

**DEPARTMENT OF SPECIAL EDUCATION
SPECIAL EDUCATION GRANTS
2005 – 2006 APPLICATION GUIDELINES**

The 2005-2006 Special Education Grants will fund activities that are linked to student achievement and that support the **Response to Intervention (Rtl)** model.

Schools in Phase One of the Rtl implementation and training should apply in the October grant cycle. Schools in Phase Two of the Rtl implementation and training should apply in the February grant cycle. Grants should be written and submitted following the first day of Rtl implementation training – i.e., after September 20, 2005 for Phase One schools and after January 24, 2006 for Phase Two schools. Schools should apply for these grants only during the cycle they are involved in the Rtl implementation and training.

Application Deadline

Award Notifications

Phase One Schools: Monday, October 10, 2005
Phase Two Schools: Monday, February 13, 2006

October 25, 2005
February 28, 2006

NOTICE:

- All applications must be submitted no later than 4:30 PM on the Application Deadline date.
- Submit 5 copies of the completed application.
- Late submissions will not be considered.
- There are only 2 application dates; apply during the application cycle when your school is involved with the Rtl implementation and training.
- Faxed copies will not be accepted.
- Award limits range from \$0 - \$2,500.

WE WILL FUND

WE WILL NOT FUND

Registration/Conference Fees	One time events
Technology – software - hardware	Field trips
Books – supplemental, reference, media, materials (not text books)	FTE Salaries
Substitute pay related to project (Certified staff & ESP)	Supplemental Tutoring Programs (before, after, or during school programs)
	Saturday Schools
	Consumables
	Facilities repair
	Extra Duty Pay

**Submit 5 copies of the completed application to Special Education Office -
Attn: Nana Jones - by the noted deadline.**

**DEPARTMENT OF SPECIAL EDUCATION
SPECIAL EDUCATION GRANTS
2005 – 2006 APPLICATION**

Please print or type all contact information

School Name: _____

Applicant Name(s): _____

Contact Person: _____
(This is the person who will be coordinating with the Special Education Office)

Phone : _____ Fax: _____

Project Name: _____

Amount Requested: _____

Principal Approval: _____
(Principal signature is required)

WE WILL CONSIDER:

- Sustainability of the project
- Number of students & staff impacted or served
- Long-term impact/use
- Buy-in of school staff
- Clear outline of project.

1. **Briefly describe your project.** (In 3-4 paragraphs describe your proposed project. Do not assume the reader knows anything about your proposed project.)
2. **Who and how many students/staff do you intend to impact?** (Describe the target group and number to be served and how you plan to implement this project.)
3. **What is your objective or outcome?** (What do you want the students to learn or what will teachers/staff learn in a staff development class? How will teachers/staff transfer that new training to student learning? How does your project or activity support an RtI model?)
4. **How are you going to measure the effectiveness of your objective(s) or outcome(s)?** (If you are creating an evaluation tool, attach a sample copy. If you are using D-11 collected data, cite the data to be used and how it will be used to measure outcomes.)
5. **What is your time frame for implementation?** (Dates when you will start and end the project?)
6. **Sustainability?** (If this project is successful, how do you plan to continue to fund/or implement the project within current school programs?)

**DEPARTMENT OF SPECIAL EDUCATION
SPECIAL EDUCATION GRANTS
2005 – 2006 APPLICATION**

7. **Budget** (complete the following information where applicable)

Category	Requested Amount	In-Kind
Substitute/release time: Certified Staff (\$75/day; \$40/half day) # of substitutes _____ x # of full or ½ days _____ x rate = Total \$ _____		
Substitute/release time: ESP Staff (\$ 8/hour) # of substitutes _____ x # of hours _____ x rate = Total \$ _____		
Registration/Conference Fees # of teachers/staff _____ x rate of \$ _____ = Total \$ _____		
Purchased Services Professional/technical consultants (Consultant Agreement must be completed in accordance with current BOE purchasing regulations and must be on file with the Special Education Office and Procurement before services are rendered)		
Materials (no text books) 1. Description (attach list if available) 2. Quantity 3. Per unit cost		
Totals	\$	\$

