DDOE Form LAM-1-997

**STATE OF DELAWARE**

**DEPARTMENT OF EDUCATION**

401 Federal Street Suite # 2

Dover, Delaware 19901

## LOCAL SCHOOL MINIGRANT REQUEST

(To be completed by School requesting funds)

|  |  |  |
| --- | --- | --- |
|  | DATE |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LOCAL AGENCY | Name of School |  | AMOUNT | $ | 5,000 |
|  |
| MINIGRANT TITLE | Connections to Learning  |
|  |
| AGENCY MINIGRANT COORDINATOR | Signature needed |  | TELEPHONE No. |  |
|  |
| AGENCY HEAD AUTHORIZATION TO APPLY |  |  | FUNDING | CTL $5,000 |
|  |  | (Signature) |
| DDOE PROGRAM MANAGER | Linda C. Wolfe |  |  |

In the space below, briefly describe the program/activity for which you are requesting funds.

The school is building its capacity to address barriers to learning by building a safe, caring and healthy environment. The process will include meetings and trainings of a multi-disciplinary team. The team will engage in activities within the Connections to Learning Tool Kit, analyze data sets related to student health (physical and emotional), prioritize needs and create objectives/activities that can be incorporated into the School Success Plan. Upon completion the school will provide DOE with information on meetings (dates, times, attendance, agenda), budget expenditures and a list of the goal(s)/activities developed.

|  |  |  |  |
| --- | --- | --- | --- |
| Objective or Purpose | Planned Activities | Timeline | ProjectedCost\* |
| 1. To establish or expand a leadership team to address student health, social and behavioral needs.2. To identify goals and activities to support student health  | 1. Team Leader will attend Connections to Learning Tool Kit webinar training2. Team will meet and engage in Tool Kit activities3. Team will gather and analyze relevant school data 4. Team will develop goals/activities that can be incorporated into the School Success Plan5. Team will submit final materials to DOE. | 1. March 1, 20115. June 15, 2011  |  |

\* Break out cost by each objective/purpose or activity requiring minigrant funds.

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 Business Manager's

 **STATE OF DELAWARE**  Initials when

 **DEPARTMENT OF EDUCATION**  Submitted as an

 **DOVER, DELAWARE**  Application budget

 LOCAL SCHOOL MINIGRANT

 BUDGET SUMMARY / EXPENDITURE REPORT OF FUNDS

 (To be completed by Local Agency requesting funds)

|  |  |  |
| --- | --- | --- |
|  | This box to be completed by DDOE personnel. |  |
| Local Agency |  |  | Alloc. Ident. Number |  |  |
|  |  |
| Minigrant Title | **Connections to Learning** |  | Account Designation | **CTL $5,000**  |  |
|  |  |  |
|  | NOTES: Minigrants are for allocations of up through $ 5,000.00. |
|  | Budget Period |  | Report Period |  | It is not permissible to charge an Indirect Cost against this Minigrant. |
|  |   |
| **Begin** |  | **03** | **/** |  **01** | **/** |  **11**  |  |  **05** | **/** |  **25** | **/** |  **11** |  | If federally funded, it is not necessary to include an Audit Fee. Audit |
|  |  | Mo. |  | Day |  | Year |  | Mo. |  | Day |  | Year |  | charges have been paid by the Delaware Department of Education. |
| **End** |  | **5** | **/** | **25** | **/** | **11** |  |  **06** | **/** |  **30** | **/** |  **11** |  | A Final Expenditure Report is due within 60 days of the ending date of |
|  |  | Mo. |  | Day |  | Year |  | Mo. |  | Day |  | Year |  |  this Minigrant. Submit to DDOE Program Manager providing funds. |

|  |  |  |
| --- | --- | --- |
| Expense Classification and Description(List Major Categories) | BUDGET | EXPENDITUREREPORT |
| Personnel (stipends, substitutes)ContractualSupplies and Materials (to enhance process) |  |     |
|  TOTAL |  |  |

If additional space is needed to complete the listing for expense classifications, use the other side of this sheet.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Local Agency Head (or designee, when submitted as an Expenditure Report) |  | Name of person completing Expenditure Report (Type or print name) |
|  |
| Date |  |  | Date |  |