**FY 2022 (FFY 2021) Title Grants Pre-application**

**Instructions:**

* Application is fully compatible with **desktop** versions of *Microsoft Word 2013* or newer.
* Application **is not compatible** with programs, such as *Microsoft 365 Word Online, Google Docs, etc*.
* **Mac users**, please refer to the [Mac User Directions](https://www.doe.in.gov/grants/pre-application) document for supplemental instructions.
* All fields are required (enter N/A if not applicable).
* When saving for the first time, please use this format:
  + Corp #, Corp Name, Pre-Application, FY 2022 (FFY 2021)
  + E.g., *0125-Indiana School District-Pre-Application-FY 2022 (FFY 2021)*
* Required Attachments to be submitted via **JotForm (LINK)**
  + [Nonpublic School Affirmation of Consultation Form](https://www.doe.in.gov/grants/ombudsman); and
  + [Head Start Consultation Form](https://www.doe.in.gov/grants/titlei/resources-pd-etc); and
  + Other forms as applicable (*e.g., Supplement not Supplant description, etc*.)
* When finished, submit Pre-application, and attachments, via [JotForm](https://form.jotform.com/211185395189969) as a **Microsoft Word document no later than July 1, 2021.**
* Questions? Reach out to your LEA’s [assigned specialist](https://www.doe.in.gov/grants)!

# FY 2022 (FFY 2021) Federal Grants | Not Started

## LEA Information

### Please enter LEA Information (Corporation ID, Name)

|  |  |
| --- | --- |
| **Corporation ID (4 digits):** | Enter 4 digit Corp./LEA ID. |
| **Corporation Name:** | Enter Corp/LEA name. |

### Please enter pertinent contact information for the Pre-Application. *i.e., Who is completing this application on behalf of the LEA?*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Please enter name. | **Email:** | Please enter email address. |

*\*Click far right cell and “+” in bottom right corner to add row.*

## Select the Federal Grant(s) your LEA plans to accept.

|  |  |  |
| --- | --- | --- |
| Title I-A | Title II-A | Title IV-A (SSAE) |
| Title I-C (Migrant) | Title III-A (EL) | Title V-A (RLIS) |

## Federal Grant Transfer(s)

### Indicate if the LEA *intends* to transfer funds.

|  |
| --- |
| \* Choose an item. |

**Note:** *Stating an intention to transfer funds does not guarantee approval. Approval is contingent upon evidence of consultation with eligible nonpublic schools and submission of a request for amendment to the applicable grant subject to transfer.*

|  |  |  |
| --- | --- | --- |
| **Transfer From** | **Transfer To** | **Amount** |
| Choose an item. | Choose an item. | Click or tap here to enter text. |

*\*Click far right cell and “+” in bottom right corner to add row.*

## IDOE Specialist | Section Review

**This section is to be edited by IDOE staff only.** LEA may view requested revisions for each section here.

|  |  |  |
| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Federal Grants Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |

# Point of Contact | Not Started

## Point of Contact Update

### Directions: View the “[LEA Contacts Spreadsheet](https://drive.google.com/file/d/1zf2DX4fEeFPP_CjmabxGhQu-YOsNjJj_/view?usp=sharing)” and indicate any changes or updates below. *This sheet is utilized for all Title Grants and Support correspondence.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Email Address** | **Phone #** |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*\*Click far right cell and “+” in bottom right corner to add row.*

### Directions: View the “[LEA Contacts Spreadsheet](https://drive.google.com/file/d/1zf2DX4fEeFPP_CjmabxGhQu-YOsNjJj_/view?usp=sharing)” and verify your LEA’s nine-digit DUNS number is updated. *A DUNS number can be acquired free of cost* [*here*](https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html)*.*

|  |  |
| --- | --- |
| **DUNS Number** | Enter DUNS or choose an item. |

## IDOE Specialist | Section Review

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| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Federal Grants Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |

# Purpose | Not Started

## Data Measures

What methods are being used by LEA to monitor student progress and to identify students who may be at risk of academic failure?

