### Budget

#### Westerville City (045047) - Franklin County - 2014 - Straight A Fund - Rev 0 - Straight A Fund - Application Number (461)

U.S.A.S. Fund #:

Plus/Minus Sheet (opens new window)

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Adjusted Allocation: 0.00

Remaining: -2,405,985.00
Applications 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: Project BRAIN: Brain Research in Academics & In Neighborhoods

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.

Project BRAIN: Brain Research in Academics & In Neighborhoods is a collaborative project developed and proposed by three community agencies intending to ensure that all students come to school in a state that is conducive to learning, able to self-regulate, and as a result, will be able to increase scores on kindergarten readiness assessments, grade level benchmark assessments, and Ohio Achievement Assessments. By merging the expertise of teachers to provide academic instruction with what is known about how the brain develops, stores and retrieves information, Westerville Schools will positively impact student achievement and reduce operating costs over the next five years. Based on the Neurosequential Model in Education (NME) by Dr. Bruce D. Perry, we intend to train and support educators in our schools, as well as reach out to families through our mobile child development and resource center. Taking the learning to our families in our Brain-mobile!

3. Total Students Impacted:

4. Lead applicant primary contact: - Provide the following information:
   - First Name, last Name of contact for lead applicant: John Kellogg
   - Organizational name of lead applicant: Westerville City Schools
   - Unique Identifier (RN/Fed Tax ID): 045047
   - Address of lead applicant: 936 Eastwind Drive, Westerville, Ohio 43081
   - Phone Number of lead applicant: 614-797-5700
   - Email Address of lead applicant: kellogg@wcscoh.org

5. Secondary applicant contact: - Provide the following information, if applicable:
   - First Name, last Name of contact for secondary applicant: N/A
   - Organizational name of secondary applicant: N/A
   - Unique Identifier (RN/Fed Tax ID): N/A
   - Address of secondary applicant: N/A
   - Phone number of secondary applicant: N/A
   - Email address of secondary applicant: N/A

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 (RN/Fed Tax ID), Address, Phone Number, Email Address of Contact for All Secondary Applicants in the box below.

   Jane Whyde, Executive Director
   Franklin County Family and Children First Council
   855 West Mound Columbus, Ohio 43223 (614)275-2511
   jwhyde@fccs.co.franklin.oh.us

   Janet Meeks, President and COO
   Mount Carmel Health Systems
   St. Ann's Hospital
   500 South Cleveland Ave
   Westerville, Ohio 43081 (614)988-4155
   jeweeks@mchs.com

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.

   This collaborative proposal has been crafted among Westerville City Schools, Mount Carmel Health System, and Franklin County Family and Children First Council. We each have a vested interest in the growth and development of the children in Westerville. Previously, we have done each one part in isolation. We plan to support the children of our community from conception to graduation. Each with our own function and expertise, yet in a cooperative and integrated way. Westerville City Schools (WCS) is rated Excellent with Distinction and serves 15,000 students a year from age three to twenty-one. To this partnership, we bring our expertise in the area of teaching and learning, as well as our experience purchasing, operating, and maintaining a fleet of 116 buses. We have a history of managing multiple large grants. The Franklin County Family and Children First Council's (FCFC) primary role in the community is to bring child serving agencies together in order to better achieve positive outcomes for children and families. Some of the projects and programs FCFC manages include Help Me Grow for children birth to age three, Service Coordination for youth receiving services from multiple systems, child abuse and neglect prevention programs, and family and civic engagement in schools. In 2012, FCFC launched the Building Better Lives initiative in order to change the intergenerational cycle of child abuse and family violence in Franklin County. This effort includes general education within the community, prevention, intervention and effective treatment across all child and family serving systems, as well as the development of "Building Blocks: Play-to-Learn Activities for Child Development," materials. Understanding the impact abuse, neglect, violence and poverty has on the developing child's brain is a cornerstone of this effort and has been a foundation of exploring effective strategies across systems. FCFC's experience with NME and success with resource development will be an asset to the partnership. Westerville City Schools has participated in the Building Better Lives initiative and served as the pilot site for the educational system. FCFC funded and supported the web-based Neurosequential Model in Education (NME) with 75 educators in partnership with WCS. A retreat was held to share and learn about interventions that could be used in the classroom. Mt. Carmel-St. Ann's hosted the retreat in their new conference facility with participants from FCFC and WCS in attendance. Mount Carmel Health System (MCHS) rounds out our partnership, bringing their medical expertise and established, trusting relationships with our diverse community. Ranging from their Little Miracles Maternity Program, to emergency services, and family practice, MCHS supports our families before, during and after pregnancy. MCHS and FCFC have had a long standing relationship, with MCHS serving as a Help Me Grow Provider. Additionally, MCHS is the primary sponsor for the Westerville Area Resource Manager's (WARM) summer lunch program that served 25,186 meals to students in the Westerville School District last summer. Mount Carmel brings their relationships with our young families, their involvement with our summer lunch club, their experience and expertise to the partnership. This is an established relationship among three groups with aligned missions and different areas of expertise. All have successfully managed and implemented large grants. All are committed to the children of Westerville and have worked together on multiple projects over many years. The strength of these relationships will allow us to efficiently get right to the work and address obstacles as they arise.

