

ABSTRACT

SPECIAL FUND PROPOSAL

Section I. BASIC INFORMATION

Proposed Project Title: **ESSER II BONUS DYSLEXIA RECOVERY GRANT**

Grant Source and Agency: **State Department of Education**

Total Amount Requested: **\$45,000**

Due Date of Application:
12/03/2021

System Contact: **Typhanie Jackson, Executive Director of Special Education**

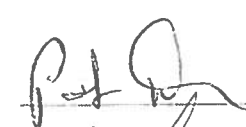

Telephone #: **475-220-1760**

Description of Project: **To improve academic outcomes for students within the school setting and towards recovery activities for students significantly impacted by COVID-19. To provide the hiring of tutors and paid benefits to provide direct instruction for students with Dyslexia and to address their Dyslexia needs as implemented/requested in their IEP.**

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

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

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></u> Finance Manager <u> 1/27/22</u> Human Resource Manager _____
Received: _____	
Board of Education FINANCE & OPERATIONS Meeting Date <u>2/7/22</u>	
Board of Education Meeting Date: <u>2/14/22</u>	
Due Date to Grantor: _____	

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Proposed Grant Receiving Agency: NEW HAVEN PUBLIC SCHOOLS

SECTION II: FISCAL INFORMATION

PERSONNEL

# FT	#PT		COST
		Administrators	\$
		Teachers	\$
		Management	\$
		Paraprofessionals	\$
		Clerks	\$
		Others	\$
		Stipend	\$
		Longevity	
	3	Tutors	\$ 41,724
		SUBTOTAL	\$

NON PERSONNEL

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

FIXED COSTS:

Health Benefits	\$
Pension (Paras & Mgmt.)	\$
FICA/Medicare	\$ 3,480
Workmen's Compensation	\$ 296
SUBTOTAL	\$
TOTAL PERSONNEL & FIXED COSTS	\$ 45,500

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 hire tutors to help and address the reading needs of students with Dyslexia. Support the academic and social emotional needs of students with dyslexia disability, whereby providing tutors necessary to access learning.

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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:**

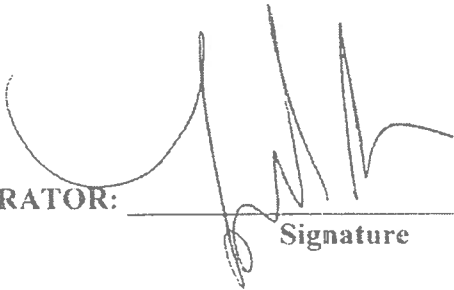
Future local personnel obligations: None Yes **Explain:**

PROJECT OR GRANT REQUIREMENTS

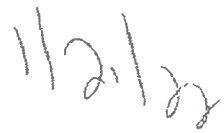
- | | | |
|---|---|---|
| <input type="checkbox"/> Local Maintenance | <input type="checkbox"/> Replication | <input type="checkbox"/> Parent Involvement |
| <input type="checkbox"/> In-Service Training | <input type="checkbox"/> Advisory Committee | <input type="checkbox"/> Linkage w/other Programs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

ADDITIONAL RESTRICTIONS OR CONCERNS

SUBMITTING ADMINISTRATOR:



Signature



Date

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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
	1	TUTORS		2021-2022		NO	
	1	TUTORS		2021-2022		NO	
	1	TUTORS		2021-2022		NO	

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 dyslexia disability, whereby providing tutors 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.