##

Rhode Island Comprehensive

Birth-Pre-K

Literacy Grant Application

**Important Dates**

**May 12, 2020:** Birth-Pre-K CLSD RFP Re-released

**June 12, 2020**: Applications are due by 5:00 pm and should be submitted electronically to RIPre-K@ride.ri.gov.

Proposals must have all appropriate signatures and required components to be considered complete.

**\*\*\***All grant information, guidance, FAQ and pre-recorded webinars can be found on the CLSD page on the RIDE website or accessed here [CLSD Informational Page](https://www.ride.ri.gov/InstructionAssessment/Literacy/CLSDGrant.aspx)

Rhode Island Comprehensive Literacy Grant Application

1 Application Information

**LEA/Program Name**:

**Application Grade/Age Span:**

Please check the box indicating the age/grade span for this grant application. Separate applications must be submitted for each age/grade span application.

[ ]  Birth to Pre–Kindergarten

**Grant Application Contact Information**

|  |  |
| --- | --- |
| Primary Contact |  |
| Title |  |
| Mailing Address  |  |
| Phone  |  |
| Fax |  |
| Email  |  |

**CLSD Impact Study Participation**

Please indicate your LEA’s willingness to participate in the CLSD Impact Study by checking the appropriate box. If we are selected to receive a CLSD grant:

[ ]  Our LEA **will participate** in the CLSD Impact Study and receive up to $15,000 for each participating elementary school. **The elementary schools we will include in the impact study are:**

1. Name of Elementary School 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of Elementary School 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of Elementary School 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of Elementary School 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. continue as needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Our LEA will **not commit to participating** in the CLSD Impact Study.

 2 Needs Analysis Summary (suggested 2-3 pages)

Please write a summary of the methodology and results of the Needs Analysis. Include the data collected and methods of analysis and interpretation. Data visualization, as well as text, are welcomed. Please attach a copy of the completed Literacy Needs Assessment within the application.

### 3 Scope of Work (2-3 pages)

Referencing completed Needs Analysis directly, with citations, articulate the expectations and implementation of the required Level One Activities and the selected Level Two Activities. Include:

* Major milestones and goals
* Connection between the work and the Needs Analysis
* All proposed Level One and Level Two Activities
* Schools and grades to be impacted by the work
* Number of and role of educators involved in the proposed work
* Plan for data collection and sharing data with RIDE

4 Work Plan

* Month by month plan for Year One of work
* Quarterly plan of work for Years 2 -4
* Include all **high level** activities, staff, and monthly dates.
* Include all detailed activities, deliverables, staff and dates.

NOTE: Table below is an example. Add/subtract rows as necessary or use other table that meets above requirements.

|  |  |  |
| --- | --- | --- |
| **Deliverable**  | **Date**  | **Person/People** **Responsible**   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

5 Demonstrated Capacity

Explain, using concrete examples, how the work will be supported, and by whom, during the funded period of time. Specifically, who will be involved, their capacity and leadership and how they were selected by the program/district and/or community. Identify the key project staff for the grant including project lead, project manager, team staff, and support staff. Indicate the FTE for each that will be allocated to this project.

6 Leadership and Stakeholder Commitment

We, the below signed, agree to participate in the articulated CLSD project. We acknowledge the aforementioned time commitment through the life of the grant and are committed to the successful completion of this work within the timeframe allotted. We will work with RIDE and evaluators to monitor progress towards project goals and upon award, will sign a Data Sharing and Monitoring MOU between with RIDE.

LEA and principal commitment and signatures are required at the time of application. Educator signatures will be required prior to award.

**Required Signatures: (Add rows as necessary)**

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

Superintendent/Head of School Name Date

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

Project Lead Name Title Date

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

Participating Principal Name Date

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

Participating Principal Name Date

### 7 Budget and Budget Narrative

**Budget Narrative**: For each cost category within the proposed budget, provide an explanation of how grant funds and any other local or federal funds will be used; include a rationale for how the funds are reasonable and sufficient to achieve the grant outcomes. Please include a cost basis for each category that resembles a mathematical equation when possible.