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)

   [ ] Student achievement
   [ ] 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
    [ ] 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.

   Research now shows that trauma can undermine children's ability to learn, form relationships, and function appropriately in the classroom. Schools, which are significant communities for children, and
The number of WCS students at risk of trauma is significant, beginning in FY6 in the adversative childhood environment beyond the grant period.

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 for each school district, community school or STEM school member or review.

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

2,405,985.00 * Total project cost

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

In the area of purchased services and supplies, we will provide additional staff support to the educators. This will provide additional support for the WRTEA, ELL, and Math programs.

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.

20,000.00 ** Specific amount of new/recurring cost (annual cost after project is implemented)

** Narrative explanation/rationale: Provide details on the costs 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.

The majority of the costs are for professional and support staff. Personnel to staff the mobile units will be the primary on-going expense. The other cost will be replacement of materials as supplies run out. We expect that much of this can be offset by the support of our partners and the business community as they shift material, marketing, and foundation funds to this project. Additionally, as the only universal programs, we will continue to receive funds from the district, community school or STEM school.

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

1,088,403.98 * 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.).

As children become able to self-regulate, achievement increases and the need for intervention decreases. Beginning in FY15, we anticipate needing one fewer intervention FTE than needed in FY14. This will decrease Personal Services (Salaries and Wages) by $42,636 and Fringe Benefits by $15,242 during the first year. The following year, we will decrease by another FTE, eliminating a total of 2 FTE for FY16. In FY17, we will reduce the FTE by an additional 2 FTE for FY18. In FY19, we will reduce the FTE by an additional 4 FTE for FY20. The number of needed teachers will decrease by $1,000,000 for FY21, allowing for the reduction of the mobile centers. This will provide additional savings and funds for other programs.

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.

The project will be self-sustaining within a larger context of understanding and support which will be instrumental in our sustainability. Additionally, most of the expense of this project is an upfront cost. During the first year of the project, all of the training will occur, providing a cadre of trainers from multiple systems that can sustain the work after the grant period. The primary expense of the mobile centers will be the purchase of the vehicles. This will occur within the grant period. The cost of development and purchase of an adequate supply of materials will occur within the grant period. The partners will be prepared to sustain the mobile centers post grant period. Dr. Perry will travel to the mobile centers to train the staff and provide ongoing support.

