# Project Purpose

Section 1003 of the Elementary and Secondary Education Act (ESEA) requires that State Education Agencies allocate funds to LEAs for Target Districts and schools identified for Comprehensive Support and Improvement (CSI), Additional Targeted Support and Improvement (ATSI), and Targeted Support and Improvement (TSI) to support the development and implementation of their individual district and school continuous improvement plans.

The 2024 Title I School Improvement Grant (SIG) 1003 Supplemental Support (or “SIG Supplemental”) funds are provided to support the extension of the concepts and coaching provided to participants in NYSED’s Supplemental Support programs in preparation for the start of the 2024-25 school year.

# Eligibility

Target Districts with at least one school identified in the CSI, ATSI, or TSI support model that participated in the Department’s Specialized Coaching, Enhanced Principal Leadership, Assistant Principal Mentoring, and/or Coaching for Excellence program in 2023-24 are eligible to submit an application for 2024 SIG Supplemental Support funding. A full list of schools that meet these criteria can be found in Attachment A.

# Funding

The Department will provide eligible districts with $20,000 in funding per school to support two allowable activities to extend the school’s participation in the Supplemental Support program.

* CATEGORY 1: Professional learning identified by the school participant.
* CATEGORY 2: Initiative development identified by the school participant.

# Allowable Uses of Funds

The funds must be used for activities associated with advancing the concepts and coaching provided during the school’s participation in a Supplemental Support program.

Each eligible school will work with their District to complete a School Spending Plan as part of a single LEA application.

As part of the application review, NYSED will be looking for alignment between the supplemental activities, Spending Plans, and the FS-10 budget costs.

Please refer to Attachment B for examples of potential SIG Supplemental Support Expenses.

The funds must be used appropriately and comply with federal guidelines relevant to these funds.

# Project Period

May 1, 2024 to August 31, 2024

# Application Deadline

Completed applications, including the corresponding School Spending Plans, are **due** by April 30, 2024, and will be reviewed on a rolling basis. LEAs are encouraged to submit completed applications as soon as possible to expedite the review and approval process.

# Budget Amendment Deadline

All budget amendments should be discussed with your SIG reviewer prior to the submission of an FS-10A. To ensure sufficient review and processing time, amendments to add new activities must be postmarked and submitted no later than August 1, 2024.

# Submission Instructions

To receive 2024 Title I SIG 1003 Supplemental Support funding, eligible Districts must submit one signed original and two copies of:

1. The **blue ink signed** Application Cover Page
2. a School Narrative and Spending Plan for each participating school
3. the District’s FS-10 budget form

to the address below:

**NYS Education Department - Office of Accountability**

**Attn: 2024 Title I SIG 1003 (Supplemental Support)**

**89 Washington Avenue – Room 320 EB**

**Albany, New York 12234**

In addition, eligible Districts must submit one electronic copy of each of the items listed above to [fieldsupport@nysed.gov](mailto:fieldsupport@nysed.gov) and [SIGA@nysed.gov](mailto:SIGA@nysed.gov).

For additional information or assistance please contact: [fieldsupport@nysed.gov](mailto:fieldsupport@nysed.gov).

