**Virginia Department of Education**

**Application for a Start-Up Grant for an Extended School Year or Year-Round School Program for School Divisions or Individual Schools**

**FY 2018**

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

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

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

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

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

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

**Amount of Funding Requested:** ($300,000 maximum; $400,000 maximum for Accreditation Denied schools)

Click here to enter text.

**Instructions** ***(NOTE: This is an annual application process)***

All applicantsmust read the *Instructions for* *Application for a Start-up Grant for Local 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 application must comply with this process which is available on the Department’s Web site at <http://www.doe.virginia.gov/instruction/year-round/index.shtml>.

The completed PDF version of the application and related materials must be e-mailed to Meg Foley at [meg.foley@doe.virginia.gov](mailto:meg.foley@doe.virginia.gov) in the Office of Technology and Virtual Learning at the Virginia Department of Education, by **5 p.m. on June 30, 2017**. If an application is not received by that timeline, it will **not** be considered.

An incomplete application may be rejected.

**Virginia Department of Education Contact Information**

Please contact Meg Foley at [meg.foley@doe.virginia.gov](mailto:meg.foley@doe.virginia.gov) or 804-786-0877 at the Virginia Department of Education if you have any questions about the application process.

**Fiscal Year 2018 Application for a Start-up Grant for Local School Divisions Pursuing the Development of Extended School Year or Year-Round School Program for**

**School Divisions or Individual Schools**

1. Each application must include the following:
2. Assurances and Signatures
3. Name and Physical Locations of Participating Schools
4. Title and Program Description
5. School and Student Demographic Information
6. Overall Goal, Objectives, Strategies, Metrics, and Assessment Instruments
7. Proposed School Calendar (if applicable)
8. Collaboration
9. Timeline of Initiatives and Tasks
10. Description of Capacity
11. Budget (Direct costs only)
12. List of Appendices (if applicable)

**A. 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 2017-2018 or 2018-2019 school year.

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Signature of School Division Superintendent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chairman of School Board Date

**B. Names and Physical Locations of Participating School(s)** Click here to enter text.

**C. Title and Program Description**

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

General description of the program, the rationale for the program, and its expected benefits (2-3 paragraphs): Click here to enter text.

Content Areas addressed: Click here to enter text.

Length of program: Click here to enter text.

Dates of program: Click here to enter text.

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

**D. 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 here to enter text.

Describe the community the school(s) serves. Click here to enter text.

**E. Goal, Objectives, Strategies, Metrics, and Assessment Instruments**

Use the text boxes below to enter the Goal of the program and up to 3 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 1 objective must be tied to the metric “Student Achievement”.*

For a Year Round School program, *at least 1 objective must be tied to the metric “Student Achievement” and 1 objective must be tied to the metric “Chronic Absenteeism”.*

**Definitions of Terms**

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

**Objective(s)** - *“What is your specific, measurable outcome(s)?”*

**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?”*

Goal for the program: Click here to enter text.

Objective 1:Click here to enter text.

Strategies: Click here to enter text.

Metric to be used for evaluation and reporting: Click here to enter text.

Assessment instrument to be used for evaluation and reporting: Click here to enter text.

Objective 2:Click here to enter text.

Strategies: Click here to enter text.

Metric to be used for evaluation and reporting: Click here to enter text.

Assessment instrument to be used for evaluation and reporting: Click here to enter text.

Objective 3:Click here to enter text.

Strategies: Click here to enter text.

Metric to be used for evaluation and reporting: Click here to enter text.

Assessment instrument to be used for evaluation and reporting: Click here to enter text.

**F. Proposed School Calendar**

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

(Note: School divisions that do not currently open schools prior to Labor Day but seek to implement an Extended School Year or Year-Round School program in a school opening 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 applicant school only.)

**G. Collaboration**

Describe the involvement of teachers, parents, the community, organizations, etc. in the development and implementation of the program. Click here to enter text.

**H. Timeline of Initiatives and Tasks**

Provide a timeline of the Start-up process that includes major initiatives and tasks Click here to enter text.

**I.** **Description of Capacity**

The goal of the grant program is to support LEAs 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 here to enter text.

**J.** **Budget of Direct Costs**

Complete the Budget table below. Only include direct operating costs, indirect or 0capital costs are not allowed.

|  |  |  |
| --- | --- | --- |
| **Category** | **State Funding** | **20% match, if applicable** |
| 1000 – Personnel Services | Click here to enter text. | Click here to enter text. |
| 2000 – Employee Benefits | Click here to enter text. | Click here to enter text. |
| 3000 – Purchased/Contractual Services | Click here to enter text. | Click here to enter text. |
| 4000 – Internal services | Click here to enter text. | Click here to enter text. |
| 5000 – Other services | Click here to enter text. | Click here to enter text. |
| 6000 – Materials and Supplies | Click here to enter text. | Click here to enter text. |

**K. List of Appendices (if applicable)** Click here to enter text.

II. Extended School Year, Year-Round School Application Rubric

|  |  |  |
| --- | --- | --- |
| **Area of Consideration** | **Description** | **Points Available** |
| Capacity | The division / school demonstrate capacity for creating-sustaining the program. | 10 |
| 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 E. | 15 |
| 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 |
| 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 |