|  |  |  |
| --- | --- | --- |
| **Grade Span(s)** | **Method(s)** | **Description of Method(s)** |
| Type or Select Level. | Summative Assessments (*e.g., ILEARN, IREAD-3, etc.*)  Formative Assessments (*e.g., Part of cycle of instruction)*  Interim or Benchmark Assessments *(e.g., DIBELS, AIMSweb, NWEA, etc.)*  Other | Describe how selected methods inform identification of at-risk students and how progress is monitored. |

*\*Click far right cell and “+” in bottom right corner to add row.*

## Prioritized Needs

List specific needs identified by your LEA after reviewing various data sources.

|  |  |  |
| --- | --- | --- |
| **Area** | **Specific Need** | **Supporting Data** |
| Choose an item. | Click or tap here to enter text. | (Provide specific data from two sources.) |
| Choose an item. | Click or tap here to enter text. | (Provide specific data from two sources.) |
| Choose an item. | Click or tap here to enter text. | (Provide specific data from two sources.) |

*\*Click far right cell and “+” in bottom right corner to add row.*

## Goals

Based on LEA’s prioritized needs **(3.B**), write three to five SMART goals regarding the funding streams selected above (1.B). *SMART goals should include reference to all accepted funding streams.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S**pecific | **M**easurable | **A**ttainable | **R**elevant | **T**ime-bound | **Funding**  **Stream** |
| **What do I want to accomplish?** | **How do I know if I have accomplished my goal?** | **How will I accomplish this goal?** | **What needs will this goal address?** | **By what date do you want to achieve your goal?** | **What funding stream(s) will be used to support this goal?**  *(Check all that apply.)* |
| Tip: Goals should be straightforward and state what you want to happen. Be specific and define what you are going to do. Use action words such as improve, increase, decrease, direct, organize, coordinate, lead, develop, plan, etc. | Tip: If you can't measure it, you can't manage it. Choose goals with measurable progress and establish concrete criteria for measuring the success of your goal. | Tip: Is this goal attainable? Goals must be within your capacity to reach. If goals are set too far out of your reach, you cannot commit to accomplishing them. | Tip: Goals should be relevant. Make sure each goal is consistent with your other goals and aligned with the goals of the LEA. | Tip: Set a timeframe for the goal: for next week, in three months, end of the quarter. Putting an end point on your goal gives you a clear target to work towards. Without a time limit, there's no urgency to start taking action now. | **Title I, Part A**  **Title II, Part A**  **Title III, Part A**  **Title IV, Part A**  **ESSER (CARES)**  **State / Local Funds**  **Other: \_\_\_\_\_\_\_\_\_\_**  **Other: \_\_\_\_\_\_\_\_\_\_** |
| **What do I want to accomplish?** | **How do I know if I have accomplished my goal?** | **How will I accomplish this goal?** | **What needs will this goal address?** | **By what date do you want to achieve your goal?** | **What funding stream(s) will be used to support this goal?**  *(Check all that apply.)* |
| Tip: Goals should be straightforward and state what you want to happen. Be specific and define what you are going to do. Use action words such as improve, increase, decrease, direct, organize, coordinate, lead, develop, plan, etc. | Tip: If you can't measure it, you can't manage it. Choose goals with measurable progress and establish concrete criteria for measuring the success of your goal. | Tip: Is this goal attainable? Goals must be within your capacity to reach. If goals are set too far out of your reach, you cannot commit to accomplishing them. | Tip: Goals should be relevant. Make sure each goal is consistent with your other goals and aligned with the goals of the LEA. | Tip: Set a timeframe for the goal: for next week, in three months, end of the quarter. Putting an end point on your goal gives you a clear target to work towards. Without a time limit, there's no urgency to start taking action now. | **Title I, Part A**  **Title II, Part A**  **Title III, Part A**  **Title IV, Part A**  **ESSER (CARES)**  **State / Local Funds**  **Other:** Choose an item.  **Other:** Choose an item. |
| **What do I want to accomplish?** | **How do I know if I have accomplished my goal?** | **How will I accomplish this goal?** | **What needs will this goal address?** | **By what date do you want to achieve your goal?** | **What funding stream(s) will be used to support this goal?**  *(Check all that apply.)* |
| Tip: Goals should be straightforward and state what you want to happen. Be specific and define what you are going to do. Use action words such as improve, increase, decrease, direct, organize, coordinate, lead, develop, plan, etc. | Tip: If you can't measure it, you can't manage it. Choose goals with measurable progress and establish concrete criteria for measuring the success of your goal. | Tip: Is this goal attainable? Goals must be within your capacity to reach. If goals are set too far out of your reach, you cannot commit to accomplishing them. | Tip: Goals should be relevant. Make sure each goal is consistent with your other goals and aligned with the goals of the LEA. | Tip: Set a timeframe for the goal: for next week, in three months, end of the quarter. Putting an end point on your goal gives you a clear target to work towards. Without a time limit, there's no urgency to start taking action now. | **Title I, Part A**  **Title II, Part A**  **Title III, Part A**  **Title IV, Part A**  **ESSER (CARES)**  **State / Local Funds**  **Other:** Choose an item.  **Other:** Choose an item. |

