

**Office of Extended Learning
Request for Proposal
2022-2023**

Dear Potential Partner:

Thank you for your interest in providing services through The Racine Unified School District's Office of Extended Learning! We are looking to partner with local non-profit organizations that can offer programs and services in the areas of youth leadership training and character development, Social and Emotional Learning Support, STEM, college and career readiness, fine arts, recreational sports and other activities, and literacy in after school programs. Programs should be engaging, wide-ranging, student-centered, and flexible with a focus on at least one of these areas.

Community based organizations and independent providers who have a tax-exempt, non-profit sponsor can submit a proposal to provide enrichment classes and other unique learning opportunities in a safe, enjoyable, and nurturing environment of their own or at one of the extended learning programs' RUSD campuses. If you are proposing a program that does not require funds from RUSD to operate, you must still complete the proposal form.

Please be advised that funding is limited and will be awarded based on the department's need for program services offered by your organization and the costs associated with providing those services.

Proposals must be submitted to our office on or before June 1st 2022, by 5:00 PM with the expectation to begin providing services on/or after September 6, 2022. No proposals will be accepted or considered after the June 1st submission deadline. No program is approved to begin and no requests for reimbursement will be honored without a signed and fully executed contract on file with our office.

Completed proposals should be emailed to: antonio.crane2@rusd.org

Thank You,

Antonio Crane
Director of Extended Learning
Racine Unified School District

Extended Learning Request for Program Proposal

2022-2023 Program Year

September 6, 2022 - June 1, 2023

Provider Information *(Please write not applicable or none in spaces that do not apply):*

Business Name	City of Racine- Park, Recreation and Cultural Services
Business Address	800 Center Street Room 127
Business City, State, Zip Code	Racine, WI 53403
Business Phone Number	262-636-9445
Business Fax Number	
Business Website	
Business Structure	<input type="checkbox"/> Non-Profit (501c3) <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other
Business Structure (Other)	Local Government

Primary Contact's Name (First, MI, Last)	Jason Mars
Primary Contact's Title	SUPERINTENDENT OF RECREATION AND CULTURAL SERVICES
Primary Contact's Phone Number	262-636-9454
Primary Contact's Email Address	Jason.mars@cityofracine.org

Program Information

Program Name	PRCS-RUSD 7v7 Football League (Middle School)
--------------	---

Program Location *(Choose a program campus(es) where you would like to provide services):*

<input type="checkbox"/> Dr. Jones	<input type="checkbox"/> Westridge	<input type="checkbox"/> SC Johnson	<input type="checkbox"/> Racine Alternative Learning Campus
<input type="checkbox"/> Montessori	<input type="checkbox"/> O. Brown	<input type="checkbox"/> Park	<input checked="" type="checkbox"/> 21 st Century Prep
<input type="checkbox"/> Fratt	<input type="checkbox"/> Julian Thomas	<input type="checkbox"/> Horlick	<input type="checkbox"/> John Bryant Center
<input type="checkbox"/> Knapp	<input type="checkbox"/> Roosevelt	<input checked="" type="checkbox"/> Gifford	<input type="checkbox"/> Cesar Chavez Center
<input checked="" type="checkbox"/> Mitchell	<input checked="" type="checkbox"/> Gilmore Fine Arts	<input checked="" type="checkbox"/> Jerstad	<input type="checkbox"/> Off-site Location
<input checked="" type="checkbox"/> Starbuck	<input checked="" type="checkbox"/> REAL School	<input type="checkbox"/> Case	

Program Content *(Please check the box next to the applicable course content area that your proposed program will address):*

<input type="checkbox"/> Literacy	<input type="checkbox"/> Arts (music, dance, art, etc.)
<input type="checkbox"/> Math	<input type="checkbox"/> Health and Wellness
<input type="checkbox"/> Science (STEM)	<input checked="" type="checkbox"/> Recreation
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Social/Emotional Development

Grade Level(s) of Targeted Participants	<input type="checkbox"/> Grades K-5 <input checked="" type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12
---	---

