Attachment D

Superintendent Memo #121-22

Revised June 23, 2022

# **Virginia Department of Education** Fiscal Year 2023 Application for a ***Start-up Grant*** for an Extended School Year or Year-Round School Program for School Divisions or Individual Schools

## **A. General Information**

**School Division:** Click or tap here to enter text.

**Division Superintendent:** Click or tap here to enter text.

**Date of Submission:** Click or tap here to enter text.

**Division Contact:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Amount of Funding Requested With Maximum:** Click or tap here to enter text.

**Amount of Funding Requested Without the Maximum Limit:** Click or tap here to enter text.

All applicantsmust read the Instructions for Application for a Start-up Grant for School Divisions Pursuing the Development of an Extended School Year or Year-Round School Program for School Divisions or Individual Schools before completing this application. Each applicant must comply with the instructions, which are available on the [Department’s Website](http://www.doe.virginia.gov/instruction/year-round/index.shtml). **NOTE: This is an annual application process.**

The completed PDF version of the application and related materials must be emailed to Mark Saunders, Technology Coordinator, at [mark.saunders@doe.virginia.gov](mailto:mark.saunders@doe.virginia.gov) by **5 p.m. on Friday, July 8, 2022**. The Department may reject proposals that are incomplete or late.

Please contact Mark Saunders, Technology Coordinator, by email at [mark.saunders@doe.virginia.gov](mailto:mark.saunders@doe.virginia.gov) or by phone at 804-786-0307 if you have any questions about the application process.

## **B. Assurances and Signatures**

By signing and submitting this application, the applicant assures that it will adhere to state and federal laws and regulations governing public schools, including the Virginia *Standards of Quality*, the Virginia *Standards of Learning*, and the Virginia Board of Education’s *Regulations Establishing Standards for Accrediting Public Schools in Virginia*.

The applicant assures that all elements of the proposed school(s), including, but not limited to the school facility and location and school year calendars, will comport with all state and federal laws and regulations.

The applicant certifies that to the best of his/her knowledge the information in the application is correct, that the applicant has addressed all application elements as required in the Application for a Start-up Grant for Extended School Year or Year-Round School for School Divisions or Individual Schools, and that the applicant understands and will comply with the assurances.

The applicant assures that the applicant school division plans to implement the Extended School Year or Year-Round School program(s) in the 2022-2023 school year.

Signature of School Division Superintendent:

Date: Click or tap here to enter text.

Signature of Chairman of School Board:

Date: Click or tap here to enter text.

## **C. NAMES AND PHYSICAL LOCATIONS OF PARTICIPATING SCHOOL(S)**

Names: Click or tap here to enter text.

Physical Locations: Click or tap here to enter text.

## **D. Title and Program Description**

Title of the proposed program: Click or tap here to enter text.

General description of the program *(2-3 paragraphs maximum)*: Click or tap here to enter text.

Rationale for the program *(2-3 paragraphs maximum)*: Click or tap here to enter text.

Expected benefits *(2-3 paragraphs maximum):* Click or tap here to enter text.

Content areas addressed: Click or tap here to enter text.

Length of program: Click or tap here to enter text.

Dates of program: Click or tap here to enter text.

Time of day program will occur: Click or tap here to enter text.

## **E. School and Student Demographic Information**

Describe the selected population and discuss why they were selected. Include the number of students, reporting group(s), and grade level(s).

Click or tap here to enter text.

Describe the community the school(s) serves.

Click or tap here to enter text.

## **F. Goal, Objectives, Strategies, Metrics, and Assessment Instruments**

Use the space on the next page to enter the Goal of the program and up to three Objectives with related strategies, metrics, and assessment instruments. If additional space is needed, please attach an appendix.