The LEA/Community-Based Organization estimates that its budget for work to be performed under this Agreement is as follows:

|  |  |
| --- | --- |
| **Expense Category** | **Estimated Expenditures** |
|  | FY217/1/20-9/30/20 | FY2110/1/20-6/30/21 | FY22 | FY23 | FY24 | Total |
| 1. Salaries | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Fringe Benefits (52000) | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Professional and Technical Services (53000) | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Property Services (Facility Rental/Maintenance) (54000) | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Other Purchased Services (55000) | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Supplies and Materials (56000) | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Property and Equipment (57000) | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Indirect Costs (60000) | 0 | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |
| Subtotal | 0 | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |
| Indirect Cost \* | 0 | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |  |
| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 |

It is understood and agreed that the amounts indicated above for the several line items are estimates of expenditures to be incurred by the LEA on behalf of this Agreement and to be claimed by the LEA for reimbursement under this Agreement. It is further understood and agreed that actual expenditures may vary from the estimates set forth above and that such variations shall not in themselves be cause for disallowance of reimbursement by RIDE; provided, however, that the LEA shall notify the grant officer of the variance and obtain pre-approval, in writing; and provided further that unless permission of the contract officer shall have been obtained in advance, no expenditure shall be claimed by the LEA for reimbursement by RIDE under this Agreement if such expenditure shall have been incurred in a line item category not listed above. Transfer of funds between categories requires prior written approval by RIDE. In no event shall the total amount of reimbursement claimed by the vendor under this agreement exceed the total approved contract amount.

*\* Attach a copy of the approved indirect cost documentation*

BUDGET DETAIL SHEET \*

FISCAL YEAR 2021

**EMPLOYEE COMPENSATION AND EMPLOYEE BENEFITS (51000 and 52000)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **POSITION** | **FTE** | **EMPLOYEE COMPENSATION (51000)** | **EMPLOYEE BENEFITS (52000)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL**  |  |  |  |  |

**PROFESSIONAL AND TECHNICAL SERVICES (53000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| **TOTAL**  |  | **$** |

**PROPERTY SERVICES (54000)**

|  |  |  |
| --- | --- | --- |
| **EXPENSE CATEGORY** | **DESCRIPTION** | **TOTAL** |
| Building Rent/Lease/Mortgage |  |  |
| Building Maintenance |  |  |
| Telephone/Internet Services |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**OTHER PURCHASED SERVICES (55000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Travel  |  |  |
| Property Insurance |  |  |
| TOTAL  |  | $  |

**SUPPLIES AND MATERIALS (56000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Educational Materials |  |  |
| Program Supplies  |  |  |
| Subscriptions and Dues |  |  |
| Utilities (Gas, Oil, Electricity) |  |  |
| TOTAL |  | $ |

**PROPERTY AND EQUIPMENT (57000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Furniture and Fixtures |  |  |
| Equipment  |  |  |
| TOTAL  |  | $  |

**INDIRECT COSTS (60000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| TOTAL  |  | $  |

 Total $

\* Please include a detail budget sheet for each state fiscal year (July 1st – June 30th)

\*\* Please round hourly rates to the nearest whole dollar and ensure there are no rounding differences with the extended totals.

\*\*\* Reimbursement for travel within the continental United States is limited to the per diem rates established by the General Services Administration (GSA).  Per Diem rates are posted at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).

BUDGET DETAIL SHEET \*

FISCAL YEAR 2021

**EMPLOYEE COMPENSATION AND EMPLOYEE BENEFITS (51000 and 52000)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **POSITION** | **FTE** | **EMPLOYEE COMPENSATION (51000)** | **EMPLOYEE BENEFITS (52000)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL**  |  |  |  |  |

**PROFESSIONAL AND TECHNICAL SERVICES (53000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| **TOTAL**  |  | **$** |

**PROPERTY SERVICES (54000)**

|  |  |  |
| --- | --- | --- |
| **EXPENSE CATEGORY** | **DESCRIPTION** | **TOTAL** |
| Building Rent/Lease/Mortgage |  |  |
| Building Maintenance |  |  |
| Telephone/Internet Services |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**OTHER PURCHASED SERVICES (55000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Travel  |  |  |
| Property Insurance |  |  |
| TOTAL  |  | $  |

**SUPPLIES AND MATERIALS (56000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Educational Materials |  |  |
| Program Supplies  |  |  |
| Subscriptions and Dues |  |  |
| Utilities (Gas, Oil, Electricity) |  |  |
| TOTAL |  | $ |

**PROPERTY AND EQUIPMENT (57000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Furniture and Fixtures |  |  |
| Equipment  |  |  |
| TOTAL  |  | $  |

**INDIRECT COSTS (60000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| TOTAL  |  | $  |

 Total $

\* Please include a detail budget sheet for each state fiscal year (July 1st – June 30th)

\*\* Please round hourly rates to the nearest whole dollar and ensure there are no rounding differences with the extended totals.