*\*Click far right cell and “+” in bottom right corner to add row.*

## Consultation

### Check each box for the stakeholders involved in the development of this plan.

|  |
| --- |
| **School Board Members  Superintendent  Families**  **Instructional Coaches  Counselors  Teachers**  **Building-level Administrators  Community Members  Social Worker(s)**  **Other:** Click or tap here to enter text.  **District-level Program Administrators (*please select from below*):**  *Title I-A  Title II-A  English Learner  Title IV-A  RLIS*  *Migrant  Foster Care  McKinney-Vento  Nonpublic* |

### Please describe how the consultation occurred with the stakeholders selected above to create the unified plan. *e.g., school-board meetings, district-level meetings, school-level staff meetings, parent survey, community forum, etc.*

|  |
| --- |
| Click or tap here to enter text. |

## IDOE Specialist | Section Review

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|  |  |  |
| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Federal Grants Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |

# Academics | Not Started

## Achievement

### Describe how LEA specifically supports the schools’ efforts in meeting learning needs of each of the following student-groups.

|  |  |
| --- | --- |
|  | **Academic Supports** |
| **All Students** | Required field: click or tap here to enter text. |
| **At-risk (i.e., low-performing)** | Required field: click or tap here to enter text. |
| **English Learners** | Required field: click or tap here to enter text. |
| **Students with Disabilities** | Required field: click or tap here to enter text. |
| **High-Ability** | Required field: click or tap here to enter text. |
| **Migrant** | Required field: click or tap here to enter text. |
| **Students Experiencing Homelessness** | Required field: click or tap here to enter text. |
| **Foster** | Required field: click or tap here to enter text. |

### In addition, specifically describe the academic supports and parent and family engagement strategies used for the following student-groups.

|  |  |
| --- | --- |
| **Student Group** | **Parent and Family Engagement** |
| **All Students** | Required field: click or tap here to enter text. |
| **At-risk (i.e., low-performing)** | Required field: click or tap here to enter text. |
| **English Learners** | Required field: click or tap here to enter text. |
| **Students with Disabilities** | Required field: click or tap here to enter text. |
| **High-Ability** | Required field: click or tap here to enter text. |

## Transition(s)

### Describe how LEA will support the transitions of students from (including how parents were involved in this process):

|  |  |
| --- | --- |
|  | **Transitions** |
| **Preschool into Kindergarten** | Click to enter text or choose an item. |
| **Middle School into High School** | Click to enter text or choose an item. |
| **High School into Postsecondary** | Click to enter text or choose an item. |

## Educators

For the following questions, please access your LEA’s Equity Gaps and Disparity Report at: <https://www.doe.in.gov/grants/pre-application>

### How will the LEA improve the quality of educators, including ongoing professional learning as well as induction, recruitment, and retention of effective staff?

|  |
| --- |
| Required field: click or tap here to enter text. |

### ****How will the LEA identify and address any existing disparities that result in low-income students and minority students being taught at higher rates than other students by ineffective, inexperienced, or out-of-field teachers?****

|  |  |
| --- | --- |
| **Area of Disparity** | **Description of Process** |
| **Ineffective** | Enter description or choose an item. |
| **Inexperienced** | Enter description or choose an item. |
| **Out-of-Field** | Enter description or choose an item. |

### If LEA does not currently have any disparities, please include a description of how you are ensuring disparities do not occur in the future. (e.g., human resource processes, professional development, mentoring or retention programs, etc.)

