**Everett Public Schools**

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

| **Grade level(s) impacted:** |
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| **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?***
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| **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:** |

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|   **School Office Manager: PLEASE COMPLETE THIS SECTION BEFORE SUBMITTING (Categorical programs will fill in the budget code once approved)** |
| **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 Tami (x4035) in Categorical Programs.**  **CHOOSE ONE CHOOSE ONE ENTER ITEM #**  ☐ Basic Education  [ ]  Title I, Part A [ ]  PD [ ]  EXT. DAY [ ]  PFE ITEM #\_\_ [ ]  LAP Basic [ ]  PD [ ]  EXT. DAY [ ]  PFE ITEM #\_\_ [ ]  LAP High Poverty [ ]  HPT [ ]  EXT. DAY [ ]  PFE ITEM #\_\_ [ ]  EL **[**[ ]  Title III [ ]  TBIP**]** ITEM #\_\_ [ ]  Other**Categorical Budget Authority Approval:**  |
| **Name:** | **Title:** |
| **Signature:** | **Date:** |