



DCPS School Program Provider Re-vetting Application

I. GENERAL INFORMATION

Provide contact information that may be shared with DCPS schools.

1. Organization name: _____
2. Executive Director name: _____
If no Executive Director, you may list your organization's CEO, President, or other appropriate organization leader
3. Executive Director email: _____
If no Executive Director, you may list your organization's CEO, President, or other appropriate organization leader
4. Primary contact name: _____
Please list the primary contact for the DCPS relationship. This contact will receive communications from DCPS Central Office and school leaders.
5. Primary contact title: _____
Please list the title of the primary contact for the DCPS relationship. This contact will receive communications from DCPS Central Office and school leaders.
6. Primary contact email: _____
Please list the email address for the primary contact for the DCPS relationship. This contact will receive communications from DCPS Central Office and school leaders.
7. Organization street address: _____
8. Phone: _____
9. Website: _____

II. PROGRAM PURPOSE AND CONTENT

Share details regarding the programming you offer and the audience you serve

10. Please share your organization's mission statement.

11. Please share a summary of the services and programs your organization offers. Note- this summary may be shared in public resources so please include (1) an overview of the programs/services you offer, (2) describe the target audience for your programs/services, and (3) the number of hours/days per week you typically work with students/schools.

Please be sure to review and spellcheck the text you include below as it may be shared publicly. Please limit your response to no more than 200 words.

12. How does your program(s) support one or more DCPS priorities? Refer to [the DCPS Capital Commitment](#).

13. Please select the focus areas that best describe the programming you offer. **You may select up to three focus areas.**

These focus areas allow schools to more easily search for partner opportunities in the DCPS School Partnerships Database.

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Donor/Sponsor | <input type="checkbox"/> School Climate and Culture |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Social Emotional |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Global Education | <input type="checkbox"/> STEM |
| <input type="checkbox"/> Attendance interventions | <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Beautification | <input type="checkbox"/> Literacy and Humanities | <input type="checkbox"/> Wrap Around Services |
| <input type="checkbox"/> Civics/Social Studies | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> College/Career Readiness | <input type="checkbox"/> Mentoring/Leadership | |
| <input type="checkbox"/> Community and Family Engagement | <input type="checkbox"/> Professional Dev & Teacher Support | |

14. In the event that DCPS creates a resource or directory that lists all vetted and approved Program Providers by focus area, under which one focus area would your organization wish to be listed?

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Donor/Sponsor | <input type="checkbox"/> School Climate and Culture |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Social Emotional |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Global Education | <input type="checkbox"/> STEM |
| <input type="checkbox"/> Attendance interventions | <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Beautification | <input type="checkbox"/> Literacy and Humanities | <input type="checkbox"/> Wrap Around Services |
| <input type="checkbox"/> Civics/Social Studies | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> College/Career Readiness | <input type="checkbox"/> Mentoring/Leadership | |
| <input type="checkbox"/> Community and Family Engagement | <input type="checkbox"/> Professional Dev & Teacher Support | |

15. If you have a sample curriculum or lesson plan, either national or program specific, please upload it here.

16. Please select all the wards in DC that you serve/can serve.

☐ 1

☐ 4

☐ 7

☐ 2

☐ 5

☐ 8

☐ 3

☐ 6

17. Select all grade levels your program(s) serves/can serve.

☐ PK3

☐ 4

☐ 10

☐ PK4

☐ 5

☐ 11

☐ K

☐ 6

☐ 12

☐ 1

☐ 7

☐ We serve school staff only

☐ 2

☐ 8

☐ 3

☐ 9

18. Do you offer any gender specific programming?

☐ Yes, we offer a program(s) for girls

☐ Yes, we offer a program(s) for boys

☐ No

19. If applicable, please describe any additional specifics regarding your target audience(s). For example—my organization provides programming specifically for English language learners.

III. PROGRAM ASSESSMENT

Outline the goals of your program(s) and how you assess progress toward those goals

20. Please list three to four core goals of your program(s). Sharing in bullet format is preferable.

21. How do you determine if you have achieved your goals? Please share the metrics/indicators you use to determine progress toward each goal, the method for collecting this data, and how often the metrics/indicators are reviewed.

22. Do you require access to DCPS student data in order to inform and/or evaluate your program?

Once approved, interested partners will need to complete a separate data agreement process in order to access student level data.

☐ Yes

☐ No

23. If you have data/research demonstrating the success of your program, please upload your supporting document(s) here.

IV. PARTNERING WITH SCHOOLS

Describe how you work with schools and steps for forming a successful partnership

24. List all DCPS schools with which you **currently** work. If you do not currently work with DCPS schools, please write “none”.

25. Are you looking to work with new/additional DCPS schools?

Note—approved partners will be able to update this information, along with other program details on an annual basis.

- ☐ Yes, we have the capacity to expand to new/additional schools this school year.
☐ Yes, we have the capacity to expand to new/additional schools next school year.
☐ No, we are unable to expand to new/additional schools at this time.

26. Please list any DCPS schools with which you are exploring a future partnership.

27. Please describe any DCPS staff planning time or DCPS staff support your program requires. For example, if you require regular meetings with school leadership, please explain the preferred frequency and purpose of meetings.

