Student Learning Recovery Grant – Indiana Summer Learning Labs

Regional Grantee Application

1. **REGIONAL GRANTEE INFORMATION (Lead Applicant)**

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| 1.a. Organization Information |
| Organization (Legal) Name: | Enter Text Here |
| Organization Address: | Enter Text Here |

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| 1.b. Designated Program Lead |
| Name (First and Last): | Enter Text Here | Email Address: | Enter Text Here |

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| 1.c. Designated Finance Lead |
| Name (First and Last): | Enter Text Here | Email Address: | Enter Text Here |

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| 1.d. Regional Grantee vendor registration. |
| Vendor Registration: | *By checking this box, I certify that the organization or entity applying for this grant opportunity is currently a registered vendor in good standing with the State of Indiana or has completed an application to become a registered vendor with the State of Indiana.*  |[ ]
| Check Existing Vendor Status ([CLICK HERE](https://www.in.gov/idoa/procurement/supplier-resource-center/requirements-to-do-business-with-the-state/bidder-profile-registration/do-i-have-a-bidder-profile/)) | New Vendor Registration Information ([CLICK HERE](https://www.in.gov/idoa/procurement/supplier-resource-center/requirements-to-do-business-with-the-state/bidder-profile-registration/)) |

1. **COMMITMENT TO PARTNER WITH LAVINIA GROUP**

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| 2.a. Copy and paste the language below into the designated text box to demonstrate the grantees commitment to partner with the Lavinia Group and require each partner organizations to participate in all aspects of the RISE Summer School program as a condition for receiving funds under this grant program. |
| Copy This Text: | *As the approved representative of the regional grantee and lead applicant to this proposal, I commit that the regional grantee will partner with the Lavinia Group to implement all components of the RISE Summer School program, and require all partner school corporations/community organizations to fully implement all aspects of the RISE Sumer School program including, but not limited to, the Lavinia data platform, ongoing teacher professional development, math and ELA curriculum, ongoing progress monitoring, and pre-/post-assessments. I commit to report any issues interfering with program implementation that cannot be resolved between the regional grantee and the Lavinia Group to the IDOE within five business days of the program disruption.*  |
| Paste Text Here: | Paste Text Here |

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| 2.b. Select the window during which the summer learning program will take place in your region. |
| Select ONE Session | Teacher Training | Student Dates |
| [ ] [ ] [ ] [ ] [ ]  | Session 1Session 2Session 3Session 4Custom Window | May 30 – June 2June 6 – June 9June 13 – June 16June 27 – June 30(Training will be asynchronous and at your own pace) | June 5 -June 30June 12 – July 14June 20 – July 21July 5 – August 4(Provide proposed custom dates below) |
| (If you selected Custom Window) Please provide an explanation and justification for the custom window. A custom window may include a modified (shortened) version of an existing window, or a completely customized window based on the needs of the grantee. While the IDOE strongly encourages grantees to select one of the existing windows, applicants that need to customize the dates of the summer learning experience will be considered based on the substance of the justification. Be sure to name the exact student dates proposed for the custom window.  |
| Explanation and justification for custom summer learning window |

1. **DEMONSTRATED STUDENT/COMMUNITY NEED**

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| 3.a. (500 words or less) Provide a brief description of the needs (academic needs, access to enrichment opportunities, access to affordable childcare over the summer, etc.) within your region that you believe offering the Summer Learning Labs program will help address. Please include data to support your description where available.  |
| Brief description of needs. |

1. **SCHOOL CORPORATION/COMMUNITY ORGANIZATION PARTNER COMMITMENTS**

Please list each partner organization along with all applicable information (see Summer Learning Lab Program Overview for details on eligible partner organizations). **Additionally**, each partner organization must complete the Partner Organization Details form. Each completed form should be submitted with the regional grantee application.

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| 4.a. Will the regional grantee also administer one or more summer learning lab cites? |
| [ ] **YES** (Please complete section 4.b.) | [ ]  **NO** (Skip to section 4.c.) |

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| 4.b. Regional grantee summer learningParnter program information. |
| Number of Summer Learning Site: | Enter Number Here | Target Number of Students (Estimate):  | Enter Number Here |
| Anticipated Student to Teacher Ration: | Enter Number Here | Total Staff Members (Estimate): | Enter Number Here |
| Length of Each Day (Total Hours): | Enter Total Number of Hours (0.0) | Will transportation be provided? | [ ]  Yes[ ] No |
| (If applicable) Describe expected enrichment activities in which students will participate during Summer Learning Labs. | Enter Text Here |

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| 4.c. Partner organization information (some rows may be left blank). |
| Organization Name | School Corp # (If Applicable) | Program Contact Name | Program Contact Email | Completed Partner Org. Details Form |
| Enter Text Here | Enter Number Here | Enter Text Here | Enter Text Here |[ ]
| Enter Text Here | Enter Number Here | Enter Text Here | Enter Text Here |[ ]
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1. **Signed Service Agreements/Contracts w. Partner Organizations**

Each partner organization must enter into a contract or service agreement with the regional grantee. The agreement must outline the services to be provided at each summer learning lab site along with the budget for each. The IDOE has developed a service agreement template that can be used by each regional grantee to meet this requirement.

1. **Overall Program Budget**

Please complete the following budget template to reflect the overall cost of the proposed Summer Learning Labs program. The budget should combine all proposed expenses across all partner organizations (to be included in contracts & professional services), along with proposed administrative and project management expenses incurred by the regional grantee. Please complete the budget description tab to provide details for the specific program expenditures incurred by the regional grantee.