

**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 1<sup>st</sup> 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 1<sup>st</sup> 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](mailto: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 Skills and Drills Basketball
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**Program Location** *(Choose a program campus(es) where you would like to provide services):*

<input checked="" type="checkbox"/> Dr. Jones	<input checked="" type="checkbox"/> Westridge	<input checked="" type="checkbox"/> SC Johnson	<input type="checkbox"/> Racine Alternative Learning Campus
<input type="checkbox"/> Montessori	<input checked="" type="checkbox"/> O. Brown	<input type="checkbox"/> Park	<input type="checkbox"/> 21 <sup>st</sup> Century Prep
<input checked="" type="checkbox"/> Fratt	<input checked="" type="checkbox"/> Julian Thomas	<input type="checkbox"/> Horlick	<input type="checkbox"/> John Bryant Center
<input checked="" type="checkbox"/> Knapp	<input checked="" 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 type="checkbox"/> Starbuck	<input 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 checked="" type="checkbox"/> Grades K-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12
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**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 <sup>st</sup> Semester (September 6, 2022 – January 20, 2023)
<input checked="" type="checkbox"/> 2 <sup>nd</sup> Semester (January 23, 2022 – June 1, 2023)
<input type="checkbox"/> Full Program Year (September 6, 2022 – June 1, 2023)
Days Offered: <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" 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:** To revive youth sports and activities in the Racine area, specifically within the city limits. 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 which in turn will make high school athletics increase their participation and rebrand our high school competitiveness and balance and give our student athletes an enhanced educational experience.

We will provide entry-level sports and activities through the extended learning program in partnership with Racine Unified School District. We will accomplish this by setting up a "skills & drills" basketball style camp two days a week at the selected schools.

Our basketball skills and drills, is specifically designed to equip elementary students with basic knowledge and skills of that specific sport, both instructional and competitive. By emphasizing

individual skill development and fun drills, students will receive adequate amounts of low impact physical activity during program operation. The skills and drills program creatively integrates academic improvement through pre-play education improvement sessions with each skills and drills activity to maximize a participant's comprehension of the participant's daily schoolwork.

Specific skills students will learn: Increase sport specific IQ. Improve sport specific skill related to the game and develop more of an appreciation of the specific sport.

- Will understand the importance of daily exercise, and how to incorporate through possible alternative sporting options.
- Will learn new techniques to manage time to incorporate school and physical activity.
- School Attendance and School Behavior Improvement, Academic Improvement

**Measuring outcomes:** Pre and Post skill evaluation, Pre and Post survey of Sport Specific IQ, Pre and Post evaluation of GPA, and School Performance, Pre and post survey of attitude towards school in general.

**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):*

<b>State Goal #1</b>	<b>Challenge youth to develop as learners</b>
<b>Outcome:</b>	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.
<b>State Goal #2</b>	<b>Support the development of other skills necessary for success (Social and Emotional Learning)</b>
<b>Outcome:</b>	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
<b>State Goal #3</b>	<b>Engage families in support of student learning</b>

<b>Outcome:</b>	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.
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**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 checked="" 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):*

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**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?	30 per site
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**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.)*

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

<b>Name (First, MI, Last):</b>	Ambrial Miller-Sanders
<b>Employee Title:</b>	Assistant Director- Program Coordinator- Lead Instructor
<b>Address (including unit or apt. no.):</b>	
<b>City, State, and Zip Code:</b>	Racine, WI 53406
<b>Home Phone (including area code):</b>	none
<b>Mobile Phone (including area code):</b>	262-880-5252
<b>Email Address (required):</b>	Ambrial.sanders@rusd.org

<b>Name (First, MI, Last):</b>	Jordann Ellison	
<b>Employee Title:</b>	Instructor	
<b>Address (including unit or apt. no.):</b>	2221 Douglas Ave	
<b>City, State, and Zip Code:</b>	Racine, WI 53402	
<b>Home Phone (including area code):</b>	none	
<b>Mobile Phone (including area code):</b>	262-672-7703	
<b>Email Address (required):</b>	Jordann.ellison@rusd.org	

<b>Name (First, MI, Last):</b>	Darvis Lockridge	
<b>Employee Title:</b>	Instructor	
<b>Address (including unit or apt. no.):</b>	1300 Marquette	
<b>City, State, and Zip Code:</b>	Racine, WI 53404	
<b>Home Phone (including area code):</b>	none	
<b>Mobile Phone (including area code):</b>	262-902-0786	