***REQUIREMENT:***

**For an Extended School Year program**, *at least one objective must be tied to the metric “Student Achievement.”*

**For a Year-Round School program**, *at least one objective must be tied to the metric “Student Achievement” and one objective must be tied to the metric “Chronic Absenteeism.”*

**Definitions of Terms:**

Goal - *“What do you hope to accomplish through the program overall?”*

Objective - *“What is your SMART objective?” SMART = specific, measureable, attainable, relevant, and time-bound*

Strategies - *“What specific steps will you take to meet your objective?”*

Metric - *“What are you measuring?”*

Assessment instrument- *“What tool will you use to assess the outcomes?”*

**Overall goal for the program:** Click or tap here to enter text.

***Objective 1:*** Click or tap here to enter text.

Strategies: Click or tap here to enter text.

Metric to be used for evaluation and reporting of Objective 1: Click or tap here to enter text.

Assessment instrument to be used for evaluation and reporting of Objective 1:

Click or tap here to enter text.

***Objective 2:*** Click or tap here to enter text.

Strategies: Click or tap here to enter text.

Metric to be used for evaluation and reporting of Objective 2: Click or tap here to enter text.

Assessment instrument to be used for evaluation and reporting of Objective 2:

Click or tap here to enter text.

***Objective 3:*** Click or tap here to enter text.

Strategies: Click or tap here to enter text.

Metric to be used for evaluation and reporting of Objective 3: Click or tap here to enter text.

Assessment instrument to be used for evaluation and reporting of Objective 3:

Click or tap here to enter text.

## **G. Proposed School Calendar**

If the program will require a change to the division or a school calendar, include a copy of the proposed calendar as an appendix.

**Note:** School divisions seeking to implement an Extended School Year or Year-Round School program with a school opening more than 14 days prior to Labor Day will need to submit a waiver to the Board of Education prior to the adoption of an Extended School Year or Year-Round School calendar. This waiver would apply to the year-round or extended school year school only.

## **H. Collaboration**

Describe the involvement of teachers, parents, the community, organizations, etc., in the development and implementation of the program.

Click or tap here to enter text.

## **I. TIMELINE OF INITIATIVES AND TASKS**

Provide a timeline of the implementation process that includes major initiatives and tasks.

Click or tap here to enter text.

## **J.** **Description of Capacity**

The goal of the grant program is to support school divisions as they develop and implement programs in order to create or improve capacity in the division to operate and sustain the program independently of long-term state funding.

Please describe the capacity of your division/school to implement this program.

Click or tap here to enter text.

## **K. Budget of Direct Costs (with maximum)**

Complete the budget table below. Only include direct operating costs. Indirect and capital outlay costs are not allowed. Include a description of expenses that explains appropriateness of expenses based on the category descriptions shown below the budget table and the goals, objectives, and strategies of the proposed grant program. Please see the instructions for detailed information.

1. **If applying for funds for a 1st, 2nd, or 3rd year start-up grant, please complete this table.**

**Budget Table for Start-up grant in Years 1, 2, or 3**

| **Category** | **Description of Expenses** | **State Funding** | **\*\*20% Match** |
| --- | --- | --- | --- |
| **1000 – Personnel Services** |  |  |  |
| **2000 – Employee Benefits** |  |  |  |
| **3000 – Purchased/Contractual Services** |  |  |  |
| **4000 – Internal Services** |  |  |  |
| **5000 – Other Services** |  |  |  |
| **6000 – Materials and Supplies** |  |  |  |
| **Total** |  | \* |  |

**\*The total in this cell should match the total amount of funding requested with maximum on page one of the application.**

**\*\*20% match is required** except for school divisions with schools that are in an accredited with conditions status and are rated at level three in two or more academic achievement for all students school quality indicators or in a denied accreditation status.