Dr. Bruce Perry explains that a child must be in a state of calm or alert on the arousal continuum to learn. When in a state of calm, the child can focus, regulate, and return to a state of calm or alert. For students who have experienced trauma, this response is triggered by elements of the environment typically not considered stressful. Their response is exaggerated and they don’t possess the skills to self-regulate. Additionally, living with chronic stress changes our arousal baseline, so our functional level, without intervention, remains outside of states conducive to learning. NME provides teachers with knowledge of brain development and its impact on learning and behavior. Dr. Perry identifies Core Principles that are essential for positive development and educational experiences. These elements are Relationship, Relevant, Restorative, Rewarding, Rhythmic, and Respectful. Teachers are prepared to view their practice through the lens of NME and design lessons and interventions that are aligned with the way students respond to stress. This project will result in all Pre-K through 3 staff having increased knowledge about the impact of brain development and functioning on learning and behavior. As staff knowledge increases, their practices will shift to better support learner self-regulation. As students self-regulate, their achievement will increase in math and reading. A team of trainers will provide ongoing support to classroom teachers through consultation, coaching and modeling. It provides sustainability, cross-discipline training, a knowledgeable voice for planning and design of materials and supports. Trainers will benefit the community by giving opportunities to teachers and their families; taking the learning experiences to schools via the mobile centers and resource center. As our community becomes more knowledgeable about brain development and the impact on learning and behavior, our developmental practices will change, and consequently, our students will be able to self-regulate, achieve, and grow academically.

Our project will use neuroscience to increase student achievement by building trauma-sensitive school environments that help students to self-regulate and build the capacity of educators to understand the impact of trauma on learning.

The partnership among Mt. Carmel Health System, Family & Children First Council, and Westerville Schools draws upon the expertise of each organization-Medical, education, and child serving agencies. Recognizing the obstacles families face, we want to design a mobile child development and resource center in a modified school bus to meet the families where they are: neighborhoods, libraries, medical centers, summer lunch clubs, festivals, community centers. Together we will increase the communities’ understanding of the developing brain and practices that lead students higher and make learning and behavior easier.

"The number of WCS students at risk of trauma is significant, beginning in FY6 in the adversative childhood environment beyond the grant period. Our proposed project uses neuroscience to increase student achievement by building trauma-sensitive school environments that help students to self-regulate and build the capacity of educators to understand the impact of trauma on learning. This will occur within the grant period. The primary expense of the mobile centers will be the purchase of the vehicles. This will occur within the grant period. The cost of development and purchase of an adequate supply of materials will occur within the grant period. The partners will be prepared to sustain the mobile centers post grant period. Dr. Perry will travel to the mobile centers to train the staff and provide ongoing support.

Research shows that trauma limits the ability to self-regulate, and consequently has a negative impact on achievement. Our proposed three-tiered project uses principles of neuroscience to increase student achievement by building trauma-sensitive school environments that help students to self-regulate and build the capacity of educators to understand the impact of trauma on learning. The primary expense of the mobile centers will be the purchase of the vehicles. This will occur within the grant period.
D) IMPLEMENTATION - Timeline, communication and contingency planning

* Proposal Timeline Dates

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Stakeholders in this phase include Westerville City Schools, Family & Children First Council and Mt. Carmel Health System. The partners have meet five times during the grant development process and have committed to meeting at least monthly through the entire grant period. We believe this will assist in identifying any barriers early and maintain open communication. Key tasks during this phase will include:

- Establish - A leadership team that includes representation from each stakeholder and agrees to meet consistently throughout the implementation and evaluation portions of the project (WCS, FCFC, and MCHS by January) - Each partner identify lead or support staff for each task (WCS, FCFC, and MCHS by January) - Communicating with all Pre-K through third grade teachers to share the vision of the project (WCS, FCFC, and MCHS by January) - Establish the calendar of training sessions for the year to enable requests for substitute coverage (WCS and FCFC by January) - Communicate with key community locations regarding placement of information materials to obtain support (WCS, FCFC, and MCHS by January) - Design the mobile child development and resource center (WCS, FCFC, and MCHS by January) - Design all promotional materials that will be placed throughout the community and in the mobile child development and resource center (WCS, FCFC, and MCHS by mid-February) - Implement process for gathering data for evaluation (WCS, FCFC, and MCHS by end of January) - Establish agreements with purchased service providers (WCS by January) Potential barriers that we could face during this phase:

- Identifying service providers with the needed expertise.
- Ensuring that all services and products can be delivered by the deadline.

