

ABSTRACT

SPECIAL FUND PROPOSAL

Section I. BASIC INFORMATION

Proposed Project Title: CT-SEDS Implementation Stipend

Grant Source and Agency: State Department of Education

Total Amount Requested: \$52,500
 (Public 50,000) **Due Date of Application:** March 01, 2023
 (Non-Public \$2,500)

System Contact: Typhanie Jackson, Executive Director of Special Education/Student Services Department

Telephone #: 475-220-1768

Description of Project: Provide a brief description below. Use Section VI to outline specific objectives and strategies relating to goals described in the application.

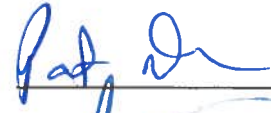

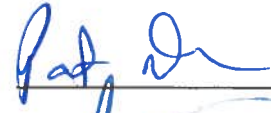

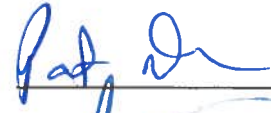

To assist school districts with the implementation of CT-SEDS which includes activities and work related to Special Education Referral and Evaluation. Training will be provided to staff in reading IEPs and 504 plans in CT-SEDS to support their work. Additionally, we will provide schools with an opportunity to purchase materials to support needs as indicated for those students who would otherwise qualify for special education services if they were in district.

TARGET: Schools/Unit: All
No. of Students: 3,415 **Grade Level(s):** _____
Eligibility Criteria: _____

GRANT PERIOD:	
From: (03/01/2023):	
To: (09/01/2023):	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation
Previous Bd. of Ed. Approval:	
<input type="checkbox"/> Planning	<input checked="" type="checkbox"/> Operational
Bd. of Ed. Information	
<input checked="" type="checkbox"/> Action	<input type="checkbox"/> Information
<input type="checkbox"/> Support	<input type="checkbox"/> Competitive
<input checked="" type="checkbox"/> Entitlement	<input type="checkbox"/> Grant

PROPOSAL DEVELOPERS:
 Typhanie Jackson, Executive Director of Special Education

CENTRAL OFFICE USE ONLY – MUST REMAIN ON PAGE 1

ABSTRACT TIMETABLE	REVIEW						
Return to: _____	<table style="width: 100%;"> <tr> <td style="width: 50%;">Grants Manager</td> <td style="width: 50%; text-align: center;"></td> </tr> <tr> <td>Finance Manager</td> <td style="text-align: center;"></td> </tr> <tr> <td>Human Resource Manager</td> <td>_____</td> </tr> </table>	Grants Manager		Finance Manager		Human Resource Manager	_____
Grants Manager							
Finance Manager							
Human Resource Manager		_____					
Received: _____							
Board of Education FINANCE & OPERATIONS Meeting Date <u>4/17/23</u>							
Board of Education Meeting Date: <u>4/24/23</u>							
Due Date to Grantor: _____							

Proposed Project Title: CT-SEDS Implementation Stipend

Total Amount Requested: \$52,500

Proposed Grant Receiving Agency: _____

SECTION II: FISCAL INFORMATION

PERSONNEL

# FT	#PT		COST
		Administrators	\$
		Teachers	\$
		Management	\$
		Paraprofessionals	\$
		Clerks	\$
		Others (Parents)	\$
		Stipend	\$
		Longevity	
	50	Tutors	\$8,482
		SUBTOTAL	\$8,482

NON PERSONNEL

	COST
Supplies & Materials	\$2,500
Student Transportation	\$
Staff Travel	\$
Internal Evaluation	\$
External Evaluation	\$
Independent Contractors	\$40,000
Equipment	\$
Other	\$
Indirect Costs, if allowed	\$
TOTAL NON- PERSONEL	\$42,500

FIXED COSTS:

Health Benefits	\$0.00
Pension (Paras & Mgmt.)	\$0.00
FICA/Medicare	\$1,450
Workmen's Compensation	\$68.00
SUBTOTAL	\$1,518
TOTAL PERSONNEL & FIXED COSTS	\$10,000

Notes:

- 1) **Total Personnel and Non Personnel columns must equal grant total.**
- 2) **The Abstract budget must be aligned with the Grant Application budget/ED114.**
- 3) **All applications should budget for staff development (stipends) and evaluation wherever appropriate.**

