ISBE USE ONLY ☐ Regular

ILLINOIS STATE BOARD OF EDUCATION

System of Support and District Intervention Division 100 North First Street, N-242 Springfield, IL 62777-0001 ATTACHMENT 14

DUE DATE

OCT. 13, 2015

FY 2016 SCHOOL IMPROVEMENT GRANT (SIG) - SECTION 1003(g) APPLICANT COVER PAGE FOR INDIVIDUAL SCHOOL

APPLICANT I	APPLICANT INFORMATION						
DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE						
NAME OF SCHOOL PRINCIPAL	SCHOOL NAME						
ADDRESS (Street, City, State, 9 Digit Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)					
	E-MAIL SCHOOL PRINCIPAL						
SIG 1003(g) PRIMARY CONTACT	TITLE OF SIG 1003(g) PRIMARY CONTAC	CT					
ADDRESS (Street, City, State, 9 Digit Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)					
	E-MAIL SIG 1003(g) PRIMARY CONTACT						
INDIVIDUAL SCHO	OOL INFORMATION						
2014 SCHOOL YEAR FEDERAL ACADEMIC STATUS N/A	2014 SCHOOL YEAR STATE ACADEMIC S						
Selected Intervention Model Transformation Turnaround Restart	Whole-School Reform Model Ea	arly Learning Closure					
INDIVIDUAL SCHO	OL LEAD PARTNER						
NAME OF LEAD PARTNER	ISBE APPROVED LEAD PARTNER NOT APPROVED BY ISBE						
PRIMARY CONTACT	TITLE						
ADDRESS (Street, City, State, 9 Digit Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)					
	E-MAIL						
I certify that the authorized official and program person identified about School Improvement Grant (SIG) - Section 1003(g).	ove are authorized to act on behalf	of the institution with regard to the					
Date Origin	al Signature of Superintendent/Authoriz	ed Official					
Date O	riginal Signature of School Board Presi	ident					
ISBE USE ONLY							
Date Received							
Date	Original Signature of ISBE Division Admini: System of Support and District Intervent						

		Page of			
DISTRICT NAME AND NUMBER	DISTRICT NCES I.D. #	REGION, COUNTY, DISTRICT, TYPE CODE			
SCHOOL NAME	SCHOOL NCES I.D. #	SOURCE OF FUNDS CODE			
		4339-16			
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LEA Goal # LEA Objective #

Individual School Strategy	Evidence of Improvement	Frequency of Review (e.g., Quarterly, Monthly)	Responsible Person or Position
Example: List Goal Number(s)1 List Objective Number(s)2, 4	70% of the student cohort will demonstrate mastery of targeted skills during short cycle assessments.	Weekly	ELA Department Chair
Strategy #1 Double dose ELA for 9th grade students who did not meet expectations on the PARCC, during the 8th grade.	90% of 9th grade students will be on-track to graduate.	Biweekly	Graduation Coach
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INDIVIDUAL SCHOOL STRATEGIES					
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	Initial Budget	Amendment (No.) School Planning Budget		ILLINOIS	STATE BOAR	RD OF EDUCAT	ΓΙΟΝ		ATTA	CHMENT 16
	Revised Initial		School Full Implementation	Budget	System of Su 10	pport and Distr 0 North First S	rict Intervention Street, N-242		PROGRAM APPR	OVAL DATE AND INIT	IALS
	AL YEAR 16		COUNTY, DISTRICT, TYPE CODE S	UBMISSION DATE	Spr	ingfield, Illinois	62777-0001	ONLY	TOTAL FUNDS		
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E-M	AIL ADDRESS		FAX NUMBER (Include Area Code)		and	Decimal Plac	ly. Omit Comn es, e.g., 2536				
						Projected E	Budget		BEGIN DATE	END DATE 06/30/201	6 06/30/20
ire	ctions: Plea	ase check FY17 if the LEA is supp	oorting schools who are taking a	olanning year. Ch	」 neck 16 if not scho	ools are taking a	planning year. P	rior to preparing	i this Budget Sun	nmarv request. p	lease refer to
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			· · · · · · · · · · · · · · · · · · ·		EMPLOYEE	PURCHASED	SUPPLIES AND	CAPITAL	OTHER	NON- CAPITALIZED	
LINE	FUNCTION NUMBER	ACC	NDITURE COUNT	SALARIES (3)	BENEFITS (4)	SERVICES (5)	MATERIALS (6)	OUTLAY (7)	OBJECTS (8)	EQUIPMENT (9)	TOTAL (11)
_	(1)		(2)	(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	()
1	1000	Instruction									
2	2110	Attendance & Social Work Services									
3	2120	Guidance Services									
7	2210	Improvement of Instruction Services									
8	2220	Educational Media Services									
9	2230	Assessment & Testing									
10	2300	General Administration									
11	2400	School Administration									
13	2520	Fiscal Services									
15	2540	Operation & Maintenance of Plant Services									
16	2550	Pupil Transportation Services									
18	2570	Internal Services*									
19	2610	Direction of Central Support Services									
20	2620	Planning, Research, Development & Evalua	ation Services								
21	2630	Information Services									
22	2640	Staff Services*									
23	2660	Data Processing Services*									
24	2900	Other Support Services									
25	3000	Community Services									
27	4000	Payments to Other Districts and Government	ental Units								
29	Total Direct C	,									
31	TOTAL BUDG	SET shown, the indirect cost rate cannot be used.									
n e.	Apenditures are	Shown, the munect cost rate cannot be used.	L.								
	Dat	te <i>Original</i> S	Signature of Superintendent or Admini	strator	-	Date		Origina Syste	Signature of ISBE I	Division Administrato	or,

_	Planning Budget Full Implementation Budget]FY17		OL IMPROVEMENT (DETAILED BUDGET					ATTA Page _	ACHMENT 16B
DISTRICT NAM	ME AND NUMBER	REGION, COUNTY,	DISTRICT, TYPE CODE	DISTRICT	NCES I.D. #	SOURC	E OF FUNDS CODE	1	
							1339-16	06/30/2016	06/30/2017
Directions: I accessed at budget reque	Prior to preparing this Budget Summary Breakdonttp://www.isbe.net/funding/pdf/fiscal_procedure_st, whichever is later.	own request, please handbk.pdf. Obliga	refer to the "State and tions of funds based or	d Federal Gr this budge	rant Administration t request cannot be	Policy, Fiscal Regin prior to Janu	equirements, and F lary 1, 2016, or re	Procedures" handb	ook that can be tially approvable
FUNCTION NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE P BENEFITS :	URCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL
(1)	(-)	(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	(11)

_	Planning Budget full Implementation Budget FY17		OL IMPROVEMENT (DETAILED BUDGET					ATT Page	ACHMENT 16B
DISTRICT NAM	IE AND NUMBER	REGION, COUNTY,	DISTRICT, TYPE CODE	DISTRICT	NCES I.D. #	SOURC	E OF FUNDS COD	E END DATE	
						4	1339-16	06/30/2016	06/30/2017
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ILLINOIS STATE BOARD OF EDUCATION

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DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE	SCHOOL NAME					
Provide narrative responses to the prompts listed in the RFP. The School Narrative must not exceed 20 pages. Responses included must be organized and sequenced by section, letter, number, and letter, (e.g., 4. Implement a Program to Improve Student Achievement ABCD).							
Do not type beyond the space allowed as text will not wrap to the next page. Continue text on the next page.							

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Page 13 of	Page	13 of	
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Page	17 of	

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Page 18 of _	
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Page 19 of	
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