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BUDGET DETAIL SHEET \*

FISCAL YEAR 2022

**EMPLOYEE COMPENSATION AND EMPLOYEE BENEFITS (51000 and 52000)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **POSITION** | **FTE** | **EMPLOYEE COMPENSATION (51000)** | **EMPLOYEE BENEFITS (52000)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL**  |  |  |  |  |

**PROFESSIONAL AND TECHNICAL SERVICES (53000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| **TOTAL**  |  | **$** |

**PROPERTY SERVICES (54000)**

|  |  |  |
| --- | --- | --- |
| **EXPENSE CATEGORY** | **DESCRIPTION** | **TOTAL** |
| Building Rent/Lease/Mortgage |  |  |
| Building Maintenance |  |  |
| Telephone/Internet Services |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**OTHER PURCHASED SERVICES (55000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Travel  |  |  |
| Property Insurance |  |  |
| TOTAL  |  | $  |

**SUPPLIES AND MATERIALS (56000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Educational Materials |  |  |
| Program Supplies  |  |  |
| Subscriptions and Dues |  |  |
| Utilities (Gas, Oil, Electricity) |  |  |
| TOTAL |  | $ |

**PROPERTY AND EQUIPMENT (57000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Furniture and Fixtures |  |  |
| Equipment  |  |  |
| TOTAL  |  | $  |

**INDIRECT COSTS (60000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| TOTAL  |  | $  |

 Total $

\* Please include a detail budget sheet for each state fiscal year (July 1st – June 30th)

\*\* Please round hourly rates to the nearest whole dollar and ensure there are no rounding differences with the extended totals.

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BUDGET DETAIL SHEET \*

FISCAL YEAR 2023

**EMPLOYEE COMPENSATION AND EMPLOYEE BENEFITS (51000 and 52000)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **POSITION** | **FTE** | **EMPLOYEE COMPENSATION (51000)** | **EMPLOYEE BENEFITS (52000)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL**  |  |  |  |  |

**PROFESSIONAL AND TECHNICAL SERVICES (53000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| **TOTAL**  |  | **$** |

**PROPERTY SERVICES (54000)**

|  |  |  |
| --- | --- | --- |
| **EXPENSE CATEGORY** | **DESCRIPTION** | **TOTAL** |
| Building Rent/Lease/Mortgage |  |  |
| Building Maintenance |  |  |
| Telephone/Internet Services |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**OTHER PURCHASED SERVICES (55000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Travel  |  |  |
| Property Insurance |  |  |
| TOTAL  |  | $  |

**SUPPLIES AND MATERIALS (56000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Educational Materials |  |  |
| Program Supplies  |  |  |
| Subscriptions and Dues |  |  |
| Utilities (Gas, Oil, Electricity) |  |  |
| TOTAL |  | $ |

**PROPERTY AND EQUIPMENT (57000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Furniture and Fixtures |  |  |
| Equipment  |  |  |
| TOTAL  |  | $  |

**INDIRECT COSTS (60000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| TOTAL  |  | $  |

 Total $

\* Please include a detail budget sheet for each state fiscal year (July 1st – June 30th)

\*\* Please round hourly rates to the nearest whole dollar and ensure there are no rounding differences with the extended totals.

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BUDGET DETAIL SHEET \*

FISCAL YEAR 2024

**EMPLOYEE COMPENSATION AND EMPLOYEE BENEFITS (51000 and 52000)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **POSITION** | **FTE** | **EMPLOYEE COMPENSATION (51000)** | **EMPLOYEE BENEFITS (52000)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL**  |  |  |  |  |

**PROFESSIONAL AND TECHNICAL SERVICES (53000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| **TOTAL**  |  | **$** |

**PROPERTY SERVICES (54000)**

|  |  |  |
| --- | --- | --- |
| **EXPENSE CATEGORY** | **DESCRIPTION** | **TOTAL** |
| Building Rent/Lease/Mortgage |  |  |
| Building Maintenance |  |  |
| Telephone/Internet Services |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**OTHER PURCHASED SERVICES (55000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Travel  |  |  |
| Property Insurance |  |  |
| TOTAL  |  | $  |

**SUPPLIES AND MATERIALS (56000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Educational Materials |  |  |
| Program Supplies  |  |  |
| Subscriptions and Dues |  |  |
| Utilities (Gas, Oil, Electricity) |  |  |
| TOTAL |  | $ |

**PROPERTY AND EQUIPMENT (57000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
| Furniture and Fixtures |  |  |
| Equipment  |  |  |
| TOTAL  |  | $  |

**INDIRECT COSTS (60000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **ITEM DESCRIPTION** | **TOTAL $** |
|  |  |  |
|  |  |  |
| TOTAL  |  | $  |

 Total $

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\*\* Please round hourly rates to the nearest whole dollar and ensure there are no rounding differences with the extended totals.

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