



Deborah A. Gist  
Commissioner

State of Rhode Island and Providence Plantations

DEPARTMENT OF EDUCATION  
Shepard Building  
255 Westminster Street  
Providence, Rhode Island 02903-3400

**Enhancing Content Knowledge and Pedagogical Skill with the Common Core State Standards for Mathematics MSP Application**

Applicant Partnership LEA \_\_\_\_\_

Applicant Partnership IHE \_\_\_\_\_

The goals of this MSP grant are:

- To improve educators’ content knowledge in grades 3 – 5 by engaging in high quality professional development grounded in the Common Core State Standards for Mathematics (CCSS-M)
- To improve educators’ pedagogical skill in grades 3 – 5 by engaging in high quality professional development that leverages the Standards for Mathematical Practice in the CCSS-M
- To create a system to support and coach educators in their endeavor to apply new content knowledge and pedagogical skill in the classroom while delivering a district mathematics curriculum that is based on the CCSS-M
- To develop a cadre of teacher leaders, comprised of exemplary educators from each grade level (3 – 5) and school, who will assist in the facilitation and sustainability of the project

**DIRECTIONS** Please complete and submit all sections of this application (including this page). Narrative sections must be typed, single-spaced, and no larger than size 12 font. They may include charts or graphs, where appropriate. Please refer to the companion document for project background, requirements, and directions.

**CHECKLIST** Use this checklist to ensure your application is complete.

- Section 1 - Partnership Information**– Signatures needed
- Section 2 – Statement of Need**
- Section 3 – Readiness**
- Section 4 - Proposed Scope of Work**
- Section 5 – Sustainability Plan**
- Section 6 – Cost Proposal**

**SUBMISSION** Applications are due by **4pm on Tuesday, September 30, 2014**. Your submission options are as follows:

- Email: Email all pages (including a scanned copy of pages with signatures) to Mona Gevorkian ([mona.gevorkian@ride.ri.gov](mailto:mona.gevorkian@ride.ri.gov))\***Preferred Method\***
- or*
- Fax: Fax all pages to 401.222.3605 (Attention: Mona Gevorkian)
- or*
- Hand-delivery: Drop off completed application (Attention: Mona Gevorkian) at the 4<sup>th</sup> floor reception desk of the Rhode Island Department of Education, 255 Westminster Street, Providence, RI 02903.

You will receive a confirmation email when your application is received.

**NOTIFICATION** Applicants will be notified of the status of their application by Friday, October 31, 2014.

**CONTACT** Susan Pagliaro 401.222.2644 [susan.pagliaro@ride.ri.gov](mailto:susan.pagliaro@ride.ri.gov)

# 1 Partnership Information

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## Local Educational Agency Partner

*(Duplicate this form for each LEA partner if applicable.)*

District:

Superintendent:

### Contact Information

Primary contact for this project:

Title:

Mailing Address:

Phone:

Fax:

Email:

### Project District Leadership Team Members

Name	Title

I have reviewed each section of this application and recommend that it be submitted to the Rhode Island Department of Education for examination with the understanding that subsequent acceptance of the grant award assures my district's willingness to fully commit to its criteria.

\_\_\_\_\_  
Signature – Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Primary Contact

\_\_\_\_\_  
Date

# 1 Partnership Information

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## *Institute of Higher Education Partner*

*(Duplicate this form for each additional partner.)*

Institution:

### **Contact Information**

Primary Contact for this Project:

Title:

Mailing Address:

Phone:

Fax:

Email:

### **Project Members** *(Please attach curricula vitae as an addendum for each project member.)*

Name	Title/Role

I have reviewed each section of this application and recommend that it be submitted to the Rhode Island Department of Education for examination with the understanding that subsequent acceptance of the grant award assures my institution's willingness to fully commit to its criteria.

\_\_\_\_\_  
Signature – Primary Contact

\_\_\_\_\_  
Date

# 1 Partnership Information

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## Optional Partner (if applicable)

*(Duplicate this form for each additional partner.)*

Partner:

Type of Institution:

## Contact Information

Primary Contact for this Project:

Title:

Mailing Address:

Phone:

Fax:

Email:

## Project Members *(Please attach curricula vitae as an addendum for each project member.)*

Name	Title/Role

I have reviewed each section of this application and recommend that it be submitted to the Rhode Island Department of Education for examination with the understanding that subsequent acceptance of the grant award assures my institution's willingness to fully commit to its criteria.

