**[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](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 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:** | |

|  |  |
| --- | --- |
| **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:** |

|  |  |
| --- | --- |
| **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 Targeted Assistance 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))  [Title I, Part C](https://www.k12.wa.us/student-success/equity-education/migrant-and-bilingual-education/migrant-education-program) –iGrants FP 206  [Bilingual Education](https://www.k12.wa.us/student-success/equity-education/migrant-and-bilingual-education/bilingual-education-program) – iGrants FP 232 Plan (Title III) TBIP FP 219  [OSSI](https://www.k12.wa.us/student-success/support-programs/school-improvement) –  Comprehensive Plan  Targeted Support Plan | |
| **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  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.*