

ABSTRACT

SPECIAL FUND PROPOSAL

Section I. BASIC INFORMATION

Proposed Project Title: ESSER II BONUS SPECIAL POPULATIONS RECOVERY GRANT

Grant Source and Agency: State Department of Education

Total Amount Requested: \$25,000 **Due Date of Application:** 12/03/2021

System Contact: Typhanie Jackson, Executive Director of Special Education

Telephone #: 475-220-1760

Description of Project: Increase student achievement and improve effective instruction in all academic areas (aligned with state and district initiative). Funds will be used toward recovery activities for students significantly impacted by COVID-19. To purchase materials and supplies to assist in student's learning on a day-to-day basis.

TARGET: Schools/Unit: All
No. of Students: 3415 **Grade Level(s):** Pre-K - 12
Eligibility Criteria: Special Education

GRANT PERIOD: From: (07/01/2021): To: (06/30/2022):
<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: _____	Grants Manager <u>Pat [Signature]</u>
Received: _____	Finance Manager <u>[Signature] 1/29/22</u>
Board of Education FINANCE & OPERATIONS Meeting Date <u>2/17/22</u>	Human Resource Manager _____
Board of Education Meeting Date: <u>2/14/22</u>	
Due Date to Grantor: _____	

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SECTION II: FISCAL INFORMATION

PERSONNEL

# FT	#PT		COST
		Administrators	\$
		Teachers	\$
		Management	\$
		Paraprofessionals	\$
		Clerks	\$
		Others	\$
		Stipend	\$
		Longevity	
		Tutors	\$
		SUBTOTAL	\$

NON PERSONNEL

	COST
Supplies & Materials	\$25,000
Student Transportation	\$
Staff Travel	\$
Internal Evaluation	\$
External Evaluation	\$
Independent Contractors	\$
Technology Software/ Equipment	\$
Other	\$
Indirect Costs, if allowed	\$
TOTAL	\$25,000
NON- PERSONEL	

FIXED COSTS:

Health Benefits	\$
Pension (Paras & Mgmt.)	\$
FICA/Medicare	\$
Workmen's Compensation	\$
SUBTOTAL	\$
TOTAL PERSONNEL & FIXED COSTS	\$

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**. **Other:** and **All Non- Personnel items**. If additional space is needed, continue to next page.

To purchase subscriptions for Learning Ally which is a multi-sensory approach to reading accommodation for reading learners, as well as teacher subscription to allow teachers the ability to access learning materials in accordance to a student's IEP.

To purchase Ipads and indestructible cases for students to assist teachers help students access learning through utilizing technology for self-contained classrooms.

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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

- | | | |
|---|---|---|
| <input type="checkbox"/> Local Maintenance | <input type="checkbox"/> Replication | <input type="checkbox"/> Parent Involvement |
| <input type="checkbox"/> In-Service Training | <input type="checkbox"/> Advisory Committee | <input type="checkbox"/> Linkage w/other Programs |
| <input type="checkbox"/> Non-Public School Involved | | <input type="checkbox"/> Dissemination |

ADDITIONAL RESTRICTIONS OR CONCERNS

SUBMITTING ADMINISTRATOR: _____

Signature

Date

11/21/22

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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
		N/A	N/A		N/A	N/A	N/A

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
N/A	N/A	N/A	N/A

VI. ADDITIONAL INFORMATION:

Please Answer All Questions -- Use Additional Pages if Necessary

1. **Please state specific goals for this grant or the grant period.
Increase student achievement and improve effective instruction in all academic areas.
Funds will be used toward recovery activities for students significantly impacted by
COVID 19.**
2. **If this is a continuation grant, please detail past year goal performance and
accomplishments. Use additional space if needed: N/A**
3. **How does this grant address School Reform goals?
Support the academic and social emotional needs of students with disabilities, whereby
providing equipment necessary to access learning.**
4. **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)**

**Support the academic and social emotional needs of students with disabilities, whereby
providing equipment necessary to access learning. Provide specialized reading
programming inclusive of an after-school programming, develop and implement a
continuum of special education supports and services that meet the individual needs of all
special education students.**

REQUIRED:

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