Proposed Program Schedule *(All programs will follow the RUSD scholastic calendar and The Office of Extended Learning Department calendar and will not operate when the district or department closes. A copy of the district calendar will be provided with your contract, and department calendar will be provided to you monthly across the programming cycle):*

<input type="checkbox"/> 1 st Semester (September 6, 2022 – January 20, 2023)
<input checked="" type="checkbox"/> 2 nd Semester (January 23, 2022 – June 1, 2023) March/April
<input type="checkbox"/> Full Program Year (September 6, 2022 – June 1, 2023)
Days Offered: <input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday

Program Description *(Please provide a detailed and comprehensive description of your proposed program. Please share and describe club activities and curriculum, if any, that you plan for participants to engage in including how those activities are a means to meeting the program's objectives, specific actions for achieving those objectives, and how your program would be uniquely valuable to students. Type your abstract inside of the box below as it will expand and allow as much space as you need):*

Mission: Our mission is to revive youth sports and activities in the Racine area, specifically within the city limits. A major goal is to enhance opportunities for our younger youth to explore a variety of sports and activities in hopes to increase participation in youth sports and activities at the middle school level. Subsequently, we expect this will influence the youth to partake in sports when they reach high school and thus increase participation in high school athletics. This will rebrand our high school competitiveness and balance, and give our student athletes an enhanced educational experience.

Futhermore, our mission is to grow and develop young athletes in football fundamentals, proper techniques, and skill development in a fun and safe environment. Our program is a minimal contact (touch) league and serves 6th-8th grade. It is designed for and encourages all skill levels: beginners, intermediate, and advanced. The mission is to provide the structure for beginners and devoted football players so they can continue to enhance their skills to become a better player.

Lastly, our mission is to give our community's youth the opportunity to engage in a new, safe, and fun form of team sport, while forming new friendships/relationships with players and coaches. This form of friendly competition will help kids develop teamwork and sportsmanship skills and give them the opportunity to showcase their talents/have fun in front of their family and friends.

Program Objectives: *(Please list and discuss in detail the expected student outcomes that are aligned with the State goals assigned to our programs by the Department of Public Instruction and required by the funding source that may support your proposal):*

State Goal #1	Challenge youth to develop as learners
Outcome:	Sports has been proven to provide and impart skills and knowledge that develops the whole child. This program will help empower students to learn and to develop a growth mindset to become life-long learners in the classroom and out of the classroom.
State Goal #2	Support the development of other skills necessary for success (Social and Emotional Learning)
Outcome:	Students will be able to interact, communicate, and work together as a team/cohort, because we will help increase their self-esteem and and positive sense of self

State Goal #3	Engage families in support of student learning
----------------------	---

Outcome:	Program Components: Family Engagement. Student in the short outcome will increase their knowledge about physical fitness, academic skills, teamwork, and life/social skills. With intermediate outcome is improving school attendance and self-esteem. The long-term outcome is increase the number of youth with positive sense of self and psychological well-being. Also the final day of the camp we will invite parents and have the students play a real game with officials so the students can demonstrate to their families the knowledge and skills they have learned over the weeks of being in the program.
-----------------	---

Facilities and Program Space *(Indicate the type of room needed on campus to facilitate your program):*

<input type="checkbox"/> Classroom	<input type="checkbox"/> Auditorium/Stage
<input type="checkbox"/> Library	<input type="checkbox"/> Art Room
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Other <i>(List the space needed if not included above):</i>	

Equipment *(All service providers must provide their own equipment unless it is an on-campus program, and the equipment is available):*

--

Program Capacity *(based on a 1:15 staff to student ratio. You must enroll a minimum of 15 students and maintain an average daily attendance of no less than 10 students):*

What is the total number of participants you plan to serve?	210
---	-----

Staffing Information *(Please complete the fields for all program instructors and personnel who will be in regular contact with students. Attach a recent State of Wisconsin Dept. of Justice background check, immunization/declination, and drug screen results for each. Background check information must be no more than 90 days old by the time of submission of this proposal and request for funding. All information must be provided prior to the start of your program. If staffing fields are blank or read to be determined (TBD), your proposal will be placed on hold and processing will not continue until the missing information can be provided in its entirety.)*

