

---STATE USE ONLY---	
Date Received	
Applicant Number	

## 2009-2010 COMPETITIVE GRANT APPLICATION FOR: THE GREAT START READINESS PROGRAM

### PART A - APPLICANT

<b>APPLICANT</b>	Name of Agency/Organization		Federal ID Number	Phone # (Area Code)
	Address	County	City	Zip Code
<b>CONTACT PERSON</b>	Name of Contact Person		Telephone # (Area Code)	Fax # (Area Code)
	E-Mail Address of Contact Person			

<b>SUBCONTRACT AGENCY</b>	Name of Subcontract Agency (if any)		Federal ID Number	Phone # (Area Code)
	Address		City	Zip Code
<b>CONTACT PERSON</b>	Name of Contact Person		Telephone # (Area Code)	Fax # (Area Code)
	E-Mail Address of Contact Person			

 INITIAL   
  EXPANSION (2<sup>nd</sup> Year)   
  EXPANSION (3<sup>rd</sup> Year)

**Total # of Children Requested:** \_\_\_\_\_

● **PLEASE COMPLETE THE INFORMATION REQUESTED USING THIS FORM ONLY.** Information is taken from this form and entered into a data base for processing. **DO NOT SUBMIT** applications with answers stating “see attachments,” or attachments (UNLESS REQUESTED). Non-compliant applications will not be accepted and will be returned to the applicant *without review.*

**ASSURANCES AND CERTIFICATION:** By signing this Assurance and Certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on page 1a and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

AUTHORIZED SIGNATORY: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_ TELEPHONE: (    ) \_\_\_\_\_

**MAILING INSTRUCTIONS:** The ORIGINAL and FOUR (4) copies of this application must be RECEIVED at the STATE address indicated above by **MAY 20, 2009** no later than 5:00 p.m.

**PART A (Continued) - ASSURANCES AND CERTIFICATIONS**  
**-COMPETITIVE PROGRAMS-**

ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY- AND STATE-ASSISTED PROGRAMS

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and child care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which a grant is received.

Grantee agrees to comply with all applicable requirements of all State statutes, Federal laws, executive orders, regulations, policies and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the Michigan Department of Education may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or the matter has been adjudicated and the amount disallowed has been recaptured (forfeited). The Department may withhold up to 100 percent of any payment based on a monitoring finding, audit finding or pending final report.

IN ADDITION

This project/program will not supplant nor duplicate an existing early childhood development program.

Applicants not operating any component of the project directly must provide a letter of commitment and agreement, including the specifications of terms and conditions for delivery of services.

There is a written agreement between other eligible public non-profit organizations or programs and the State that outlines provisions for the use of facilities for early childhood development program services (including such use during holidays and vacation periods; the restrictions, if any, on the use of such space; and the times when space will be available for the use of the applicant).

(Competitive Grants ONLY) The following provisions are understood by the recipients of the grants should it be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from a Great Start Readiness Program Consultant of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Grant recipients will comply with all subsequent pending legislation pertaining to this program, all provisions of the *Early Childhood Standards of Quality for Prekindergarten* and the *Great Start Readiness Program Implementation Manual*.
5. Grant recipients must provide MDE with documentation of federal non-profit [501(c)(3)] status.
6. Each eligible grantee acknowledges that their program may be selected to participate in national, regional and/or state-wide GSRP data collection efforts. Acceptance of GSRP funds requires that if your program is selected to be a part of a GSRP evaluation project that it will cooperate fully with the state, its designated evaluation contractor, and any of the state's other research partners.