Enter text or choose an item.

### ****How will LEA support preschool (early learning) programming with services provided under federal grants (as applicable)?****

Enter text or choose an item.

### ****If LEA provides preschool through Title I funds, how will the LEA comply with the**** [performance standards](https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii) ****established under section 641(a) of the Head Start Act (42 U.S.C. 9836a(a)).****

Enter text or choose an item.

## LEA Report Card

Provide the URL where the report card is linked ***on the LEA’s website*** (e.g., State Accountability Report and/or Student Achievement Report).

*NOTE: This should not be a direct link to INview.*

|  |
| --- |
| Enter URL or choose an item. |

## IDOE Specialist | Section Review

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| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Federal Grants Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |
| **English Learner Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |

# Homeless Reservation | Not Started

Report found at: <https://www.doe.in.gov/grants/pre-application>

## Method for determining Homeless Reservation – Select *one* method below.

All LEAs are **REQUIRED** to select one of the United States Department of Education (USED) approved methods for determining the amount of the Title I-A homeless reservation to benefit all students experiencing homelessness in Title I ***and*** non-Title I schools. The reservation must be determined in collaboration with the District McKinney-Vento Homeless Liaison or additional stakeholder. If the Title I Program Administrator and Homeless Liaison is the same person, other stakeholders could include the McKinney-Vento Grant Coordinator, the LEA Superintendent, a school counselor, or social worker familiar with student needs.

*This mandatory set-aside will be reserved on the District Wide Set-Asides page and budgeted on the District Wide Homeless Budget in the Title I-A grant application.*

**Select the appropriate method:**

|  |
| --- |
| **Method 1:** Identify count of students experiencing homelessness in all school buildings in the LEA and determine a “reasonable and necessary” amount to provide comparable Title I services to students experiencing homelessness; OR to provide comparable Title I services AND other allowable services to students experiencing homelessness.  **Method 2:** Identify count of students experiencing homelessness in all school buildings in the LEA and multiply by the LEA’s average per-pupil Title I-A allocation.  **Method 3:** Identify count of students experiencing homelessness in all school buildings in the LEA and reserve a specific percentage based on the LEA’s poverty level or total Title I-A allocation.  **Method 4:** Identify count of students experiencing homelessness in all school buildings in the LEA and reserve an amount of Title I funds greater than or equal to the amount of the LEA’s portion of the McKinney-Vento allowance. |

## ****Detailed Description****

**In the rare occurrence that an appropriate homeless set-aside is $0, a detailed description is required to justify this set-aside amount and LEA decision.**

Choose an item.

## Confirmation

The amount reserved will be reviewed against the number of children reported to the State in the Homeless Data Collection. Homeless student counts will be posted on the IDOE Title I webpage after the collection closes.

|  |
| --- |
| By checking this box, Click or tap here to enter text. Click or tap here to enter text. confirms that the approved method selected for determining the amount of the Title I-A homeless reservation has been calculated and will be reserved and budgeted in the Title I grant application. |

**McKinney-Vento Homeless Education Liaison Additional Stakeholder (Optional)**

(if Title I Program Administrator and Homeless Liaison are the same person)

Enter name of M-V Homeless Education Liaison. Enter name of additional stakeholder.

## IDOE Specialist | Section Review

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| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Federal Grants Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |

# English Learners | Not Started

## CORE EL Program (Lau) Reminders

* LEAs are**required** to provide a core EL program (Lau) whether or not they receive Title funds.
* All federal grants, including Title I and III, must be **supplemental to your core EL program listed on this page.**
* Staff listed on this page **must** be paid with state (such as NESP, tuition support) or local funds **only**.
* All EL students (Levels 1.0 *through* 4.9) **must** be provided **core EL** program described on this page, in addition to core instruction; instruction in the core EL program must be provided by **qualified** teachers **trained in EL strategies.**
* The core EL program, per federal law, **must** be based on **effective** approaches and methodologies that **demonstrate success** in increasing English language proficiency, reasonably calculated for success in terms of resources and personnel, and regularly evaluated to ensure the language barriers are being overcome.