\_\_\_\_\_  
Signature – Primary Contact

\_\_\_\_\_  
Date

## 2 Statement of Need

*This section should address how the goals of the grant are aligned with the specific needs of the LEA. The response must reference the bullet points listed below.*

- Verification of high-need LEA status (*please refer back to the requirements for high-need as identified in section II. LEA Partners*) or identification of working in partnership with a high-need school
  - Identification and justification of need for increased content knowledge in mathematics for teachers from grades three to five
  - Identification and justification of need for improved pedagogical skill for mathematics for teachers from grades three to five<sup>1</sup>
  - Description of how the project goals and objectives align with district needs and strategic plan
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<sup>1</sup> Need for improved pedagogy may be gleaned from previous classroom focused classroom visits conducted by the LEA. However, data reported in this application should identify broad areas of need and be anonymous in nature.

### 3 Readiness

*This section should provide evidence of an LEA's readiness to undertake a project aligned with the goals of the grant. The response must reference the bullet points listed below.*

- Documentation of a well-articulated and thoughtful partnership between LEA and a qualified IHE involving faculty with deep and proven knowledge of the Common Core State Standards for Mathematics
  - Documentation of a K-12 mathematics curriculum aligned to the Common Core State Standards
  - Statement of commitment that the activities of the project will be implemented as described in the proposal with processes that describe how implementation will be monitored
  - Statement of capacity to implement the activities of the project as described in the proposal
  - Certification that at least 90% of the educators from grades three through five will fully commit to the project and contain both ELL and special educators as described in the proposal
  - Description and reflective narrative on mathematics and other initiatives that will support the work of this project
  - If applicable, strategy for the facilitation of communicating and integrating work within a partnership comprised of multiple LEAs
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## 4 Proposed Scope of Work

*This section should provide a detailed outline of the proposed project. The response must reference the bullet points listed below.*

- Project narrative including goals and theory of action
  - Mathematics needs assessment plan for gauging specific content and pedagogical needs of participants that will inform the design of course content
  - Plan for the school year professional development including coaching sessions, focused classroom visits, and grade level support groups addressing the release of staff
  - Breakdown of the grade levels and/or specialty of participating teachers that includes at least 90% of staff assigned in targeted grades
  - Strategy for involving district and building leadership
  - Project evaluation plan including impact on student and adult learning
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## 5 Sustainability Plan

*This section should include a brief description of how the work of the grant will be perpetuated after the conclusion of the grant period. Special attention should be given to the continuing role of the teacher leaders that were developed during the project.*

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# 6 Cost Proposal

*This section must include a budget that is tied to the scope and requirements of the project. This budget will be considered tentative and for planning purposes only. A final budget will be required upon grant award. Subject to available funding the total cost of the contract is not to exceed \$700,000. The contract will span twenty-two months, starting in November 2014 and ending on August 30, 2016.*

*A sample of the format for the budget is included below. Please see the attached Cooperative Agreement (Grant) template for additional information.*

***Please note, projects that include a materials cost of over 2% may be disqualified.***

Fiscal Agent \_\_\_\_\_

**BUDGET DETAIL SHEET\***

Fiscal Year \_\_\_\_\_

**EMPLOYEE SALARY AND BENEFIT DETAIL (TOTAL COMPENSTATION)\*\***

NAME	POSTION TITLE	NUMBER OF HOURS OR FTE	HOURLY RATE OR ANNUAL SALARY (including benefits)	SALARY AND BENEFIT TOTAL \$

**PURCHASED SERVICES DETAIL**

NAME	POSITION TITLE	HOURS	HOURLY RATE \$	TOTAL \$

**OTHER EXPENDITURES DETAIL**

EXPENSE CATEGORY	DESCRIPTION	TOTAL
Supplies and Materials		
Travel***		
Printing		
Office Expense		
Other (describe)		
Indirect Cost		

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

\*\* 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).