\_\_\_\_\_  
**AUTHORIZED SIGNATORY**

\_\_\_\_\_  
**DATE**

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**PART B - PROGRAM ABSTRACT\***

<b>NAME OF APPLICANT:</b>
<b>PROJECT NAME:</b>

**INSTRUCTIONS** Organize the Program Abstract using the following categories. Do not use additional pages.

(May be single spaced with a 10-point font.):

**STATEMENT OF NEEDS** [Include target population(s)]:

**DESCRIPTION OF PROGRAM** (Serves as summary):

**EXPECTED PROGRAM OUTCOMES** (Summarize):

**QUALIFICATIONS OF KEY PERSONNEL:**

*\*Failure to prepare an appropriate abstract will result in a reduction of five (5) total points in the review process.*

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**PART C - PROGRAM FACT SHEET**

NUMBER OF CHILDREN TO BE SERVED PART-DAY CENTER-BASED: \_\_\_\_\_

NUMBER OF CHILDREN TO BE SERVED FULL-DAY CENTER-BASED: \_\_\_\_\_

NUMBER OF CHILDREN TO BE SERVED IN A GSRP/HEAD START CLASSROOM: \_\_\_\_\_

NUMBER OF CHILDREN TO BE SERVED IN A HOME-BASED PROGRAM: \_\_\_\_\_

TOTAL AMOUNT REQUESTED:\* \_\_\_\_\_ *\*(At \$3,400 per child Home-Based or Part-Day; \$6,800 per child Full-Day)*

BEGINNING DATE OF PROGRAM: \_\_\_\_\_ ENDING DATE OF PROGRAM:  
\_\_\_\_\_

NUMBER OF WEEKS OF PROGRAM: \_\_\_\_\_

NUMBER OF TEACHER/CHILD CONTACT HOURS PER WEEK: \_\_\_\_\_

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**DELIVERY MODEL**

HOME-BASED

Number of Children: \_\_\_\_\_ Curriculum  
Used: \_\_\_\_\_

Number of Home Visitors: \_\_\_\_\_

CENTER-BASED

Number of Children: \_\_\_\_\_ Curriculum  
Used: \_\_\_\_\_

Number of Classrooms: \_\_\_\_\_

Number of Session and Hours: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Full-Day \_\_\_\_\_ All-  
Day/Alternate Day \_\_\_\_\_

Number of Lead Teachers: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Full-Day \_\_\_\_\_ All-  
Day/Alternate Day \_\_\_\_\_

Number of Associate Teachers: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Full-Day \_\_\_\_\_ All-  
Day/Alternate Day \_\_\_\_\_

Is teaching staff the same for each session?  YES  NO

**SCHEDULE OF OPERATION:**

FOUR DAYS/WEEK (Circle all that apply) M TU W TH F HOURS OF OPERATION  
\_\_\_\_\_

FIVE DAYS/WEEK HOURS OF OPERATION \_\_\_\_\_

ALL DAY/ALTERNATE DAY SCHEDULE M TU W TH F HOURS OF OPERATION

\_\_\_\_\_

MIGRANT/SEASONAL \_\_\_\_\_ Months of Operation HOURS OF OPERATION

\_\_\_\_\_

Migrant/Seasonal months (Circle all months that apply) A M J J A S O N Other

\_\_\_\_\_

**Contact person(s) to whom MDE should send mail and direct questions:**

LEAD CONTACT  
NAME/TITLE: \_\_\_\_\_

-

ORGANIZATION: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

CITY/ZIP CODE:  
\_\_\_\_\_

TELEPHONE NUMBER:  
\_\_\_\_\_

FAX NUMBER:  
\_\_\_\_\_

E-MAIL:  
\_\_\_\_\_

EARLY CHILDHOOD  
SPECIALIST: \_\_\_\_\_

\_\_\_\_\_

ORGANIZATION:  
\_\_\_\_\_

ADDRESS:  
\_\_\_\_\_

CITY/ZIP CODE:  
\_\_\_\_\_

TELEPHONE NUMBER:  
\_\_\_\_\_

FAX NUMBER:  
\_\_\_\_\_

E-MAIL:  
\_\_\_\_\_

**PART D - ACKNOWLEDGMENT OF EFFORT TO COLLABORATE**

**NAME OF APPLICANT:**

\_\_\_\_\_

It is my understanding that the above-named applicant plans to submit an application available through the Michigan Department of Education to operate a Great Start Readiness Program for four-year-old children who are at risk of educational failure. There is a need for such a program in this area, and a representative of my agency/organization/program will be a member of a community Advisory Committee, if needed, to ensure coordination and collaboration of services to these children.