Implement (MM/DD/YYYY): 02/15/2014

| Narrative explanation | |

Stakeholders in this phase include Westerville City Schools, Family & Children First Council, community locations that will house resource materials and Mt. Carmel Health Systems. The leadership team will meet at least monthly throughout this phase to maintain communication and ensure that the project is being implemented with fidelity to the plan. This team will also assume responsibility for disseminating the project to other respective organizations, to ensure better buy-in to the project. Key tasks during this phase include:

- Place order for the mobile center and begin to appear in the community (WCS by February for order, WCS, FCFC, and MCHS for visits in community which will be ongoing following delivery) - Hold training sessions as outlined in the plan (WCS, FCFC, and MCHS in February-September) - Deliver resource materials to various community locations (WCS, FCFC, and MCHS by end of March) - Develop plan for long-term outcomes and communication results with all key stakeholders (WCS, FCFC, and MCHS by May-July) - Communicate plan for long-term outcome measurement to key stakeholders and community members (WCS, FCFC, and MCHS by June) - Establish ongoing implementation timeline including reporting expectations (WCS, FCFC, and MCHS by June) - Establish long-term responsibilities for leadership team and outline meeting schedule (WCS, FCFC, and MCHS by June) - Attend inaugural symposium on Brain Development and Implications for Interventions and Policy. This will allow us to learn from and network with other professionals implementing the NMT and NME Models from across the world.

Summative evaluation (MM/DD/YYYY): 05/15/2014

| Narrative explanation | |

* Describe the expected changes to the instructional and organizational practices in your institution.

Expected changes to the instructional and organizational practices will be realized almost immediately with an increase from zero to twenty-five staff and community partners who have completed the NME training Program. They will form a team of trainers, increasing the district’s capacity from zero to twenty-five to provide continual in-house professional development and support for staff. Additionally, they will be trained to use the NME Classroom Functional Maps which provides a simple and rapid way for the teacher to assess the relative brain-mediated strengths and weaknesses of a student. This team of trainers will provide ongoing support to classroom teachers through consultation, coaching and modeling. Once the professional development for our trainers group is underway, we will expand our focus to include pre-school to third grade staff and community allies. These entities may include associates of MCHS and FCFC, childcare providers, and coaches, as well as those who work with our students on a regular basis.

The output of the project will be to provide effective learning opportunities in the basic concepts of neurosequential development and how to apply this knowledge to the teaching and learning process. Concurrently, as understanding increases, a shift will occur in the instructional choices teachers make. Staff will view their practice through the lens of NME as it relates to brain development and developmental trauma, and start making more intentional decisions about their interactions with children. Non-academic elements that activate the stress response will be addressed. These changes to instructional activity will help students remain regulated will increase. Instructional and organizational changes will also be significant with the introduction of our mobile child development and resource center. This team will use the NME Models from across the world.

Potential barriers that we could face during this phase:

- Coordinating vacation schedules among leadership team during summer months. Scheduling meetings well in advance will be important.
- Documenting student outcome data prior to June 2014. We will focus on collecting baseline data and other anecdotal information.

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

29. 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.

Westerville City Schools has participated in FCFC’s Building Better Lives initiative since March 2012 and served as the pilot site for the educational system in the Spring of the 2013-14 school year. To date, nearly 100 WCS professionals participated in the live training sessions with Dr. Perry and have begun exploring the implications on their practice. FCFC funded and supported the web-based Neurosequential Model of Education (NME) with 75 educators in partnership with WCS. Additionally, WCS staff members have read “The Boy that was Raised as a Dog” and participated in a retreat that was held to collaborate around these principles in the classroom. Similar programs that have been implemented with significantly at-risk students have demonstrated high rates of success. This includes Warwick Academy, Alternative School, in Gaston, NC which saw a nearly 50% decrease in out of school suspensions and a 900% increase in graduation rates for students. A decrease in teacher absences and student dropout rates were realized along with an increase in student attendance. As explained in question 11, “Research now shows that trauma can undermine children’s ability to learn, form relationships and function appropriately in the classroom. Schools, which are significant communities for children, and teachers - the primary role models in these communities - must be given the supports they need to address trauma’s impact on learning. Otherwise, many children will be unable to achieve their academic potential ... Trauma-sensitive school environments benefit all children - those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by their traumatized classmates.” (Helping Traumatized Children Learn, 2005)