Name (First, MI, Last):	Matthew Gomez	
Employee Title:	Recreation Supervisor- Director of Program	
Address (including unit or apt. no.):	2221 Douglas Ave	
City, State, and Zip Code:	Racine, WI 53402	
Home Phone (including area code):	262-636-9445 or 262-664-1686	
Mobile Phone (including area code):		
Email Address (required):	Matthew.gomez@cityofracine.org	

Name (First, MI, Last):	Matthew Rooney
Employee Title:	Recreational Specialist
Address (including unit or apt. no.):	2221 Douglas Ave
City, State, and Zip Code:	Racine, WI 53402
Home Phone (including area code):	262-498-2443
Mobile Phone (including area code):	
Email Address (required):	matthew.rooney@cityofracine.org

Name (First, MI, Last):	Tashaun Armstrong
--------------------------------	-------------------

Employee Title:	Timer- Score
Address (including unit or apt. no.):	2221 Douglas Ave
City, State, and Zip Code:	Racine, WI 53402
Home Phone (including area code):	262-822-8086
Mobile Phone (including area code):	
Email Address (required):	

Name (First, MI, Last):	Anthony Sims
Employee Title:	Timer-Score
Address (including unit or apt. no.):	2221 Douglas Ave
City, State, and Zip Code:	Racine, WI 53402
Home Phone (including area code):	262-497-5723
Mobile Phone (including area code):	
Email Address (required):	
Name (First, MI, Last):	Aubrey Anderson
Employee Title:	Timer-Score
Address (including unit or apt. no.):	2221 Douglas Ave
City, State, and Zip Code:	Racine, WI 53402
Home Phone (including area code):	262-939-4015
Mobile Phone (including area code):	
Email Address (required):	

Itemized Projected Program Budget

The district may deny requests for reimbursement in part or in whole for any item not clearly specified in this itemized budget. The district does not pay any payroll or sales taxes so please make sure that these expenses do not appear in this budget or on any invoices submitted to our office for payment or it will be rejected and sent back to you for revision and resubmission. The purchase of gift cards is strictly prohibited. Complete as many sheets as needed per program and/or campus.

Salaries and Wages (*The district does not pay any payroll taxes*):

Employee Name	Position	Total Hours	Hourly Rate	Total Wages
Matthew Gomez	Program Director	150	\$40	\$6,000.00
Matthew Rooney	Rec Specialist	200	\$30	\$6,000.00
4 Timer Scores	4 Timer Scores	90	\$16	\$1,440.00
4 Football Officials per night	Officials	56	\$35	\$1,960.00
			Salaries Total:	\$15,400.00

Supplies and Materials (*Office, program, printing, etc. The district does not pay sales taxes. If more space is needed, please provide an attachment document that shows itemized expenses and include all information requested in the chart below:*)

Store/Vendor/Distributor	Item/Materials	Amount (Expenditure)
BSN	Footballs, Score Clocks, Field Markers	\$6,000.00
Cratus Sports	School Uniforms	\$7,000.00
		\$
		\$
		\$

Expenses Total:	\$13,000.00
------------------------	-------------

Transportation (*Field trips must include a flyer and signed permission slip for off campus events*)

Transportation Vendor	Venue/Destination	Amount (Expenditure)
First Student	School to Horlick Field to School	\$38,400.00
		\$

Transportation Total:	\$38,400.00
------------------------------	-------------

Indirect Costs (*Covers office rent, accountant, etc., and not to exceed 10% of total funding request*)

Indirect Costs (10%)	\$
-----------------------------	----

Total Expenses	\$66,800.00
Total Funding Request	\$66,800.00

Signatures	Date
Program Director:	
Board Member / COO:	

Office of Extended Learning Use ONLY – Do Not Write Below This Line

☐ Request for Proposal Approved ☐ Request for Proposal Denied

Reason for Proposal Denial:

--



Office of Extended Learning
3109 Mt. Pleasant Street
Racine, WI 53404
262-664-6990
extended.learning@rusd.org

Director's Signature

Date