**NOTE:** Completion of this form does NOT in itself constitute an endorsement of the applicant's application.

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF AGENCY/ORGANIZATION/PROGRAM OFFICIAL**

**DATE**

\_\_\_\_\_

**NAME AND TITLE (of person signing above) - PRINT or TYPE**

\_\_\_\_\_

**AGENCY NAME**

\_\_\_\_\_

**ADDRESS**

\_\_\_\_\_

**CITY**

**STATE**

**ZIP CODE**

\_\_\_\_\_

**TELEPHONE NUMBER (including area code)**

We will collaborate with this program by:

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**CERTIFICATION OF NEED**

We provide free comprehensive compensatory educational programming for four-year-old children.

In 2008-2009, we had \_\_\_\_\_ slots to provide a free education for four-year-old children. We served \_\_\_\_\_ children.

\_\_\_\_\_ (*number of children*) remained on a waiting list and were not served in this or, to our knowledge, other free programs.



**Duplicate this page for each entity contacted**

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**PART E - CHART 1**  
**ADVISORY COMMITTEE**

This chart should identify the members of the Advisory Committee, the frequency of the committee meetings, the total number of members on the committee, and the number of agencies represented. Information regarding the entire committee is completed on the first row of each column. Provide specific information regarding parents and community agency representatives in the corresponding row. **NOTE: Legislation requires the Competitive GSRP Advisory Committee to include at least one parent or guardian for every 18 children enrolled, with a minimum of two parent or guardian representatives.**

Community Advisory Committee	NUMBER OF COMMITTEE MEMBERS _____
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**PART E – CHART 2**  
**PROGRAM QUALITY**

Department of Human Services [(DHS), formerly FIA]	
Community Health Services	
Local School Districts/Public School Academies	
Head Start	
Local Early Childhood Programs	
Community Coordinated Child Care (4Cs)	
Great Start Readiness Program Parents	
Other (specify):	

Tentative meeting dates for 2009-2010:

Do the committee agendas include the responsibilities of the committee as outlined in legislation? \_\_\_ yes \_\_\_ no  
(See instructions for committee responsibilities.)

List committee members and agency names (may attach a complete list).

Describe the role of the GSRP parent representatives on the county-wide Advisory Committee.

**INSTRUCTIONS:** This page is used to clearly define program goals and objectives. Include activities, staff responsibility, the strategy used to measure the accomplishment of anticipated outcomes, and a timeline for completion.  
**Use the worksheet to complete this page (attach additional pages as necessary).**

Describe any local program committees with GSRP parent representatives. What is the role of the parents?

**Program Quality Goal** [Identify a Program Quality Assessment (PQA) item to focus on improvement. What is the current score?] **The goal item is taken verbatim from the PQA.**

**Objectives** (step 2 from worksheet). **Objectives are written verbatim from the Level 5 indicator(s) under the selected item.**

**Activities/Tasks/Include teacher training, classroom materials, and curriculum strategies** (step 6 from worksheet). **Activities support meeting the goals and objectives successfully.**

**Timelines** (step 7 from worksheet).

**Measurement Strategies** (step 8 from worksheet). **This includes a reassessment using the PQA as well as other strategies.**

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## **PART E – CHART 3** **PARENT INVOLVEMENT**

**INSTRUCTIONS:** This page is used to clearly define parent involvement goals and objectives. Include activities, staff responsibility, the strategy used to measure the accomplishment of anticipated outcomes, and a timeline for completion (**use the worksheet to complete this page**).

**Parent Involvement Goal** [Identify a Program Quality Assessment (PQA) item].

**Objectives** (step 2 from worksheet).

**Activities/Tasks/Include teacher training, classroom training, classroom materials, and curriculum strategy** (step 6 from worksheet).