## English Learner Plan

***NOTE:******If more than one service model is used throughout the corporation for a specific grade, school setting, or proficiency level, choose from the following options below and list all applicable models. Please include any services provided to ELs who take Alternate ACCESS within the Proficiency Levels 1.0-2.9 section.***

### PROFICIENCY LEVELS 1.0 – 2.9

|  |  |  |  |
| --- | --- | --- | --- |
| **Elementary School Setting** | | | |
| **Program Model** | **Staff Name and Role** | **Frequency & Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | List the *certified, qualified* staff delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Middle School Setting** | | | |
| **Program Model** | **Staff Name and Role** | **Frequency & Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | List the *certified, qualified* staff delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

|  |  |  |  |
| --- | --- | --- | --- |
| **High School Setting** | | | |
| **Program Model** | **Staff Name and Role** | **Frequency & Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | List the *certified, qualified* staff delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

### PROFICIENCY LEVELS 3.0-4.9

|  |  |  |  |
| --- | --- | --- | --- |
| **Elementary School Setting** | | | |
| **Program Model** | **Staff Name and Role** | **Frequency & Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | List the *certified, qualified* staff delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Middle School Setting** | | | |
| **Program Model** | **Staff Name and Role** | **Frequency & Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | List the *certified, qualified* staff delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

|  |  |  |  |
| --- | --- | --- | --- |
| **High School Setting** | | | |
| **Program Model** | **Staff Name and Role** | **Frequency & Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | List the *certified, qualified* staff delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

## ****EL Plan Context****

### Instruction in the core EL program must be provided by qualified teachers trained in language acquisition; this cannot include paraprofessionals (who must provide a *supplemental* layer of services). Please share how your teachers providing core EL services are qualified to do so: by either holding an Indiana ENL license, meeting the EL Teacher of Record rubric, or having been sufficiently trained in language acquisition.

|  |
| --- |
| Click or tap here to enter text. |

***Note that one-day, isolated workshops, or logistical trainings (e.g. WIDA ACCESS administration training) do not meet this requirement. Please see the recently-revised IDOE guidance on***[***EL Teacher of Record Requirements***](https://www.doe.in.gov/sites/default/files/elme/el-licensure-memo.pdf)***f****or information on requirements coming prior to the 2022-2023 school year****.***

## EL Assurances and Sign-off

By checking each box, Enter 4 digit Corp/LEA ID. Enter Corp/LEA name. assures that 100% of English learner students are correctly identified, assessed, reported, provided services and supports, and that all federal EL programming compliance requirements are met.

|  |
| --- |
| Administer the [**Home Language Survey (HLS)**](https://www.doe.in.gov/sites/default/files/elme/home-language-survey-form.docx) *only* to students enrolling in Indiana for the *first* time; the original HLS is obtained for a student transferring from another Indiana school.  Maintain a copy of every student’s HLS, including students whose HLS indicates English only.  *Within 30 days of enrollment at the beginning of the school year,*or within two weeks of enrollment during the school year, administer the English proficiency screener (WIDA Screener or W-APT) to new students whose HLS indicates a language other than English for any of the three questions, **OR**obtain the previous annual WIDA ACCESS for ELs results for students previously identified as an English learner by another Indiana school or WIDA consortium state.  Notify parents of students’ English learner status annually via the [**Parent Notification form**](https://www.doe.in.gov/sites/default/files/elme/annual-parent-notification-letter.docx).  Develop an [**Individual Learning Plan (ILP)**](https://www.doe.in.gov/sites/default/files/elme/ilp-sample.pdf) and provide core EL program services until student reaches proficiency on WIDA ACCESS for ELs.  Maintain a local system to track English learners in order to provide core EL program services and report English learners to the IDOE through annual Language Minority reporting.  Administer the WIDA ACCESS for ELs’ English language proficiency assessment annually to 100% of English learners.  Maintain a local system for rigorous monitoring of students who have attained proficiency during their mandated two-year monitoring period to ensure that former English learners are meeting the same challenging standards as never-EL students. |

**EL Program Administrator Sign Off:**

Enter name of EL Program Administrator.