# Attachment A: List of Eligible Districts and Schools

| **DISTRICT NAME** | **BEDS CODE** | **2023-24 PROGRAM PARTICIPANT SCHOOL** | **SUPPORT MODEL** |
| --- | --- | --- | --- |
| ALBANY CITY SD | 010100010045 | MYERS MIDDLE SCHOOL | CFE |
| ALBANY CITY SD | 010100010051 | NORTH ALBANY ACADEMY MIDDLE SCHOOL | CFE |
| AMSTERDAM CITY SD | 270100010009 | WILBUR H LYNCH LITERACY ACADEMY | CFE |
| BUFFALO CITY SD | 140600010122 | BENNETT PARK MONTESSORI SCHOOL | APM |
| BUFFALO CITY SD | 140600010033 | BILINGUAL CENTER | EPL |
| BUFFALO CITY SD | 140600010006 | BUFFALO ELEM SCH OF TECHNOLOGY | EPL |
| BUFFALO CITY SD | 140600010053 | COMMUNITY SCHOOL #53 | APM |
| BUFFALO CITY SD | 140600010094 | DR LYDIA T WRIGHT SCH OF EXCELLENCE | APM |
| BUFFALO CITY SD | 140600010003 | D'YOUVILLE-PORTER CAMPUS | APM |
| BUFFALO CITY SD | 140600010130 | FRANK A SEDITA SCHOOL #30 | APM |
| BUFFALO CITY SD | 140600010031 | HARRIET ROSS TUBMAN ACADEMY | EPL |
| BUFFALO CITY SD | 140600010076 | HERMAN BADILLO BILINGUAL ACADEMY | EPL |
| BUFFALO CITY SD | 140600010080 | HIGHGATE HEIGHTS | APM |
| BUFFALO CITY SD | 140600010045 | INTERNATIONAL SCHOOL | EPL |
| BUFFALO CITY SD | 140600010314 | MARTIN LUTHER KING JR #48 | EPL |
| BUFFALO CITY SD | 140600010129 | PFC WILLIAM J GRABIARZ #79 | EPL |
| BUFFALO CITY SD | 140600010059 | PS 59 DR CHARLES DREW SCI MAGNET | EPL |
| CLYDE-SAVANNAH CSD | 650301040002 | CLYDE-SAVANNAH ELEMENTARY SCHOOL | EPL |
| EAST RAMAPO CSD (SPRING VALLEY) | 500402060023 | ELDORADO ELEMENTARY SCHOOL | APM |
| EAST RAMAPO CSD (SPRING VALLEY) | 500402060001 | FLEETWOOD ELEMENTARY SCHOOL | APM |
| EAST RAMAPO CSD (SPRING VALLEY) | 500402060015 | POMONA MIDDLE SCHOOL | APM |
| EAST RAMAPO CSD (SPRING VALLEY) | 500402060010 | SUMMIT PARK ELEMENTARY SCHOOL | APM |
| ELMIRA CITY SD | 070600010006 | DIVEN SCHOOL | APM |
| ELMIRA CITY SD | 070600010021 | ERNIE DAVIS ACADEMY | APM |
| ELMIRA CITY SD | 070600010013 | PARLEY COBURN SCHOOL | EPL |
| FALLSBURG CSD | 590501060002 | FALLSBURG JUNIOR-SENIOR HIGH SCHOOL | APM |
| GENEVA CITY SD | 430700010002 | NORTH STREET ELEMENTARY SCHOOL | EPL |
| KINGSTON CITY SD | 620600010025 | M CLIFFORD MILLER MIDDLE SCHOOL | CFE |
| KINGSTON CITY SD | 620600010020 | J WATSON BAILEY MIDDLE SCHOOL | APM |
| LONGWOOD CSD | 580212060007 | LONGWOOD MIDDLE SCHOOL | APM |
| NYC GEOG DIST 2 | 310200011544 | INDEPENDENCE HIGH SCHOOL | CFE |
| NYC GEOG DIST 5 | 310500011499 | FREDERICK DOUGLASS ACADEMY | EPL |
| NYC GEOG DIST 5 | 310500010371 | PS 371 | EPL |
| NYC GEOG DIST 7 | 320700010224 | PS/IS 224 | CFE |
| NYC GEOG DIST 7 | 320700011551 | URBAN ASSEMBLY BRONX OF LETTERS | CFE |
| NYC GEOG DIST 8 | 320800010333 | LONGWOOD ACADEMY FOR DISCOVERY | EPL |
| NYC GEOG DIST 8 | 320800010301 | MS 301 PAUL L DUNBAR | EPL |
| NYC GEOG DIST 8 | 320800010448 | SOUNDVIEW ACADEMY | EPL |
| NYC GEOG DIST 9 | 320900010055 | PS 55 BENJAMIN FRANKLIN | CFE |
| NYC GEOG DIST 9 | 320900010274 | NEW AMERICAN ACAD-R CLEMENTE STATE | SC |
| NYC GEOG DIST 9 | 320900011404 | SCHOOL FOR EXCELLENCE\* | EPL |
| NYC GEOG DIST 9 | 320900010593 | SOUTH BRONX INTERNATIONAL MS | SC |