**Timelines** (step 7 from worksheet).

**Measurement Strategies** (step 8 from worksheet).

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## **PART E – CHART 4** **CHILD DEVELOPMENT GOALS**

**INSTRUCTIONS:** This page is used to clearly define child development goals and objectives. Include activities, staff responsibility, the strategy used to measure the accomplishment of anticipated outcomes, and a timeline for completion (**use the worksheet to complete this page/attach additional pages as necessary**).

**Child Development Goal** (using a research-validated child assessment tool, identify a domain written verbatim from the child assessment tool and an accompanying indicator, and report aggregate score and desired outcome).

**Objectives** (step 3 from worksheet) **Objectives are based on the domain selected and are included verbatim from the child assessment tool.**

**Activities/Tasks/Include teacher training, classroom materials, and curriculum strategies** (step 5 from worksheet) **Activities support meeting the goals and objectives successfully.**

**Timelines** (step 6 from worksheet).

**Measurement Strategies** (step 7 from worksheet) **Strategies includes reassessment using the child assessment tool and other measurement strategies.**

**PART F - CHART 1:**  
**FACILITY DESCRIPTION FOR CENTER-BASED PROGRAMS ONLY**

**INSTRUCTIONS FOR COMPLETION:** All sites with one GSRP classroom are to complete ALL columns. Sites with more than one GSRP classroom are to complete columns A through E for general site information and columns F through I *for each classroom*. Include copies of license(s).

A.	B.	C.	D.	E.	F.	G.	H.	I.
SITE NAME AND ADDRESS	LICENSE/ APPROVAL NUMBER and CAPACITY	EFFECTIVE DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	NO. OF GSRP ROOMS	HOURS OF: A.M. SESSION P.M. SESSION FULL-DAY	WRAP-AROUND HOURS? Yes No	NO. OF GSRP CHILDREN/ ROOM/ SESSION	NAME OF TEACHER/ ASSOCIATE/ PARAPROFESSIONAL/ ROOM/SESSION
	Number: _____  Capacity _____	Explain if license is provisional:			AM ____ to ____  PM ____ to ____  Full-Day _____ Alternate Day _____	<input type="checkbox"/> <input type="checkbox"/>	AM _____  PM _____  Full-Day _____ Alternate Day _____	
	Number: _____  Capacity _____	Explain if license is provisional			AM ____ to ____  PM ____ to ____  Full-Day _____	<input type="checkbox"/> <input type="checkbox"/>	AM _____  PM _____  Full-Day _____	
	Number: _____  Capacity _____	Explain if license is provisional			AM ____ to ____  PM ____ to ____  Full-Day _____	<input type="checkbox"/> <input type="checkbox"/>	AM _____  PM _____  Full-Day _____	
	Number: _____  Capacity _____	Explain if license is provisional			AM ____ to ____  PM ____ to ____  Full-Day _____	<input type="checkbox"/> <input type="checkbox"/>	AM _____  PM _____  Full-Day _____	

Make copies of this page as necessary.

**PART F - CHART 2:**  
**CLUSTER MEETING SITES FOR HOME-BASED MODELS ONLY**  
**(Initial/Expansion Application)**

**INSTRUCTIONS FOR COMPLETION:** Cluster activities are required for implementing Home-Based model programs. Indicate the location of each cluster meeting site, and the month(s) in which each site will be used. New programs will need ten cluster meetings. Re-competing programs will need 15 cluster meetings.