28. Does your program require **dedicated space** in the school building? If so, please describe.
DC government space usage policies and fees may apply. Final decisions on space use is at the discretion of the principal and DC Department of General Services.

29. Once approved, if a school is interested in establishing a partnership with your organization, what steps should they take? Please include details regarding appropriate point of contact, application process, specific recruitment cycle, and/or other key steps.

30. Do you currently work with any teams and/or individual staff that work at DCPS Central Office? If so, please share details below, including individual(s) name and/or office and specifics on current collaborations.

31. Would you like to be searchable in the DCPS School Partnerships Database?

This tool is the primary resource for schools to search for new partnership opportunities. Organizations that are searchable may receive communications/inquiries directly from school leaders.

- ☐ Yes
☐ No

V. PROGRAM MANAGEMENT AND OPERATIONS

Share details regarding your organization's operations and staffing strategy

32. Organization structure

- ☐ Not-for-profit
- ☐ For-profit
- ☐ Other

33. Type of organization

- | | |
|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Nonprofit/Community Based Organization |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Parent Organization |
| <input type="checkbox"/> DC Government Agency | <input type="checkbox"/> Alumni Group or Fraternity |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Church or Religious Organization |
| <input type="checkbox"/> Law Firm | <input type="checkbox"/> Other |

34. Is your organization part of a national organization?

- ☐ Yes
- ☐ No

35. For how many years has your organization been offering programming in Washington, DC?

36. Where does your programming take place?

- ☐ Onsite (at a DCPS school)
- ☐ Off-site (at a non-DCPS location)
- ☐ Both onsite and off-site

37. Do you provide out-of-school time (OST) programming? (before school, afterschool, summer)

- ☐ Yes, all or part of our program is out of school time
- ☐ No, we only operate during school hours

38. If you provide out-of-school time programming, please check all that apply.

- ☐ Afterschool
- ☐ Before school
- ☐ Summer
- ☐ School holidays

39. Please upload a copy of your program budget.

Please use provided budget form.

40. Is there a fee for your programming/services?

- ☐ Yes
- ☐ No

41. If there is a fee for your programming/services, who is the cost audience? Select all that apply.

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> The school district |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Other |

42. If you charge for your programming/services, please share a breakdown of your fees to families, schools, the district, and/or others (for example, \$50 per student per month). If your fees differ based on available grants or other funding sources, you may include that information here.
We strongly encourage partners to be as cost neutral as possible as school budgets remain very limited and costs may affect a school's ability to partner.
-

43. What qualifications and credentials do you require of your staff and/or volunteers? Please list all requirements.
-

44. If your programming relies on volunteers, how do you recruit and retain volunteers?
Please leave blank if your programming does NOT rely on volunteers.
-

VI. PARTNERSHIP REFLECTION (RE-VETTING ONLY)

Reflect on your tenure at DCPS

45. Which elements of your partnership with DCPS have been successful?
-

46. Which elements of your partnership with DCPS have been challenging?
-

47. How might DCPS further support its partnership with your program?
-

48. What steps might your organization take in the next three years to strengthen your partnership with DCPS?
-

VII. LETTERS OF SUPPORT (RE-VETTING ONLY)

Share letters of support from your DCPS stakeholders

49. DCPS would like to hear from the school community about their experience with your program over the past three years. Please upload two letters of support from the school community members specified below. The letter should explain the value your program has added to the school community and express an interest in having your programming continue at the school.

- Letter #1—DCPS School Leader Letter—this letter should be from a school leader with whom your organization has partnered. This could include the principal, assistant principal, teacher, or afterschool coordinator.
- Letter #2—DCPS Student/parent Letter—this letter should be from a DCPS student or a parent/caretaker of a DCPS student served by your organization.

VIII. COMPLIANCE WITH DCPS POLICIES

Agree to the following DCPS policies to be considered for approval

50. Are you able to comply with the following policies?

Please indicate your ability to comply with each policy by checking each box below.

- ☐ Any tutoring or instruction must be secular in nature and purpose, and must be aligned with the Common Core State Standards and the DC Educational Standards as outlined by the Office of the State Superintendent of Education (“OSSE”).
- ☐ All confidential and personally identifiable student information you either receive or generate must be kept confidential unless proper authorization to disclose the information is obtained. Prior to any provider personnel receiving access to personally identifiable student data, that individual will be required to sign the DCPS Security Pledge for the Use of Confidential Data.
- ☐ Participation in the program must not be denied on a basis that would violate any non-discrimination laws including, but not limited to, the District of Columbia Human Rights Act, Title VI of the Civil Rights Act of 1965, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973.
- ☐ Reasonable accommodations must be made for students with disabilities in order to participate in the programming in accordance with the Individuals with Disabilities Education Improvement Act of 2004, Section 504 of the Rehabilitation Act of 1973, and District of Columbia laws and regulations.

51. Are you able to comply with the following background check, tuberculosis screening, and fingerprinting requirement?

Applicants must agree that should the applicant and DCPS enter into a relationship whereby DCPS agrees to specifically refer students to the applicant for programming, it will ensure that all volunteers and staff working with DCPS students are fingerprinted and undergo a background check, which may include a traffic records check and a tuberculosis screening. This also applies to any applicants proposing to provide services at an off-site location, meaning not at a DCPS school, office, or other facility.

- ☐ Yes
- ☐ No