**Everett Public Schools**

**School:**       **Date proposal submitted:**

| **Grade level(s) impacted:** | | | | |
| --- | --- | --- | --- | --- |
| **Select the instructional programs the funds will support:** | | | | |
| * English Language Arts (ELA) | * Math | * Behavior | * Science | * English Lang. Development |
| * Other, please describe: | | | | |

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| **The funds will support students through–** The following document provides examples of activities that Local Educational Agencies (LEAs) might be able to use – [Unlocking State and Federal Program Funds to Support Student Success](http://www.k12.wa.us/ESEA/pubdocs/UnlockingStateFederalProgramFunds.pdf). | | | |
| * MTSS – Tier 2 and Tier 3 | * Professional Learning | | * Literacy Support Services |
| * Graduation Supports | * Parent/Family Engagement | | * Behavior Supports |
| * Supplemental Curriculum | * Summer School Instruction | | * Early Learning Activities |
| * Supplemental Materials | * Extended Learning Opportunities | | * Transition Activities |
| * Positive School Climate | * Instructional Coach | | * Technology |
| * Advance Learning Opportunities (Dual Credit) | * Regular Attendance Interventions | | * Coaching |
| * Co-Teaching | * Push-in, Pull-out Model | | * Other, please described below |
| For other, please describe here: | | | |
| **Briefly describe your activity and enter or attach (AGENDA with this form / SIGN-IN SHEETS after event / P-CARD REPORT by date due, etc.). All applicable supporting documentation must be available for audit purposes.** | | | |
| **Activity Name:**       **Implementation Date:**  ***When determining if the activity or activities are appropriate, if applicable, answer the following questions:***   * ***How does this activity directly support student achievement?*** * ***How does this activity directly support staff professional development?*** * ***How does this activity increase the participation of parents in school activities or assist parents to support student achievement?*** | | | |
| |  | | --- | |  | | **Total Amount Requested:      Breakdown of funds (if needed):** |   ***Remember to keep the following documentation of the activity for auditing purposes:***   * ***Activity agenda – clearly states the purpose of the activity (must be an allowable activity).*** * ***Sign in sheets for all participants (this includes all attending family members).*** * ***Itemized receipts should provide enough detail to determine the purchase and number of items purchased.***   **PRINCIPAL SIGNATURE:** | | | |
| **Name:** | | **Title:** | |
| **Signature:** | | **Date:** | |

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| --- | --- |
| **Not Approved**  **Reason:** | |
| **Approved – The request aligns to (check all that apply):** | |
| [Title I, Part A](https://www.k12.wa.us/policy-funding/grants-grant-management/closing-educational-achievement-gaps-title-i-part/consolidated-program-review-cpr-title-i-part-lap) –Schoolwide Plan  [Learning Assistance Program](https://www.k12.wa.us/student-success/support-programs/learning-assistance-program-lap) (LAP) –  iGrants FP 218 Plan  Menu of Best Practices ([Math](http://www.k12.wa.us/SSEO/MathMenuBestPractice.aspx), [ELA](http://www.k12.wa.us/SSEO/ELAMenuBestPractices.aspx), [Behavior](http://www.k12.wa.us/SSEO/BehaviorMenu.aspx))  [LAP](https://www.k12.wa.us/student-success/equity-education/migrant-and-bilingual-education/migrant-education-program) High Poverty –  [EL](https://www.k12.wa.us/student-success/equity-education/migrant-and-bilingual-education/bilingual-education-program) –  [Basic Education](https://www.k12.wa.us/student-success/support-programs/school-improvement) –  [Other](https://www.k12.wa.us/student-success/equity-education/migrant-and-bilingual-education/bilingual-education-program) – | |
| **The activity will be funded with (check all that apply) – All funding sources must support allowable activities. If unsure, direct any questions to the Federal Program staff at OSPI.**  Basic Education Funds Title I, Part A funds  Learning Assistance Program (LAP) funds  Bilingual funds (EL)  LAP High Poverty  Other  **REGIONAL SUPERINTENDENT APPROVAL:** | |
| **Name:** | **Title:** |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **School Office Manager: PLEASE COMPLETE THIS SECTION BEFORE SUBMITTING** | |
| **BUDGET CODE:** | |
|  | |
| **The activity will be funded with (check all that apply) – All funding sources must support allowable activities. If unsure, direct any questions to Brandy (x4090) in Categorical Programs.**  **CHOOSE ONE CHOOSE ONE ENTER LINE #**  ☐ Basic Education  Title I, Part A  PD  EXT. DAY  PFE LINE#\_\_  LAP Basic  PD  EXT. DAY  PFE LINE #\_\_  LAP High Poverty  HPT  EXT. DAY  PFE LINE #\_\_  EL **[** Title III  TBIP**]** LINE #\_\_  Other  **Categorical Budget Authority Approval:** | |
| **Name:** | **Title:** |
| **Signature:** | **Date:** |