Student Learning Recovery Grant – Indiana Summer Learning Labs

Partner Organization Details

The following Partner Organization Detail form must be completed by each partner organization that will administer one or more summer learning lab sites. Please complete all the information on the form below. Partner organizations need not be registered with the State of Indiana.

**1. Partner Organization Details**

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| 1.a. Partner Organization Information |
| Organization/LEA Name: | Enter Text Here | LEA #: (If Applicable) | Enter Text Here |
| 1.b. Designated Program Lead |
| Name (First and Last): | Enter Text Here | Email Address: | Enter Text Here |

**2. Summer Learning Program Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2.a. Length of Each Day (Total Hours): | Total Hours/Day (0.0) | 2.b. Total Number of Instructional Days | Enter Text Here | 2.c. Will transportation be provided? | [ ]  Yes[ ] No |
| 2.d. (If applicable) Describe expected enrichment activities in which students will participate during Summer Learning Labs. | Enter Text Here |

**3. Summer Learning Site Information**

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| 3.a. Partner organization site details (some rows may be left blank). |
| Summer Learning Lab Site Name(e.g. School Name) | Grade Levels Served | Estimated Number of Students | Estimated Number of Teachers | Site Leader NameSite Leader Email |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Name HereEnter Email Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Name HereEnter Email Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Name HereEnter Email Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Name HereEnter Email Here |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Name HereEnter Email Here |
| Totals | All Grade Lvls | Total Number of Students | Total Number of Teachers |  |

**4. Program Budget Narrative & Budget Summary**

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| 4.a. Partner Organization Budget Narrative. |
| Personnel (and Fringe Benefits) | Travel |
| List the activities included in personnel along with total cost. For example: Project Manager ($7,500)Custodial Staff x 4 ($1,500) | Click or tap here to enter text. |
| Contracted, Professional Services | Equipment |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Supplies | Other |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| 4.b. Partner Organization Budget Summary. |
| **Budget Category** | **Fiscal Year ‘22**(7/1/22 - 6/30/23) | **Fiscal Year ‘23** (7/1/23 - 6/30/24) | **Total** | **Notes** |
| Personnel | $0.00 | $0.00 | $0.00 | Enter Notes Here |
| Fringe Benefits | $0.00 | $0.00 | $0.00 | Enter Notes Here |
| Travel | $0.00 | $0.00 | $0.00 | Enter Notes Here |
| Contracts, Professional Services | $0.00 | $0.00 | $0.00 | Enter Notes Here |
| Equipment | $0.00 | $0.00 | $0.00 | Enter Notes Here |
| Supplies | $0.00 | $0.00 | $0.00 | Enter Notes Here |
| Other | $0.00 | $0.00 | $0.00 | Enter Notes Here |
| **Total Budget** | $0.00 | $0.00 | $0.00 | Enter Notes Here |