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|  |  |  |
| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **English Learner Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |

# Environment | Not Started

## Conditions for Learning

**How will LEA identify and implement strategies to strengthen conditions for learning in each of the following areas?**

**Environment**

*This can include, but is not limited to, the social/emotional environment, learning/academic environment, virtual/distance learning environment, as well as the actual physical environment. Please include specific strategies and/or programming and identify how these values are shared amongst students and staff.*

Required field: click or tap here to enter text.

**Social Emotional**

*Please include specific strategies including how you identify social emotional needs as well as programming to support the overall social and emotional environment. If possible, connect this portion to your needs and goals.*

Required field: click or tap here to enter text..

**Behavioral**

*Please provide specific strategies used to strengthen the behavioral environment and their impact.*

Required field: click or tap here to enter text.

## ****Disciplinary Practices****

### How does LEA support efforts to reduce the overuse of discipline practices that remove students from the classroom, including identifying and supporting schools or classrooms with higher rates of discipline?

|  |
| --- |
| Required field: click or tap here to enter text. |

### How is the LEA utilizing data disaggregated by student subgroups to identify and reduce disproportionate discipline practices?

|  |
| --- |
| Required field: click or tap here to enter text. |

## Well Rounded Education

### How will LEA utilize funding to increase access to well-rounded educational experiences for traditionally underrepresented subgroups?

|  |
| --- |
| Required field: click or tap here to enter text. |

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|  |  |  |
| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Title IV Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |

# Funding | Not Started

## Methodology (Supplement not Supplant)

### ****Describe the locally-determined methodology to ensure Title I schools receive all state and local funds they would otherwise receive.****

Required field: click or tap here to enter text.

## Prioritization of Funding

List of Comprehensive Support and Improvement (CSI) and Targeted Support and Improvement (TSI) schools

### List all CSI/TSI schools and their designations.

|  |  |  |
| --- | --- | --- |
| **School Name** | **Designation** | **Funding and Supports** |
| Enter school name. | Choose designation. | How will the LEA prioritize funding and supports for schools that are identified as either Comprehensive Support and Improvement (CSI) and/or Targeted Support and Improvement (TSI)? |

*\*Click far right cell and “+” in bottom right corner to add row.*

### ****How will LEA prioritize funding and supports for schools that have a high concentration of children in poverty?****

Click or tap here to enter text.

## Consultation of Funding

**Please describe the consultation process with nonpublic schools. *(Specify how process is timely, meaningful, and ongoing.)***

Click or tap here to enter text.

## Coordination of Funds

**Describe the process of how LEA ensures the respective grants are coordinated with other federal, state, and local funds *(e.g.,*** *braiding of funds to achieve described planned activities, split-funding of certain staff members, etc.).*

Click or tap here to enter text.

## IDOE Specialist | Section Review

**This section is to be edited by IDOE staff only.** LEA may view requested revisions for each section here.

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| **Specialist** | **Comments/Revisions** | **Status** |
| **Federal Grants Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |

