

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 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 CONTACT	
ADDRESS (Street, City, State, 9 Digit Zip Code)		TELEPHONE (Include Area Code)	FAX (Include Area Code)
		E-MAIL SIG 1003(g) PRIMARY CONTACT	

INDIVIDUAL SCHOOL INFORMATION

2014 SCHOOL YEAR FEDERAL ACADEMIC STATUS N/A	2014 SCHOOL YEAR STATE ACADEMIC STATUS PRIORITY
Selected Intervention Model <input type="checkbox"/> Transformation <input type="checkbox"/> Turnaround <input type="checkbox"/> Restart <input type="checkbox"/> Whole-School Reform Model <input type="checkbox"/> Early Learning <input type="checkbox"/> Closure	

INDIVIDUAL SCHOOL LEAD PARTNER

NAME OF LEAD PARTNER	<input type="checkbox"/> ISBE APPROVED LEAD PARTNER <input type="checkbox"/> 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 above are authorized to act on behalf of the institution with regard to the School Improvement Grant (SIG) - Section 1003(g).

Date

Original Signature of Superintendent/Authorized Official

Date

Original Signature of School Board President

ISBE USE ONLY

Date Received

Date

**Original Signature of ISBE Division Administrator,
System of Support and District Intervention**

**FY 2016 SCHOOL IMPROVEMENT GRANT (SIG) - SECTION 1003(g)
INDIVIDUAL SCHOOL STRATEGIES**

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

Directions: Identify the school level strategies to be implemented in the identified school based on the LEA goals and objectives for improving student achievement. The strategies must be specific, measurable, attainable, relevant, and time bound (S.M.A.R.T.). For each strategy, indicate the evidence of improvement, the target date for completion, and the person or position responsible for overseeing that the strategy is completed. Strategies should align with the needs identified in the Needs Assessment Analysis.

LEA Goal #	LEA Objective #
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Individual School Strategy	Evidence of Improvement	Frequency of Review (e.g., Quarterly, Monthly)	Responsible Person or Position
Example: List Goal Number(s) <u> 1 </u> List Objective Number(s) <u> 2, 4 </u> Strategy # <u> 1 </u> Double dose ELA for 9th grade students who did not meet expectations on the PARCC, during the 8th grade.	70% of the student cohort will demonstrate mastery of targeted skills during short cycle assessments. 90% of 9th grade students will be on-track to graduate.	<ul style="list-style-type: none"> • Weekly • Biweekly 	<ul style="list-style-type: none"> • ELA Department Chair • Graduation Coach
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INDIVIDUAL SCHOOL STRATEGIES**

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FY 2016
SCHOOL IMPROVEMENT GRANT
(SIG) - SECTION 1003(g)
FEDERAL BUDGET SUMMARY
 Use whole dollars only. Omit Commas
 and Decimal Places, e.g., 2536

Projected Budget

ISBE USE ONLY	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE
	<input type="checkbox"/> 06/30/2016	<input type="checkbox"/> 06/30/2017

Initial Budget Amendment (No. _____) School Planning Budget
 Revised Initial Budget Regular School Full Implementation Budget

FISCAL YEAR 16 <input type="checkbox"/> 17 <input type="checkbox"/>	SOURCE OF FUNDS CODE 4339-16	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE
DISTRICT NAME AND NUMBER			
SIG 1003(g) PROGRAM CONTACT		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

Directions: Please check FY17 if the LEA is supporting schools who are taking a planning year. Check 16 if not schools are taking a planning year. Prior to preparing this Budget Summary request, please refer to the "State and Federal Grant Administration Policy, Fiscal Requirements, and Procedures" handbook that can be accessed at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Obligations of funds based on this budget request cannot begin prior to January 1, 2016 or receipt of a substantially approvable budget request, whichever is later.

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
			(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 & Evaluation 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 Governmental Units								
29	Total Direct Costs									
31	TOTAL BUDGET									

*If expenditures are shown, the indirect cost rate cannot be used.

 Date **Original** Signature of Superintendent or Administrator

 Date **Original** Signature of ISBE Division Administrator,
 System of Support and District Intervention

- School Planning Budget
- School Full Implementation Budget
- FY16 FY17

**FY 2016 SCHOOL IMPROVEMENT GRANT (SIG) - SECTION 1003(g)
SCHOOL DETAILED BUDGET SUMMARY BREAKDOWN**

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE	DISTRICT NCES I.D. #	SOURCE OF FUNDS CODE 4339-16	END DATE <input type="checkbox"/> 06/30/2016 <input type="checkbox"/> 06/30/2017
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Directions: Prior to preparing this Budget Summary Breakdown request, please refer to the "State and Federal Grant Administration Policy, Fiscal Requirements, and Procedures" handbook that can be accessed at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Obligations of funds based on this budget request cannot begin prior to January 1, 2016, or receipt of a substantially approvable budget request, whichever is later.

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3) <small>(Obj. 100s)</small>	EMPLOYEE BENEFITS (4) <small>(Obj. 200s)</small>	PURCHASED SERVICES (5) <small>(Obj. 300s)</small>	SUPPLIES AND MATERIALS (6) <small>(Obj. 400s)</small>	CAPITAL OUTLAY (7) <small>(Obj. 500s)</small>	OTHER OBJECTS (8) <small>(Obj. 600s)</small>	NON-CAPITALIZED EQUIPMENT (9) <small>(Obj. 700s)</small>	TOTAL (11)
TOTAL									

- School Planning Budget
- School Full Implementation Budget
- FY16 FY17

**FY 2016 SCHOOL IMPROVEMENT GRANT (SIG) - SECTION 1003(g)
SCHOOL DETAILED BUDGET SUMMARY BREAKDOWN**

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE	DISTRICT NCES I.D. #	SOURCE OF FUNDS CODE 4339-16	END DATE <input type="checkbox"/> 06/30/2016 <input type="checkbox"/> 06/30/2017
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TOTAL									

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FY 2016 SCHOOL IMPROVEMENT GRANT (SIG) - SECTION 1003(g)
SCHOOL NARRATIVE

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE	SCHOOL NAME
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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 A..B..C..D..).

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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FY 2016 SCHOOL IMPROVEMENT GRANT (SIG) - SECTION 1003(g)
SCHOOL NARRATIVE (CONTINUATION)

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SCHOOL NARRATIVE (CONTINUATION)

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SCHOOL NARRATIVE (CONTINUATION)

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FY 2016 SCHOOL IMPROVEMENT GRANT (SIG) - SECTION 1003(g)
SCHOOL NARRATIVE (CONTINUATION)

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