According to the National Task Force on the Education of Children with Disabilities, “The loss of ability to regulate the intensity of feelings and impulses is possibly the most far reaching effect of trauma and neglect. A key finding in an Oregon State University Study shows that at-risk children who can self-regulate have higher math, reading and vocabulary achievement (Early Childhood Research Quarterly, Fall 2010). With what has been started in WCS, the teachers are very excited about the prospect of expanding the process and look forward to seeing the academic gains and fiscal savings that this research would suggest.

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

[Yes] [No]
The process we propose is not district or community specific. Any school with established relationships with their Health System and Community Agencies could replicate this project. Westerville City Schools and its partners would be willing to serve as a resource for other school districts and/or community partners interested in replicating this initiative.

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

Following this grant cycle, the lasting impact will include: "Certification of 25 trainers which will build the capacity of our staff to provide training and leadership to our district as well as child-serving organizations across Franklin County. At this time, there are no certified trainers in Central Ohio. "Capacity to administer classroom functional (mini) maps in classrooms to assess the relative brain-mediated strengths and weaknesses of students. This will inform academic and behavioral interventions. "25 mental health staff trained in NMT 15-hour overview program. "Three Mental Health Specialists with NMT Certification and the ability to administer and interpret the NMT Metrics which includes the Functional Brain Maps. "Learning opportunities provided to 300 teachers, with capacity to continue through remaining grade levels. "Mobile centers and maintenance agreement will be in place and operational for future use. "Resource materials will have been created and available, allowing us to continue our outreach across our district. "Resource library available to staff and community. "Strengthened relationship among WCS, FCFC, and MCHS will facilitate on-going support for the project. "Expanded relationships and communication system in place will enable continued interactions and sharing of information with other entities who serve our students. "More positive relationships with families who will view the schools as an supportive partner in the education of their children. "Parents who possess this increased knowledge will share their informed parenting practices with peers across the community. "Providing these skills to a new generation of parents will contribute significantly to breaking the cycle of childhood trauma. "Regulated kids who are ready to raise regulated kids.

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.

The specific benchmarks related to fund goal of student achievement include: *Increase scores on the State Assessments in Grade 3 *Increased numbers of students performing at Benchmark in Kindergarten through grade 3 *Increased scores on the Kindergarten Readiness Assessment *The specific benchmarks related to the fund goal of reduction of the Five Year Forecast include: *Reduced number of Reading Intervention FTE in response to the Third Grade Reading Guarantee by 50% (six FTE) The following will become evident over time and can not be easily benchmarked, but we expect to see: "Fewer retentions *Increased state test scores in grades 4-12 *Increased number of student in grades 4-12 at grade level benchmarks "Increased student attention and time on task *Decreased number of students with office referrals, and a decrease in the number of referrals per student. *Decreased number of students suspended "Increased family engagement "Increased use of drugs and alcohol "Decreased disciplinary calls to homes "Decreased student absences "Decreased drop out rates "Increased graduation rates "Increased employee absenteeism, turnover, and need for Employee Assistance Program.

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 the end of the grant cycle, Intermediate Outcomes and evidence will include: *Completion of training - attendance sheets - completion certificates *Construction of bus - Mobile Child Development and Resource Center *Community visits - log of activities, locations, and number of participants *Development of longer plan - actual plan Long-Term Outcomes and evidence will include: *State test results - data reports from State *Grade level benchmarks - school data walls *KRA-L - school data walls *Human Resource allocations - board reports *Discipline reports - run report per building *Fiscal Reports - Board Agendas Defining the parameters of the grant evaluation system is one of the tasks charged to our leadership team in the planning phase. They will monitor, reflect, adjust and grow the plan on an on-going basis.

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.

Accept John Kellogg Superintendent Westerville City Schools October 25, 2013