# Assurances | Not Started

## Fiscal Assurances

* LEA understands and will comply with all applicable assurances for federal funds.
* LEA certifies it will participate in all data reporting, monitoring, and evaluation activities as requested or required by the United States Department of Education, the Indiana Department of Education, and Indiana Code, including on-site and desktop monitoring conducted by the IDOE, required audits by the State of Board Accounts, annual reports, and final expenditure reporting for the use of subgrant funds.
* LEA certifies it has received a single audit or program specific audit (2 CFR 200.501) if it has expended $750,000 in federal funds within the preceding federal fiscal year.
* LEA agrees to keep accurate records and provide information to the State Educational Agency (SEA), as requested for fiscal audit and program evaluation, and shall demonstrate compliance with all federal, state, and program requirements. The subgrant program agrees to keep records and provide information to IDOE as may be required for fiscal audit and program evaluation for a minimum of seven years from the date of the last activity.
* LEA will ensure funding requests--via reimbursement for federal grants and cash request for state grants--are accurate to invoices and reflect only approved activities encumbered within the performance period for nonsectarian activities. State funding requested and not spent or federal cash on hand will have to be returned to IDOE at the close of the grant period of availability.
* LEA will submit a request for amendment under these circumstances: 1) a 10 percent funding change in a budget category; and/or 2) a change in the scope of activities within a category (i.e., changing focus of PD from language arts to math or changing use of class size reduction funding).
* Funds will be encumbered and liquidated during the specified grant period provided by IDOE; standard accounting procedures will be utilized by subgrant recipients and records of all subgrant expenditures will be maintained in an accurate, thorough, and complete manner.

By checking this box, Click or tap here to enter text. Click or tap here to enter text. assures necessary assurances have been read and terms stated herein are agreed to.

## Programmatic General Assurances

* LEA agrees to adhere to federal and state guidelines surrounding reclassification, exiting from services, and monitoring policies.
* LEA certifies by submitting this application that neither it, its “principals,” nor any of its subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any federal agency or by any department, agency or political subdivision of the State of Indiana. All “principals” or subcontractors receiving funds under the fund associated with this application and shall be solely responsible for any recoupment, penalties or costs that might arise from use of a suspended or debarred principal or subcontractor. The term "principal" for purposes of this application means an officer, director, owner, partner, key employee or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the LEA. LEA shall immediately notify the State if any principal or subcontractor becomes debarred or suspended, and shall, at the State's request, take all steps required by the State to terminate its contractual relationship with the subcontractor for work to be performed and supported by funding from the application.
* LEA certifies that it is currently registered in the System of Award Management SAM ([https://www.sam.gov](https://www.sam.gov/)) database.
* LEA certifies it is in compliance with Title IX, section 9524, and it has no policy that prevents, or otherwise denies participation in, constitutionally protected prayer in elementary and secondary public schools as set forth in the USDOE Guidance on Constitutionally Protected Prayer in Public Elementary and Secondary Schools, dated February 7, 2003
* LEA must assure it will develop and implement clear written procedures, in collaboration with the State or local child welfare agency, governing how transportation to maintain children in foster care in their school of origin when in their best interest, will be provided, arranged, and funded for the duration of a child's time. LEA must assure that it will designate a point of contact regarding children in foster care if the corresponding child welfare agency notifies LEA in writing it has designated a point of contact in foster care.
* LEA will participate, if selected, in the National Assessment of Educational Progress in reading and mathematics in grades four and eight carried out under section 303(b)(3) of the National Assessment of Educational Progress Authorization Act (20 U.S.C. 9622(b)(3)).
* LEA agrees to ensure all teachers and paraprofessionals working in a program supported with federal, state, or local funds have met applicable state qualification and licensing criteria for the grade levels and subject areas in which the teacher or paraprofessional provides instruction.
* If LEA chooses to use funds to provide early childhood education services to low-income children below the age of compulsory school attendance, the LEA agrees to ensure that such services comply with the performance standards established under section 641A(a) of the Head Start Act (42 U.S.C. 9836a(a)).
* LEA agrees to ensure that student records (immunization, health information, academic history, etc.) are transferred in a timely manner in accordance with Section 1308 (b) (2).
* IDOE and the State Board of Education (SBOE) may, as they deem necessary, supervise, evaluate, and provide guidance and direction to the district and school in the management of the activities performed under this grant. The schools and district shall adhere to IDOE reporting and evaluation requirements in a timely and accurate manner.
* LEA has the necessary legal authority to apply for and receive the proposed sub-grant.
* The activities/services for which the funding is sought under this sub-grant will be administered by or under the supervision and control of the applicant.
* The filing of this application has been authorized by the applicant’s governing body, and the undersigned official has been duly authorized to file this proposal for and on behalf of the said applicant, and otherwise to act as the authorized representative of the applicant in regard to this application and amendments.
* Sub-grant recipients will comply with all federal laws including, but not limited to, the Age Discrimination Act of 1975, Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Part B of the Individuals with Disabilities Education Act, and Uniform Grants Guidance (2 CFR § 200). This section requires each LEA to recruit, enroll, retain, and meet the needs of all enrolled students, including children with disabilities and English learners.
* IDOE may terminate or suspend a grant award if it is deemed the school is not fulfilling the funded program as specified in the approved project or has not complied with the signed assurances.
* Sub-grant recipients will comply with all state and local laws and health and safety requirements applicable to LEAs, including, but not limited to, all laws related to student admissions and enrollment, non-discrimination, data reporting, compulsory student attendance, and accountability.
* LEA certifies the plans for [safe school and emergency preparedness](https://www.doe.in.gov/safety/safe-schools-and-emergency-preparedness-planning-certification-form) for the LEA have been reviewed and revised if necessary as required by Title 511 IAC 6.1-2-2.5 of the SBOE rules. LEA certifies the school leader has submitted evidence to the state via the manner which has been determined by IDOE.
* LEA ensures that effective strategies are in place to ensure that poor and minority students are not taught at higher rates than other students by inexperienced, unqualified, or ineffective teachers.
* LEA ensures it will comply with section 8501 regarding participation by nonpublic school students, families, and teachers.
* LEA agrees to engage in consultation with stakeholders in the area served by the LEA regarding the focus areas and content of this grant. Stakeholders should include, but are not limited to, parents, teachers, principals, students, school leaders, charter school representatives (when applicable), specialized instructional support personnel, Indian tribes (when applicable), local government representatives, and community-based organizations.
* The sub-grant program will comply with U.S. Education Department General Administrative Regulations (EDGAR) Parts 75-76 - State Administered programs and the Uniform Grant Guidance 2 CFR Part 200.
* The required information and reports will be submitted timely as requested by IDOE.
* Any application, report, or the information relating to the grant will be readily available to parents and other members of the general public.
* The program described in this application is based on LEA’s assessment of areas of strongest need and the activities outlined are tied to: data sources, data analysis, prioritized needs, plan development, and progress monitoring; and will be developed collaboratively with the input of administrators, principals, teachers, paraprofessionals, and parents.

