



**Office of Out of School Time Grants and Youth Outcomes  
My Afterschool DC (MADC) Statement of Commitment**

**Applicant Organization**

<b>Organization Name</b>			
<b>Type of Organization</b>	<input type="checkbox"/> 501(c)3 Organization	<input type="checkbox"/> DC Public Charter Priority School	<input type="checkbox"/> DCPS Priority School
<b>Organization Address</b>			
<b>Contact Name</b>			
<b>Contact Email</b>		<b>Contact Phone</b>	

**Partnering Organization**

<b>Organization Name</b>			
<b>Type of Organization</b>	<input type="checkbox"/> 501(c)3 Organization	<input type="checkbox"/> DC Public Charter Priority School	<input type="checkbox"/> DCPS Priority School
<b>Organization Address</b>			
<b>Contact Name</b>			
<b>Contact Email</b>		<b>Contact Phone</b>	

**Students to Be Served**

Grade Levels (Check all that apply):

- KG    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

Total Youth to be Served: \_\_\_\_\_

**Summary of Services to Be Provided** (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Reading or Literacy          | <input type="checkbox"/> Mathematics        | <input type="checkbox"/> STEM                         |
| <input type="checkbox"/> Creative Arts/Music          | <input type="checkbox"/> Tutoring           | <input type="checkbox"/> Sports/Physical Fitness      |
| <input type="checkbox"/> Mentoring                    | <input type="checkbox"/> Social/Emotional   | <input type="checkbox"/> Drug and Violence Prevention |
| <input type="checkbox"/> Character Education          | <input type="checkbox"/> Cultural Education | <input type="checkbox"/> Nutritional/Health Education |
| <input type="checkbox"/> College and Career Readiness | <input type="checkbox"/> Field Trips        | <input type="checkbox"/> Other: _____                 |

**Dosage Model** (Indicate which dosage model that this partnership will follow)

- Continuous** - Programming that occurs during the school calendar for a minimum of three (3) days weekly for at least eight (8) hours per week for a minimum of 25 weeks, totaling no less than 200 hours during the school year.
- Series** - Programming scheduled across three (3) or more program blocks during the school year with each series including a minimum of six (6) or more continuous weeks for a minimum of three (3) days weekly for at least six (6) hours per week, totaling no less than 108 hours during the school year.

**Proposed Schedule** (Indicate the proposed schedule this partnership will support)

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b># of Hours / Day</b>					
<b>Program Hours</b> <small>(e.g. 3:00-6:00pm)</small>					

**Commitment Authorization**

By signing below, the applicant and partnering organization, in consideration of changes in personnel at the school sites to be served and/or at the organizational level, commit to ensuring that the school-based My Afterschool DC program will be carried out with fidelity, in the manner set forth in this Statement of Commitment and in the grant application. Final OST Office-funded grant program approval is determined by the OST Office.

<b>Applicant Administrator</b>		<b>Title</b>		<b>Signature</b>		<b>Date</b>	
<b>Partner Administrator</b>		<b>Title</b>		<b>Signature</b>		<b>Date</b>	