**Please visit the** [**Virginia Department of Education OMEGA object codes universal guidelines**](https://www.doe.virginia.gov/school_finance/budget/grants_acct_reporting/omega/omega-object-codes.pdf) **for a complete description of the budget categories.**

1. If applying for funds for a **start-up grant that is in Year 4 or later**, please enter the [Local Composite Index](http://www.doe.virginia.gov/school_finance/budget/compositeindex_local_abilitypay/) where indicated then complete this table. Additional help calculating the shared split based on the Local Composite Index is posted on the [Year-Round & Extended Year Schools webpage](http://www.doe.virginia.gov/instruction/year-round/index.shtml).

The local composite index is

**Budget Table for Start-up grant in Year 4 or later.**

| **Category** | **Description of Expenses** | **State Funding** | **Shared split based on** **Local Composite Index** | **Total Project Cost** |
| --- | --- | --- | --- | --- |
| **1000 – Personnel Services** |  |  |  |  |
| **2000 – Employee Benefits** |  |  |  |  |
| **3000 – Purchased/Contractual Services** |  |  |  |  |
| **4000 – Internal Services** |  |  |  |  |
| **5000 – Other Services** |  |  |  |  |
| **6000 – Materials and Supplies** |  |  |  |  |
| **Total** |  | **\*** |  |  |

**\*The total in this cell should match the total amount of funding requested with maximum on page one of this application.**

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## **L. Budget of Direct Costs (without maximum)**

Complete the budget table below. Only include direct operating costs. Indirect and capital outlay costs are not allowed. Include a description of expenses that explains appropriateness of expenses based on the category descriptions shown below the budget table and the goals, objectives, and strategies of the proposed grant program. Please see the instructions for detailed information.

1. **If applying for funds for a 1st, 2nd, or 3rd year start-up grant, please complete this table.**

**Budget Table for Start-up grant in Years 1, 2, or 3**

| **Category** | **Description of Expenses** | **State Funding** | **\*\*20% Match** |
| --- | --- | --- | --- |
| **1000 – Personnel Services** |  |  |  |
| **2000 – Employee Benefits** |  |  |  |
| **3000 – Purchased/Contractual Services** |  |  |  |
| **4000 – Internal Services** |  |  |  |
| **5000 – Other Services** |  |  |  |
| **6000 – Materials and Supplies** |  |  |  |
| **Total** |  | \* |  |

**\*The total in this cell should match the total amount of funding requested without maximum on page one of the application.**

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| --- | --- | --- | --- | --- |
| **1000 – Personnel Services** |  |  |  |  |
| **2000 – Employee Benefits** |  |  |  |  |
| **3000 – Purchased/Contractual Services** |  |  |  |  |
| **4000 – Internal Services** |  |  |  |  |
| **5000 – Other Services** |  |  |  |  |
| **6000 – Materials and Supplies** |  |  |  |  |
| **Total** |  | **\*** |  |  |

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## **M. List of Appendices (if applicable)**

Appendices:

Click or tap here to enter text.

## **N. Extended School Year, Year-Round School Application Rubric**

| **Area of Consideration** | **Description** | **Points Available** |
| --- | --- | --- |
| Targeted population(s) of students | Target populations are identified and described sufficiently. The program specifically targets one or more reporting groups listed in JLARC review of year-round schools report (Black, Hispanic, ESL, or ECD students). | 20 |
| Clarity of Goal | The goal of the program is clear and attainable. | 10 |
| Clarity of Objectives | The objectives are SMART in nature (specific, measurable, realistic, and time-bound). | 10 |
| Appropriateness and feasibility of strategies | The strategies listed appropriately address the objective(s) and are feasible to implement within the constraints of the program. | 10 |
| Appropriateness of the metric(s) and related assessment instruments | The metric(s) and related assessment instruments accurately measure identified outcomes of the program. The metrics adhere to the requirement listed in section F. | 15 |
| Collaboration | Evidence of collaboration with outside stakeholders (community members, parents, organizations, college/universities, etc.). | 15 |
| Timeline | The timeline is reasonable and addresses major milestones. | 10 |
| Capacity | The division/school demonstrate capacity for creating-sustaining the program. | 10 |