Budget

Hubbard Exempted Village (045427) - Trumbull County - 2014 - Straight A Fund - Rev 0 - Straight A Fund

U.S.A.S. Fund #:
Plus/Minus Sheet (opens new window)

Purpose Code / Object Code	Salaries 100	Retirement Fringe Benefits 200	Purchased Services 400	Supplies 500	Capital Outlay 600	Other 800	Total
Instruction	60,000.00	18,000.00	0.00	10,000.00	0.00	0.00	88,000.00
Support Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Governance/Admin	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Prof Development	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Family/Community	0.00	0.00	0.00	5,000.00	0.00	0.00	5,000.00
Safety	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	60,000.00	18,000.00	0.00	15,000.00	0.00	0.00	93,000.00
						Adjusted Allocation	0.00
						Remaining	-93,000.00

Application

Hubbard Exempted Village (045427) - Trumbull County - 2014 - Straight A Fund - Rev 0 - Straight A Fund

Applicants shall respond to the prompts or questions in the areas listed below in a narrative form.

A) APPLICANT INFORMATION - General Information, Experience and Capacity

1. Project Title:Three by Three--Lending a Hand for Literacy

2.Executive summary: Provide an executive summary of your project proposal and which goal(s) in question 9 you seek to achieve. Please limit your responses to no more than three sentences.

700 3. Total Students Impacted:

4. Lead applicant primary contact: - Provide the following information:

First Name, last Name of contact for lead applicant: Lucille Esposito

Organizational name of lead applicant: Hubbard Exempted Village Schools

Unique Identifier (IRN/Fed Tax ID): 045427

Address of lead applicant: 108 Orchard Hubbard, OH 44425

Phone Number of lead applicant: 330 534 1921 ext. 1008

Email Address of lead applicant: espositol@hubbard.k12.oh.us

5. Secondary applicant contact: - Provide the following information, if applicable:

First Name, last Name of contact for secondary applicant: Raymond Soloman

Organizational name of secondary applicant: Hubbard Elementary School

Unique Identifier (IRN/Fed Tax ID):

Address of secondary applicant: 150 Hall Ave Hubbard, OH 44425

Phone number of secondary applicant: 330 534 1921 ext. 4001

Email address of secondary applicant: solomanr@hubbard.k12.oh.us

6. List all other participating entities by name: Provide the following information for each additional participating entity, if applicable: Mention First Name, Last Name, Organizational Name, Unique Identifier (IRN/Fed Tax ID), Address, Phone Number, Email Address of Contact for All Secondary Applicants in the box below.

7. Partnership and consortia agreements and letters of support: - (Click on the link below to upload necessary documents).

* Letters of support are for districts in academic or fiscal distress only. If school or district is in academic or fiscal distress and has a commission assigned, please include a resolution from the commission in support of the project.

* If a partnership or consortium will be established, please include the signed Straight A Description of Nature of Partnership or Description of Nature of Consortium Agreement.

UploadGrantApplicationAttachment.aspx

8. Please provide a brief description of the team or individuals responsible for the implementation of this project including relevant experience in other innovative projects. You should also include descriptions and experiences of partnering entities.

Lucille Esposito, the primary contact, is the Special Assistant to the Superintendent, and has been successfully writing federal, state, and foundation grants for the past sixteen years.

B) PROJECT DESCRIPTION - Overall description of project and alignment with Outcomes

9. Which of the stated Straight A Fund goals does the proposal aim to achieve? - (Check all that apply)

- [x] Student achievement
- [ ] Spending reductions in the five-year fiscal forecast
- [x] Utilization of a greater share of resources in the classroom

10. Which of the following best describes the proposed project? - (Select one:)

- [ ] New - never before implemented
- [ ] Existing and researched-based - never implemented in your district or community school but proven successful in other educational environments
- [x] Mixed Concept - incorporates new and existing elements
- [ ] Enhancing/Scale Up - elevating or expanding an effective program that is already implemented in your district, school, or consortia partnership

11. Describe the innovative project.

12. Describe how it will meet the goal(s) selected above. - If school/district receives school improvement funds/support, include a brief explanation of how this project will advance the improvement plan.

