs of families if your organization is designated the early childhood local lead. (500 words or less)

PART 3 – PARTNER SUPPORT

As part of the application, applicants must have the support of local partners in their community. Local partners, at a minimum, should include early childhood providers, local agencies, school districts, and Head Start grantees. They may also include other organizations including local early childhood special education providers, Child Care Aware, education service cooperatives, home visiting programs (if available in the community), and other local nonprofits or organizations. Letters of support must include the partner's name and must be compiled within the single application document at the time of submission.

PART 4 – LOCAL EARLY CHILDHOOD LEAD ORGANIZATION APPLICANT ASSURANCES

My organization will comply with all provisions of the LEARNS Act and all guidelines and requirements prescribed by the Arkansas Department of Education (ADE). My organization will:

Planning:

- In collaboration with program and community partners, develop a comprehensive local plan aligned with ADE's vision, following parameters, templates, and guidance from the ADE
- Collaborate with ADE to implement their statewide early childhood strategy and provide feedback on the development and implementation of the local leads pilot

Administration:

- Designate an individual to serve as the primary point of contact between the local lead organization and ADE
- Send a representative to all ADE-sponsored meetings for local lead organizations
- Coordinate and report an unduplicated count of children birth-to-five served by publicly-funded partners in the community to ADE as required
- Serve as planning entity and fiscal agent for any additional early childhood grant opportunities
- Submit data, reports, and information as required by ADE to inform statewide strategy and the development of local leads
- Support ADE in the implementation of the Classroom Assessment and Scoring System (CLASS®) Pilot

Engagement/Collaboration:

- Conduct meetings for all program partners a minimum of once each quarter (Note: best practice is to conduct meetings monthly.)
- Ensure that all of the following program partners are engaged:
 - All school districts in the geographic boundaries
 - Head Start and Early Head Start grantees
 - Child care providers
- As possible, engage and include:
 - Child Care Aware
 - Education service cooperatives
 - Home visiting programs
 - Early childhood special education providers (Part B and C)
- Disseminate communication to all program partners when requested by ADE
- Collaborate with local partners to conduct a community-wide information campaign to increase awareness of the importance of early childhood as well as early childhood programs or resources serving children from birth to five
- Engage additional partners in the community who want to support early care and education and explain their role, the local community plan, and how they can offer support
- Support families to access early childhood programs through efforts to coordinate enrollment locally

By my signature below, I am indicating agreement with all of the above listed requirements.

Signature of Leader/Chief Administrator

Date

Title

Agency

Printed Name

Email Address