	Site Location	Month
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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● *(Duplicate this page as needed.)*

**PART G - CHART 1A: KEY CLASSROOM PERSONNEL**

**INSTRUCTIONS:** Identify all teaching staff. Check the appropriate box for relevant education and/or training. (If "Other," please specify.) *Duplicate this page as needed.*

POSITION/NAME	DEGREE/PROGRAM/ CERTIFICATION	POSITION/NAME	DEGREE/PROGRAM/ CERTIFICATION
Name of Early Childhood Specialist	<input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree  Major: _____		
<b>CLASSROOM ___ (A.M. or Full-Day):</b> <b>Teacher</b> Compliance Plan Needed? <input type="checkbox"/> yes <input type="checkbox"/> no  Date of Hire in GSRP: _____	<input type="checkbox"/> Teaching Certification (Exp. Date: _____) and <input type="checkbox"/> ZA Endorsement, or <input type="checkbox"/> CDA Credential Exp. Date: _____, or <input type="checkbox"/> Bachelor's in Child Development or ECE, or <input type="checkbox"/> Other (Specify) _____	<b>CLASSROOM ___ (A.M. or Full-Day):</b> <b>Teacher</b> Compliance Plan Needed? <input type="checkbox"/> yes <input type="checkbox"/> no  Date of Hire in GSRP: _____	<input type="checkbox"/> Teaching Certification (Exp. Date: _____) and <input type="checkbox"/> ZA Endorsement, or <input type="checkbox"/> CDA Credential Exp. Date: _____, or <input type="checkbox"/> Bachelor's in Child Development or ECE, or <input type="checkbox"/> Other (Specify) _____
<b>Associate Teacher</b> Compliance Plan Needed? <input type="checkbox"/> yes <input type="checkbox"/> no  Date of Hire in GSRP: _____	<input type="checkbox"/> CDA Credential (Exp. Date: _____), or <input type="checkbox"/> Associate's degree or higher in Child Development or ECE, or <input type="checkbox"/> 120-clock hours of training in child development/ECE <input type="checkbox"/> Other (Specify) _____	<b>Associate Teacher</b> Compliance Plan Needed? <input type="checkbox"/> yes <input type="checkbox"/> no  Date of Hire in GSRP: _____	<input type="checkbox"/> CDA Credential (Exp. Date: _____), or <input type="checkbox"/> Associate's degree or higher in Child Development or ECE, or <input type="checkbox"/> 120-clock hours of training in child development/ECE <input type="checkbox"/> Other (Specify) _____
Paraprofessional/Volunteers, including parents		Paraprofessional/Volunteers, including parents	
<b>CLASSROOM ___ (P.M.):</b> <b>Teacher</b> Compliance Plan Needed? <input type="checkbox"/> yes <input type="checkbox"/> no  Date of Hire in GSRP: _____	<input type="checkbox"/> Teaching Certification (Exp. Date : _____) and <input type="checkbox"/> ZA Endorsement, or <input type="checkbox"/> CDA Credential Exp. Date: _____, or <input type="checkbox"/> Bachelor's in Child Development or ECE, or <input type="checkbox"/> Other (Specify) _____	<b>CLASSROOM ___ (P.M.):</b> <b>Teacher</b> Compliance Plan Needed? <input type="checkbox"/> yes <input type="checkbox"/> no  Date of Hire in GSRP: _____	<input type="checkbox"/> Teaching Certification (Exp. Date: _____) and <input type="checkbox"/> ZA Endorsement, or <input type="checkbox"/> CDA Credential Exp. Date: _____, or <input type="checkbox"/> Bachelor's in Child Development or ECE, or <input type="checkbox"/> Other (Specify) _____
<b>Associate Teacher</b> Compliance Plan Needed? <input type="checkbox"/> yes <input type="checkbox"/> no  Date of Hire in GSRP: _____	<input type="checkbox"/> CDA Credential (Exp. Date: _____), or <input type="checkbox"/> Associate's degree or higher in Child Development or ECE, or <input type="checkbox"/> 120-clock hours of training in child development/ECE <input type="checkbox"/> Other (Specify) _____	<b>Associate Teacher</b> Compliance Plan Needed? <input type="checkbox"/> yes <input type="checkbox"/> no  Date of Hire in GSRP: _____	<input type="checkbox"/> CDA Credential (Exp. Date: _____), or <input type="checkbox"/> Associate's degree or higher in Child Development or ECE, or <input type="checkbox"/> 120-clock hours of training in child development/ECE <input type="checkbox"/> Other (Specify) _____
Paraprofessional/Volunteers, including parents		Paraprofessional/Volunteers, including parents	

**PART G - CHART 1B**  
**HOME-BASED STAFF ONLY**

**INSTRUCTIONS FOR COMPLETION:** For Home-Based models only, identify all GSRP competitive staff.

The home visitor has the appropriate education and training required in legislation, including an associate's or bachelor's degree in child or human development, early childhood education, family life education, parenting, or social work **OR** a Child Development Associate Credential (CDA).

