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| **Name of Grant Program:** Math Acceleration Academies Grant **Fund Code:** 125 |

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| **PART III – REQUIRED PROGRAM INFORMATION** |

**Section I.**

Please complete the fields in the table below.

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| **CONTACT INFORMATION** |
| **District Name:** |  |
| **Program Coordinator Name:** |  |
| **Program Coordinator Title:** |  |
| **Program Coordinator Email Address:** |  |
| **Program Coordinator Phone Number:** |  |

**Section II.**

Please complete the fields in the tables below for the Acceleration Academies the LEA plans to implement.

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| **FEBRUARY MATH ACCELERATION ACADEMIES** |
| **Proposed Site(s) for February Math Acceleration Academies:** |  |
| **Students that will be served during the February Math Acceleration Academies:**Please check the box next to each group of students that will be served. | [ ]  **Grade 3**[ ]  **Grade 4**[ ]  **Grade 5**[ ]  **Grade 6**[ ]  **Grade 7**[ ]  **Grade 8**[ ]  **Grade 9****☐ Grade 10** |
| **Total number of students to be served during the February Math Acceleration Academies:** |  |

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| **APRIL MATH ACCELERATION ACADEMIES**  |
| **Proposed Site(s) for April Math Acceleration Academies:** |  |
| **Students that will be served during the April Math Acceleration Academies:**Please check the box next to each group of students that will be served. | **☐ Grade 3****☐ Grade 4****☐ Grade 5****☐ Grade 6****☐ Grade 7****☐ Grade 8****☐ Grade 9****☐ Grade 10** |
| **Total number of students to be served during the April Math Acceleration Academies:** |  |

**Section III.**

1. **Experience**

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| **Describe the LEA’s experience with implementing an Acceleration Academy program or other high quality vacation week or summer learning programs.***Please type your response in the text box below. The text box will expand as you type your response.* |
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1. **Program Dates and Schedule**

Use the tables below to provide the proposed start date, end date, and daily schedules for each proposed Academy. Copy and paste as needed if start dates, end dates, and daily schedules differ by grades served and/or program locations.

**Note: This grant requires a minimum of 20 total hours of math *instruction* during the Academy.**

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| **February Math Acceleration Academies Schedule (if applicable)** |
| **PROGRAM DATES** | **PROGRAM TIMES** | **DAYS OF WEEK**(put “x” below days of week program will take place on) |
| **Start Date:** |  | **Start Time:** |  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
| **End Date:** |  | **End Time:** |  |  |  |  |  |  |
| **TOTAL HOURS:** |  |

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| **April Math Acceleration Academies Schedule (if applicable)** |
| **PROGRAM DATES** | **PROGRAM TIMES** | **DAYS OF WEEK**(put “x” below days of week program will take place on) |
| **Start Date:** |  | **Start Time:** |  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
| **End Date:** |  | **End Time:** |  |  |  |  |  |  |
| **TOTAL HOURS:** |  |

1. **Instructional Focus**

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| **Describe how the LEA will determine what key concepts or standards will be taught during the Math Acceleration Academies.** *Please type your response in the text box below. The text box will expand as you type your response.* |
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1. **Student Selection, Outreach, and Attendance**

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| **Describe the LEA’s planned strategies for student selection, outreach, and sustaining high attendance levels.***Please type your response in the text box below. The text box will expand as you type your response.* |
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1. **Staffing**

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| **Describe staffing needs for the proposed Math Academies and how the LEA will recruit and retain highly effective educators that have the necessary qualifications to meet the diverse needs of the target student population.***Please type your response in the text box below. The text box will expand as you type your response.* |
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1. **Teacher Planning and Preparation**

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| **Describe any school/district led professional development and/or planning opportunities that will be provided to staff to prepare them for the Math Acceleration Academies.***Please type your response in the text box below. The text box will expand as you type your response.* |
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1. **Budget**

Use the Part II - Budget Workbook provided in the Funding Opportunity RFP’s Required Forms section.

In constructing the budget, please note that all costs must be reasonable and necessary to implement the program activities. The budget should reflect the amount requested from the grant (not the total operating budget if additional funds are being used). Allowable costs include but are not limited to: grant and program coordination salaries/stipends, stipends for staffing, transportation, food/snacks, consumable program materials and supplies (paper, pencils, markers, etc.), professional development/facilitated planning, family engagement activities, and any COVID-19 costs needed to comply with guidance (if applicable). The majority of funds must be used for teacher stipends and no more than 10% of funds can be used for Supplies and Materials.

Important Note: Funds from this grant cannot be used for Indirect Costs or Equipment Costs (including software and technology) and cannot be used to purchase incentives. MTRS is allowable.