| NYC GEOG DIST 10 | 321000011342 | INTERNATIONAL SCHOOL FOR LIBERAL ART | CFE |
| NYC GEOG DIST 10 | 321000011268 | KINGSBRIDGE INTERNATIONAL HS | SC |
| NYC GEOG DIST 10 | 321000010046 | PS 46 EDGAR ALLAN POE | APM |
| NYC GEOG DIST 10 | 321000010059 | PS 59 COMM SCHOOL OF TECHNOLOGY | APM |
| NYC GEOG DIST 10 | 321000011243 | WEST BRONX ACAD FOR THE FUTURE | APM |
| NYC GEOG DIST 12 | 321200011479 | BRONX CAREER AND COLLEGE PREP HS | APM |
| NYC GEOG DIST 12 | 321200010195 | PS 195 | EPL |
| NYC GEOG DIST 13 | 331300010307 | PS 307 DANIEL HALE WILLIAMS | EPL |
| NYC GEOG DIST 14 | 331400011586 | LYONS COMMUNITY SCHOOL | CFE |
| NYC GEOG DIST 14 | 331400010018 | PS 18 EDWARD BUSH | CFE |
| NYC GEOG DIST 15 | 331500010136 | IS 136 CHARLES O DEWEY | EPL |
| NYC GEOG DIST 16 | 331600010243 | PS 243 WEEKSVILLE SCHOOL (THE) | APM |
| NYC GEOG DIST 17 | 331700010394 | MS 394 | CFE |
| NYC GEOG DIST 19 | 331900010213 | PS 213 NEW LOTS | CFE |
| NYC GEOG DIST 21 | 332100010188 | PS 188 MICHAEL E BERDY | APM |
| NYC GEOG DIST 23 | 332300011647 | METROPOLITAN DIPLOMA PLUS HIGH SCH | CFE |
| NYC GEOG DIST 23 | 332300010514 | FREDERICK DOUGLASS ACADEMY VII | APM |
| NYC GEOG DIST 27 | 342700010042 | PS/MS 42 R VERNAM | CFE |
| NYC GEOG DIST 30 | 343000010235 | ACADEMY FOR NEW AMERICANS | CFE |
| NYC GEOG DIST 30 | 343000010111 | PS 111 JACOB BLACKWELL | CFE |
| NYC GEOG DIST 31 | 353100010049 | IS 49 BERTA A DREYFUS | EPL |
| NYC GEOG DIST 31 | 353100010020 | PS 20 PORT RICHMOND | EPL |
| NYC GEOG DIST 31 | 353100010031 | PS 31 WILLIAM T DAVIS | EPL |
| NYC GEOG DIST 32 | 333200010291 | JHS 291 ROLAND HAYES | CFE |
| RENSSELAER CITY SD | 491200010007 | RENSSELAER JUNIOR/SENIOR HIGH | CFE |
| ROCHESTER CITY SD | 261600010012 | ANNA MURRAY-DOUGLASS ACADEMY | SC |
| ROCHESTER CITY SD | 261600010089 | NORTHWEST COLLEGE PREP HIGH SCHOOL | EPL |
| ROCHESTER CITY SD | 261600010017 | SCHOOL 17-ENRICO FERMI | APM |
| ROCHESTER CITY SD | 261600010022 | SCHOOL 22-LINCOLN SCHOOL | SC |
| ROCHESTER CITY SD | 261600010035 | SCHOOL 35-PINNACLE | APM |
| ROCHESTER CITY SD | 261600010042 | SCHOOL 42-ABELARD REYNOLDS | EPL |
| ROCHESTER CITY SD | 261600010045 | SCHOOL 45-MARY MCLEOD BETHUNE | SC |
| ROCHESTER CITY SD | 261600010050 | SCHOOL 50-HELEN BARRETT MONTGOMERY | SC |
| ROCHESTER CITY SD | 261600010058 | SCHOOL 58-WORLD OF INQUIRY SCHOOL | SC |
| ROCHESTER CITY SD | 261600010005 | SCHOOL 5-JOHN WILLIAMS | APM |
| ROCHESTER CITY SD | 261600010007 | SCHOOL 7-VIRGIL GRISSOM | EPL |
| ROCHESTER CITY SD | 261600010008 | SCHOOL 8-ROBERTO CLEMENTE | SC |
| ROCHESTER CITY SD | 261600010009 | SCHOOL 9-DR MARTIN LUTHER KING JR | APM |
| ROME CITY SD | 411800010008 | BELLAMY ELEMENTARY SCHOOL | CFE |
| ROME CITY SD | 411800010001 | GANSEVOORT ELEMENTARY SCHOOL | CFE |
| SCHENECTADY CITY SD | 530600010009 | HAMILTON ELEMENTARY SCHOOL | CFE |
| SCHENECTADY CITY SD | 530600010011 | LINCOLN ELEMENTARY SCHOOL | APM |
| SCHENECTADY CITY SD | 530600010035 | ONEIDA MIDDLE SCHOOL | APM |
| SOUTH COUNTRY CSD | 580235060004 | BELLPORT MIDDLE SCHOOL | EPL |
| SYRACUSE CITY SD | 421800010022 | FRAZER K-8 SCHOOL | SC |