<b>Email Address (required):</b>	Coachdlock33@gmail.com	
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<b>Name (First, MI, Last):</b>	Jerome King	
<b>Employee Title:</b>	Instructor	
<b>Address (including unit or apt. no.):</b>	2701 Tarus Dr	
<b>City, State, and Zip Code:</b>	Racine, WI 53406	
<b>Home Phone (including area code):</b>	none	
<b>Mobile Phone (including area code):</b>	262-672-7075	
<b>Email Address (required):</b>	Jerome.king@rusd.org	

<b>Name (First, MI, Last):</b>	Meg King	
<b>Employee Title:</b>	Instructor	
<b>Address (including unit or apt. no.):</b>	2701 Tarus Dr	
<b>City, State, and Zip Code:</b>	Racine, WI 53406	
<b>Home Phone (including area code):</b>	none	
<b>Mobile Phone (including area code):</b>	262-672-7075	
<b>Email Address (required):</b>	Meghan.king@rusd.org	

<b>Name (First, MI, Last):</b>	Wallace Booker	
<b>Employee Title:</b>	Instructor	
<b>Address (including unit or apt. no.):</b>	2221 Douglas Ave	
<b>City, State, and Zip Code:</b>	Racine, WI 53402	
<b>Home Phone (including area code):</b>	none	
<b>Mobile Phone (including area code):</b>	262-822-5108	
<b>Email Address (required):</b>	Wallace.booker@rusd.org	

<b>Name (First, MI, Last):</b>	Matthew Rooney	
<b>Employee Title:</b>	Recreation Program Coordinator	
<b>Address (including unit or apt. no.):</b>	2221 Douglas Ave	
<b>City, State, and Zip Code:</b>	Racine, WI 53402	
<b>Home Phone (including area code):</b>	262-636-9221	
<b>Mobile Phone (including area code):</b>		
<b>Email Address (required):</b>		

<b>Name (First, MI, Last):</b>	Adriana Green
<b>Employee Title:</b>	Instructor
<b>Address (including unit or apt. no.):</b>	2221 Douglas Ave
<b>City, State, and Zip Code:</b>	Racine, WI 53402
<b>Home Phone (including area code):</b>	
<b>Mobile Phone (including area code):</b>	262-636-9221
<b>Email Address (required):</b>	

<b>Name (First, MI, Last):</b>	Sherrie Lawson
<b>Employee Title:</b>	Instructor
<b>Address (including unit or apt. no.):</b>	2221 Douglas Ave
<b>City, State, and Zip Code:</b>	Racine, WI 53402
<b>Home Phone (including area code):</b>	
<b>Mobile Phone (including area code):</b>	262-636-9221
<b>Email Address (required):</b>	

<b>Name (First, MI, Last):</b>	Gabrielle Hood
<b>Employee Title:</b>	Instructor
<b>Address (including unit or apt. no.):</b>	2221 Douglas Ave
<b>City, State, and Zip Code:</b>	Racine, WI 53402
<b>Home Phone (including area code):</b>	
<b>Mobile Phone (including area code):</b>	262-636-9221
<b>Email Address (required):</b>	

<b>Name (First, MI, Last):</b>	Valerie Freeman
<b>Employee Title:</b>	Instructor
<b>Address (including unit or apt. no.):</b>	2221 Douglas Ave
<b>City, State, and Zip Code:</b>	Racine, WI 53402
<b>Home Phone (including area code):</b>	
<b>Mobile Phone (including area code):</b>	262-636-9221
<b>Email Address (required):</b>	



### 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	Director of Program	150	\$40	\$6,000.00
Ambrial Miller- Sanders	Recreational Specialis	300	\$30	\$9,000.00
Matthew Rooney	Program Coordinator	300	\$25	\$7,500.00
12 Instructors	Coaches/Instructors	1,500	\$20.16	\$30,240.00
<b>Salaries Total:</b>				\$52,740.00

**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	Basketballs, cones, equipment bags, spot markers, whistles	\$12,000
Program T-Shirts/Jerseys	Cratus Sports	\$8,000.00
		\$
		\$
		\$
<b>Expenses Total:</b>		\$20,000.

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

Transportation Vendor	Venue/Destination	Amount (Expenditure)
N/A		\$
		\$
<b>Transportation Total:</b>		\$N/A

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

<b>Indirect Costs (10%)</b>	\$
<b>Total Expenses</b>	\$72,740.00

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<b>Total Funding Request</b>	\$72,740.00
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<b>Signatures</b>	<b>Date</b>
Program Director:	
Board Member / COO:	

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

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☐ Request for Proposal Approved   ☐ Request for Proposal Denied

**Reason for Proposal Denial:**

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**Director's Signature**

**Date**