Name	Education	Date of Hire in GSRP	Number of Children in Caseload
Early Childhood Specialist:			
Home Visitors:			

**PART G - CHART 2: PROFESSIONAL DEVELOPMENT PLAN**

**INSTRUCTIONS:** Complete this form by checking the box next to the professional development opportunities that staff will be able to attend. Identify conferences/workshops. Identify **by title** who will receive the training (*CHECK ALL THAT APPLY*). **Provide a Narrative** Statement of on-going training, observation, feedback, and role of the Early Childhood Specialist and how the information will be used to improve the program.

<u>CHECK BOX</u>	<u>PROFESSIONAL DEVELOPMENT OPPORTUNITIES</u>	<u>WHO WILL ATTEND?</u> (List by title only (i.e., administrator, early childhood specialist, teacher, associate teacher, home visitor, etc.))
<input type="checkbox"/>	Michigan Collaborative Early Childhood Conference	
<input type="checkbox"/>	MiAEYC Annual Conference	
<input type="checkbox"/>	MiAEYC Early Childhood Seminars or One Day Conferences	
<input type="checkbox"/>	National Conferences (specify below)	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>	MDE Fall Kickoffs or Webinars	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>	Regional or other forms of training, including in-service training by MDE consultants, intermediate school districts, local agencies or the applicant agency, and college course work, etc. (specify below)	
<input type="checkbox"/>		

*Duplicate this page as needed*

**PART H - BUDGET**

**INSTRUCTIONS:** The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the business office using the School District Accounting Manual (Bulletin 1022).

**1. BUDGET SUMMARY**

<b>LEGAL NAME OF APPLICANT</b>					
<b>RECIPIENT CODE</b>	<b>GRANT NUMBER</b>	<b>PROJECT NUMBER</b>	<b>PROJECT TYPE</b>	<b>ENDING DATE (mm/dd/yy)</b>	<b>FY of Approved Activity</b>
	<b>105170</b>		<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carry-over	<b>09/30/2010</b>	<b>2010</b>

<b>FUNCTION CODE</b>	<b>FUNCTION TITLE</b>	<b>SALARIES (1000)</b>	<b>BENEFITS (2000)</b>	<b>PURCHASED SERVICES (3000, 4000)</b>	<b>SUPPLIES &amp; MATERIALS (5000)</b>	<b>CAPITAL OUTLAY (6000)</b>	<b>OTHER EXPENDITURES (7000, 8000)</b>	<b><u>TOTAL</u></b>
110	Instruction --- Basic Needs							
120	Instruction --- Added Needs							
130	Instruction --- Adult/Continuing Education							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	<b>SUBTOTALS (Sum of ALL lines above)</b>							
400	Outgoing Transfers & Other Transactions							
999	<b>INDIRECT COSTS (Not Allowed)</b>							
	<b>TOTAL EXPENDITURES</b>							A)

**2. BUDGET DETAIL--**

Explain each line item, including cash and in-kind match, that appears on the Budget Summary, using the indicated function code and title on a plain sheet.

**FUNDING:** Department of Education Share of Expenditures

B)

Local Share of Expenditures (Block A Minus Block B)

C)

## Board of Directors (attach to 501c3 if non-profit)

<b>Name</b>	<b>Home Address</b>	<b>Telephone</b>	<b>Fax</b>	<b>E-mail</b>
<b>President</b>				
<b>Vice President</b>				
<b>Secretary</b>				
<b>Treasurer</b>				