By checking this box, Click or tap here to enter text. Click or tap here to enter text. assures necessary assurances have been read and terms stated herein are agreed to.

## Programmatic EL Assurances

* LEA assures it will annually assess the English proficiency of all children with limited English proficiency participating in programs funded under this part 1111(b)(2)(F).
* LEA ensures that the placement of English learner students will be in a grade that is age appropriate.
* LEA agrees to the implementation of specific criteria to safeguard against inappropriate identification and placement into special education or speech services of English learner students; to the establishment of guidelines to ensure that retention of English learner students is not based solely upon English language proficiency. LEA also assures employment and/or training of sufficiently qualified personnel to provide instructional services appropriate to the needs of English learner students; provision of instruction from properly certified, licensed teachers; ensuring instructional aides work under the direct supervision of a certified teacher and not having the sole responsibility of teaching units of study; and the ratio of the number of English learner students to qualified teachers in a class shall not exceed the state mandated student/teacher ratio for all classrooms.
* LEA agrees communication between the school and the home with limited English proficient parent, whether about English learner students’ progress or school activities, is conducted, to the extent possible, in the native/preferred language of the home.
* LEA agrees to coordinate and integrate services provided under this grant with other educational services at the LEA or individual school level, such as services for English learners, children with disabilities, migratory children, American Indian, Alaska Native, and Native Hawaiian children, and homeless children and youths, in order to increase program effectiveness, eliminate duplication, and reduce fragmentation of the instructional program.

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## IDOE Specialist | Section Review

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| **Specialist** | **Comments/Revisions** | **Status** |
| **Federal Grants Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |
| **English Learner Specialist**  Choose an item.  Choose an item. | Click or tap here to enter text. | Indicate status.  Review #  Review date |