**[Insert LEAs Name]**

**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](https://www.k12.wa.us/sites/default/files/public/esea/pubdocs/Unlocking_State_Federal_Program_Funds.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 described your activity and enter or attach all additional information (i.e. flyer, PO, agenda, name of staff attending, 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?***
 |
| **Amount Requested:*****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.***
 |
| **Name:**  | **Title:**  |
| **Signature:**  | **Date:**  |

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| **Local Educational Agency Staff Only**  |
| [ ]  **Not approved**  |
| * ***Activity is not an allowable activity under the following program(s):***
* ***No supporting documentation included***
* ***Other:***
 |
| [ ]  **Need additional information – return by [insert date]** |
| ***Examples: agenda, PO, name of staff, not all sections completed, etc.*** |
| **Name:** | **Title:** |
| **Signature:** | **Date:** |

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| [ ]  **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/title-i-part-program-models) –[ ] Schoolwide Plan [ ] Targeted Assistance Protocols [ ]  CGA Application [Title I, Part C](https://www.k12.wa.us/student-success/access-opportunity-education/migrant-and-multilingual-education/migrant-education-program) - [ ]  CGA Application[Multilingual Education](https://www.k12.wa.us/student-success/equity-education/migrant-and-bilingual-education/bilingual-education-program) – [ ]  CGA Application [ ] TBIP FP 219[OSSI](https://www.k12.wa.us/student-success/support-programs/school-improvement) – [ ]  School Improvement Plan (SIP) [Learning Assistance Program](https://www.k12.wa.us/student-success/support-programs/learning-assistance-program-lap) (LAP) – [ ]  EDS LAP Plan [ ]  [Menu of Best Practices](https://www.k12.wa.us/student-success/support-programs/learning-assistance-program-lap/menus-best-practices-strategies) |
| **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 [ ]  Multilingual funds [ ]  Title I, Part C (Migrant) funds [ ]  |
| **Name:** | **Title:**  |
| **Signature:** | **Date:** |

*\*This form is not required and the LEA or school may adjust, revise, or create their own to fit their needs.*