C) SUSTAINABILITY - Planning for ongoing funding of the project, cost breakdown

13. Financial Documentation - All applicants must enter or upload the following supporting information. Responses should refer to specific information in the financial documents when applicable:

a. Enter a project budget

b. Upload the Straight A Financial Impact Template forecasting the expected changes to the five-year forecast resulting from implementation of this project. If applying as a consortia or partnership, please include the five-year forecasts of each school district, community school or STEM school member for review.

c. If subsection (b) is not applicable, please explain why, in addition to how the project will demonstrate sustainability and impact.

14. What is the total cost for implementing the innovative project?

* Total project cost

* Provide a brief narrative explanation of the overall budget. The narrative should include the source and amount of other funds that may be used to support this concept (e.g., Title I funding, RttT money, local funding, foundation support, etc.), and provide details on the cost of items included in the budget (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc).

15. What **new/recurring costs** of your innovative project will continue once the grant has expired? If there are no new/recurring costs, please explain why.

* Specific amount of new/recurring cost (annual cost after project is implemented)

* Narrative explanation/rationale: Provide details on the cost of items included in the budget (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc.). If there are no new/recurring costs, please explain why.

16. Are there **expected savings** that may result from the implementation of the innovative project?

* Specific amount of expected savings (annual)

* Narrative explanation/rationale: Provide details on the anticipated savings (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc.)

17. Provide a brief explanation of how the project is self-sustaining. If there are ongoing costs associated with the project after the term of the grant, this explanation should provide details on the cost reductions that will be made that are at least equal to the amount of new/recurring costs detailed above. If there are no new/recurring costs, explain in detail how this project will sustain itself beyond the life of the grant.

D) IMPLEMENTATION - Timeline, communication and contingency planning

18. Fill in the appropriate dates and an explanation of the timeline for the successful implementation of this project. In each explanation, be sure to briefly describe the largest barriers that could derail your concept or timeline for implementation and your plan to proactively mitigate such barriers. In addition, the narrative should list the stakeholders that will be engaged during that stage of the project and describe the communication that occurred as the application was developed.

Describe the ongoing communication plan with the stakeholders as the project is implemented. (Stakeholders can include parents, community leaders, foundation support and businesses, as well as educational personnel in the affected entities.)

* Proposal Timeline Dates

Plan (MM/DD/YYYY):

* Narrative explanation

Implement (MM/DD/YYYY):

* Narrative explanation

Summative evaluation (MM/DD/YYYY):

* Narrative explanation

19. Describe the expected changes to the instructional and/or organizational practices in your institution.

E) SUBSTANTIAL IMPACT AND LASTING VALUE - Impact, evaluation and replication

20. Describe the rationale, research or past success that supports the innovative project and its impact on student achievement, spending reduction in the five-year fiscal forecast or utilization of a greater share of resources in the classroom.

21. Is this project able to be replicated in other districts in Ohio?

☑ Yes ☐ No

22. If so, how?

23. Describe the substantial value and lasting impact that the project hopes to achieve.

24. What are the specific benchmarks related to the fund goals identified in question 9 that the project aims to achieve in five years? Include any other anticipated outcomes of the project that you hope to achieve that may not be easily benchmarked.

25. Describe the plan to evaluate the impact of the concept, strategy or approaches used.

* Include the method by which progress toward short- and long-term objectives will be measured. (This section should include the types of data to be collected, the formative outputs and outcomes and the systems in place to track the program's progress).

* Include the method, process and/or procedure by which the program will modify or change the program plan if measured progress is insufficient to meet program objectives.

By virtue of applying for the Straight A Fund, all applicants agree to participate in the overall evaluation of the Straight A Fund for the duration of the evaluation timeframe. The Governing Board of the Straight A Fund reserves the right to conduct evaluation of the plan and request additional information in the form of data, surveys, interviews, focus groups, and any other related data to the legislature, governor, and other interested parties for an overall evaluation of the Straight A Fund.

PROGRAM ASSURANCES: I agree, on behalf of this applicant agency and/or all identified partners to abide by all assurances outlined in the Assurance section of the CCIP. In the box below, enter "I Accept" and indicate your name, title, agency/organization and today's date.

I accept Richard J. Buchenic, Superintendent of Schools Hubbard Exempted Village School 108 Orchard Ave Hubbard OH 44425