*\*proposed reconfiguration may impact eligibility*

# Attachment B: Examples of Supplemental Support Expenses

Program participants should work with their supervisor, Supplemental Support program liaison and/or School Support Partner to consider ways to extend the concepts from the Supplemental Support program to others in the school that have not participated in the program. These funds are designed to make sure that the school is positioned for a successful start of the 2024-25 school year.

Below are potential expenses a program participants may want to consider:

**Professional Learning (examples)**

|  |  |
| --- | --- |
| **Program Concept or**  **Focus of Coaching** | **Potential Expense** |
| Distributive Leadership | Team attendance at Leadership conference |
| Instructional Leadership | Team attendance at Leadership conference with a focus on teaching and learning |
| Data-Driven Decision Making | Team attendance at week-long Datawise training |
| Culture/Climate | Team building Retreat |
| Improvement Science | Training staff on PDSA and designing PDSA cycles for 2024-25 |
| Expanding Restorative Practices | Team week-long Restorative Practices retreat |
| Stronger structures for Early Literacy | Team week- long Science of Reading training |
| Pedagogical Shifts in Practice | Summer-long book studies |

**Initiative Development(examples)**

|  |  |
| --- | --- |
| **Program Concept or**  **Focus of Coaching** | **Potential Expense** |
| High Impact Teaching Strategies | Working with staff during the summer to incorporate worked examples into scope and sequence. |
| Instructional Coherence | Designing and implementing a highly structured staff intervisitation or lesson study program |
| Student Self-Management | Costs associated with outfitting a “cool-down” room |
| Expanding Restorative Practices | Team weeklong Restorative Practices retreat |
| Locally Developed Assessments | Working with staff over the summer to generate locally developed assessments that align with the curriculum |

# Attachment C: Application Packet Checklist

A complete Application consists of the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Item** | **Checked Applicant** | **Checked**  **NYSED** |
|  | Cover Page (1 per District) |  |  |
|  | Completed and Signed Application that includes Statement of Assurances & Certifications (1 per District) |  |  |
|  | Completed School Narrative & Spending Plan **(1 per School)** |  |  |
|  | Completed FS-10 Budget Form (1 per District) |  |  |

Incomplete Applications will be returned for revision. To be eligible to apply, Districts must have submitted a completed Application Package **by April 30, 2024**.

# APPLICATION COVER PAGE

|  |  |
| --- | --- |
| **District:** | **BEDS Code:** |
| **Steet Address:** | **City, State, Zip Code:** |
| **Program Contact Person:** | **Telephone:** |
| **E-mail Address:** | **Fax:** |

|  |
| --- |
| I hereby certify I am the chief school officer of the applicant LEA and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, attached Assurances and Certifications, and that the requested budget amounts are necessary for the implementation of this project. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.  It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. |
| Authorized Signature of Chief School/Administrative Officer (**in blue ink**) |
| Typed Name: |
| Date: |

# School Narrative

Each school must provide a response to each of the items below that indicates what the school developed as for participation in the Supplemental Support Program. Any questions below that are incomplete will result in this section being returned for revision.

|  |  |
| --- | --- |
| **School Name** |  |
| **School BEDS Code** |  |
| **Participant in Supplemental Support Program(s)** | Assistant Principal Mentoring (APM), $20,000  Enhancing Principal Leadership (EPL), $20,000  Specialized Coaching (SC), $20,000  Coaching for Excellence (CFE), $20,000 |
| **Supplemental Expense** | Professional Learning for teams from the school; in which the Supplemental participant will assume a lead in supporting.  Initiative development led by the Supplemental participant(s) |

|  |
| --- |
| 1. Outline the way in which these funds will be spent. |
|  |
| 1. Outline how the proposed expense(s) relate to the coaching received through the Supplemental Support program. |
|  |
| 1. **[For those that identified Professional Learning]** Are staff that are not part of the Supplemental Support participating in Professional Learning with these funds? If yes, identify their names and outline how the Supplemental Support participant will take a lead among that group. |
|  |
|  |
| 1. **[For those that identified Initiative Development]** Identify how the Supplemental Support participant will take a lead in this work. |
|  |

# School Spending Plan

A School Spending Plan is to be completed and submitted for each participating school.

| **Activities/Actions to be Implemented** | **Supplemental Support**  **Expense(s)**  *(How will the funds be used, e.g., services, supplies?)* | **SIG 1003 Supplemental Funds Allocated** |
| --- | --- | --- |
| EXAMPLE: *Staff conference: “Expanding Restorative Practices in Your School,” Pittsburgh, PA August 2-4, 2024* | *12 staff at $1200 each ($400 r/t air, $300 two nights lodging, $250 per diem meals, $250 conference fee)* | *$14,400* |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | TOTAL | $ |

|  |  |
| --- | --- |
| Supplemental Support Program |  |
| Name of Participant(s) in Supplemental Support Program |  |
| Signature of Participant |  |
| Signature of 2nd Participant ***(only applicable for schools in APM*** |  |
| Name of School Principal |  |
| Signature of School Principal |  |