



# DANE COUNTY YOUTH COMMISSION

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Dane County Executive

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Chair, Dane County Youth Commission

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April 2009

## SCHOOL, PARENTS AND READING CONNECTION (SPARC) REQUEST FOR PROPOSALS

To: Dane County Elementary Schools and Early Childhood Programs  
From: Dane County Youth Commission  
Re: 2009 **SPARC** grant opportunity for new and continuing programs

The Dane County Youth Commission is pleased to announce the availability of \$4850 to support **new**<sup>1</sup> and continuing School, Parents and Reading Connection (**SPARC**) projects for elementary school and early childhood programs throughout Dane County for the 2009-2010 school year.

Up to \$500 is available for projects that have not previously received **SPARC** funding and \$250 for projects that are continuing. The **SPARC** program uses a specific protocol developed by Mary Fahley at Cambridge Elementary School and expanded upon by VISTA volunteers at Madison Metropolitan School District. **SPARC** programs must incorporate the **SPARC** protocol in order to receive funding. We especially encourage proposals from programs that have not previously received **SPARC** funding.

The application and **SPARC** protocol are available on the Dane County web site at:

<http://www.dane.co.wi.us>

Click on the Youth Commission link in the left-hand column to access the application.

**Four (4) copies of your proposal must be received by Friday, May 15, 2009 by 4:00 p.m. to:**

Dane County Youth Commission  
Attn: Connie Bettin  
1202 Northport Drive  
4<sup>th</sup> Floor  
Madison, WI 53704

If you have any questions regarding the **SPARC** protocol, contact Kathy Price, MMSD, at 663-4941. Contact Connie Bettin at [bettin@co.dane.wi.us](mailto:bettin@co.dane.wi.us) or at 242-6422 with questions regarding the RFP or the application.

Sincerely,

Dane County Youth Commission

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<sup>1</sup> A new **SPARC** program is defined as one that has not received financial support from the Dane County Youth Commission's **SPARC** fund in the past three years.

**REQUEST FOR PROPOSAL/APPLICATION FORM**  
**SPARC (School, Parents And Reading Connection) Grants 2009/2010**

Proposals for **new projects** may not exceed \$500. New projects are defined as those that have not received SPARC funding from the Youth Commission in the past three years. Proposals for **ongoing projects** may not exceed **\$250**.

**I. Applicant Information**

**Name of School/Organization:** \_\_\_\_\_

**Address:**

Street

City

Zip

**Primary Contact for SPARC Proposal**

**PHONE:**

**FAX:**

**E-MAIL:**

**Supervising Administrator of SPARC**

**Name and Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**II. Amount requested:**

- New project (\$500 maximum)**      \$\_\_\_\_\_
- Ongoing project (\$250 maximum)**      \$\_\_\_\_\_

**III. Program description:**

Ages/grades/classes included: \_\_\_\_\_      Number of children who will participate: \_\_\_\_\_

Anticipated program start date: \_\_\_\_\_

1. **Need:** describe how **SPARC** will help meet the needs of children and families you serve. Priority will be given to programs serving low-income populations. (200 word limit)

2. **Program Description:** Please describe how you will use SPARC funds. New **SPARC** programs must incorporate the **SPARC** protocol in order to receive funding from the Youth Commission. (250 word limit)



Please complete and submit this report if your program received funding for the 2008/2009 school year.

Number of years your SPARC program has been in operation \_\_\_\_\_

Number of students participating in SPARC in 2008-09, by grade or program, and the number of backpacks in use for each different grade/class/program:

<b>GRADE/PROGRAM</b>	<b># OF STUDENTS IN SPARC</b>	<b># OF SPARC PACKS</b>

**Goals:** What were your SPARC goals and were they met?

**Funding:** Please list other funding received to support your program:

<u>Source</u>	<u>AMOUNT</u>
(1) Contributions from businesses	\$
(2) United Way	\$
(3) Parent groups/PTA/PTO	\$
(4) Other Sources	\$

**Volunteers:**

Please estimate the number of volunteers and the total volunteer hours contributed to your SPARC project:

A. # of Adults: \_\_\_\_\_ Total hours volunteered : \_\_\_\_\_

**In-Kind Donations** (Books, Materials, Supplies, consumable items, etc.)

Source(s)	Estimated value of donation(s)
A.	_____
B.	_____
C.	_____