SECTION IIA: BUDGET EXPLANATION

The following categories must be explained:

All Personnel: explain positions; **Salary:** if the grant pays a percent of salary and fixed costs, please describe below, breaking down **percentages and amounts to be paid by grant and by NHPS.**

To cover the cost of additional learning/planning time adapting to the new IEP/Platform, to cover the cost of administrative task associated with populating/supporting the CT-SEDS system during the 2022-2023 transition year, for Teachers, PPT Chairs, Principals and Vice Principals, Paraprofessionals, Tutors and Parents of students who have an IEP or 504 plans.

Other; and **All Non- Personnel items.** If additional space is needed, continue to next page. To cover the cost of materials & supplies during the planning/designing of training materials and/or district policies and procedures.

Proposed Project Title: CT-SEDS Implementation Stipend

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SECTION III: SYSTEM OBLIGATIONS

Project support from other programs: None Yes Explain:

Linkage with other programs: None Yes Explain:

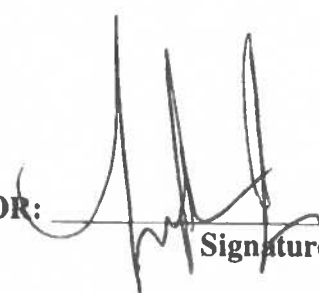
Local Fiscal costs, (include renovation): None Yes Explain:

Future local personnel obligations: None Yes Explain:

PROJECT OR GRANT REQUIREMENTS

- Local Maintenance Replication Parent Involvement
- In-Service Training Advisory Committee Linkage w/other Programs
- Non-Public School Involved Dissemination

ADDITIONAL RESTRICTIONS OR CONCERNS

SUBMITTING ADMINISTRATOR:  _____
Signature Date

Proposed Project Title: CT-SEDS Implementation Stipend

Total Amount Requested: \$52,500

Proposed Grant Receiving Agency: New Haven Public Schools

SECTION IV: PROPOSED PERSONNEL

List, **individually**, each position proposed by this grant application. **If no personnel**, please indicate **N/A** in the chart below

F/T	P/T	Classification	Position Description	Duration of Proposed Service	Proposed Employee	Current NHPS Employee Yes/No	If Yes Current Employee Number
	50	Tutors	Training	2022-2023		Yes	

V. PROPOSED CONTRACTS

List **individually**, each contract that will be prepared by this proposed project. If contractors will not be utilized, please indicate **N/A** in the chart below.

Proposed Independent Contractor	Brief Description of Service	Proposed Pay Rate	Proposed Total
TDB			\$40,000.00

VI. ADDITIONAL INFORMATION:

Please Answer All Questions -- Use Additional Pages if Necessary

1. Please state specific goals for this grant or the grant period.

The goal of this grant is to provide training in the new IEP format to district staff and parents

a. If this is a continuation grant, please detail past year goal performance and accomplishments. Use additional space if needed:

not applicable

2. How does this grant address School Reform goals?

This grant aligns to the goal of providing high quality education for students whereby training in this new format provides opportunities for educators to examine their practices as it relates to service delivery for students with disabilities

3. Please explain why this proposal is significant and important in relation to improving student and/or staff performance, as well as any additional pertinent information that is specific and relevant: (Include resume of person(s) providing service for contracts \$10,000 and over)

This proposal is significant as the transformation to this new format has been difficult for many professionals. This grant allows for the district to provide more individualized assistance.

REQUIRED:

A COPY OF THE GRANT APPLICATION MUST BE ATTACHED TO THE ABSTRACT.

From: eGMS.NoReply@eGrantsManagement.com

Sent: Monday, March 6, 2023 5:23 PM

To: JOSEPH, JENNIFER

Subject: Funding Application Status Change - LEA Number 0000000093-00 New Haven School District - 2023 CT - SEDS Implementation Stipend

CAUTION:

This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The status of the CT - SEDS Implementation Stipend Application, Fiscal Year 2023, Revision Level 0, for New Haven School District has been changed to CSDE Fiscal Approved.

Kimberly Murphy

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