SOCIOECONOMIC INTEGRATION PILOT PROGRAM (SIPP) GRANT
Title I School Improvement Section 1003(a)
2017-18 Implementation Phase UPDATE Application

Submission Instructions

Please submit a complete update application for each school being funded. A complete update application consists of **one original** bearing the original signature of the Chief Administrative Officer and **one electronic copy** of the following *required* items:

1. **Cover page with certifications** (with original signature)
2. **Narrative Updates**
3. **Work Plan Updates**
4. **Data Chart Updates** (Table 2 – Poverty Rates and Targets)
5. **Budget Narrative**
6. **FS-10 Budget*** (with original signature; excel format preferred)

   * All grant recipients MUST use the updated version of the FS-10 Budget Form. Updated budget forms are available online at http://www.oms.nysed.gov/cafe/forms/.

Send the original application to:

Attn: Title I 1003(a) Socioeconomic Integration Grant Update

New York State Education Department
89 Washington Avenue
Title I School & Community Services, Room 318 EB
Albany, New York 12234

E-mail the electronic copy to SIGA@nysed.gov. For technical assistance, please contact SIGA@nysed.gov. Please include the DISTRICT NAME in the subject line of all e-mails.

Due Date: Friday, July 28, 2017.

PLEASE NOTE: Failure to submit a complete application by July 28, 2017 may result in termination of grant funding. Approval for Implementation funding after each period of the project is contingent upon approval of the SES Integration plan, progress toward meeting SES integration targets, student achievement goals, fidelity of implementation of approved plan, and maintenance of all grant requirements.

This is the final year of this grant so there is no carryover. All funds must be encumbered by June 30, 2018, and final reports are due July 31, 2018. Final payments cannot be processed until the final report has been submitted.

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District:	BEDS Code:
Address:	
Program Contact Person:	**Telephone:**
Address of Contact:	
E-mail Address:	**Fax:**

I hereby certify that I am the applicant's chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Appendix A, and that the requested budget amounts are necessary for the implementation of this project.

I further certify that:
- All SES Integration programs will be school-wide programs.
- At least 50% of the seats in innovative programs at targeted high poverty Title I Priority or Focus Schools will be reserved for students from the local school attendance area defined as the geographic area which had provided the highest level of admissions priority to the school prior to the implementation of the SES Integration program.
- Only low income students from targeted high poverty Title I Priority or Focus Schools will be eligible for transfers to low poverty schools in Good Standing.
- The program will be implemented according to the NYSED approved plan. Failure to implement the approved program may result in suspension or termination of grant funding.

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 Administrative Officer (**in blue ink**)

Typed Name:	Date:

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District:	School:

NARRATIVE UPDATE

Please provide responses for each of the questions below:

1. Describe all changes the district has made to the *program* or *model* that was approved for implementation in September, 2017. Specifically identify in what ways, if any, the plan differs from what was originally approved, the rational for the change, and the implications of the change for achieving program goals. If no changes have been made, please indicate this with a response of N/A.

Approved Program/Model	Modifications Made	Rationale for Change	Implications for Achievement of Program Goals
SAMPLE: *Performing & Visual Arts Magnet School*	*SAMPLE:* *Changed to a "school within a school" model for 2015-16 only*	*SAMPLE:* *Limited space for program activities in 2015-16 & ongoing renovations for transition to full magnet school in 2016-17*	*SAMPLE:* *The program goals were not impacted by this change.*

2. Describe below all significant changes to the approved Work Plan, the rationale for the change and the implications of the change for achieving program goals. In addition, describe significant changes in any other important aspects of program design and implementation. If no changes have been made, please indicate this with a response of N/A. *Add more lines as applicable.*

Approved Work Plan Activity	Modifications Made	Rationale for Change	Implications for Achievement of Program Goals
SAMPLE: *Selection of school leader.*	*SAMPLE:* *This work plan activity has been modified to include the selection of an additional assistant principal.*	*SAMPLE:* *This is seen as a positive modification as it will allow the principal to increase her time as an instructional leader.*	*SAMPLE:* *It is believed that this will increase the likelihood of achieving program goals as it adds to leadership capacity and instructional programming.*

NARRATIVE UPDATE (Continued)

3. Describe below all significant changes since the 2016-17 <u>budget</u> was approved, the rationale for the change, and the impact on achieving program goals. If no changes have been made, please indicate this with a response of N/A. *Add more lines as applicable.*

Approved Budget	Modifications Made	Rationale for Change	Implications for Achievement of Program Goals
SAMPLE: *Consultants for professional development*	*SAMPLE:* *Coordinator hired to plan, schedule & provide professional development*	*SAMPLE:* *This allows more options for integrating PD for all staff to improve program development*	*SAMPLE:* *A more focused and cohesive program will aid in recruitment of higher SES students.*

4. Describe any challenges/barriers (with enrollment, staffing, programs, budget, etc.) that the district may face in moving forward with implementation, and the strategies that will be used to address those challenges. *Add more lines as applicable.*

Challenges/Barriers	Strategy to Address Challenges/Barriers
SAMPLE: *The target school was identified as Persistently Dangerous*	*SAMPLE:* *The district transportation policy is under revision to provide safe transportation for all students. Additional school safety staff will be added and professional development for all staff will be ongoing to improve the school climate.*

5. Describe the positive impact this program has had on the target school.   *Add more lines as applicable.*

Positive Impact	Evidence of Impact
SAMPLE: *The school climate has improved.*	*SAMPLE:* *The number of incident reports have decreased by 10% and school suspensions have decreased by 14% in the past year.*

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Work Plan Update – (Implementation Year 2)

What did the district do/accomplish during Implementation Period 1? How does this compare to what the district had proposed to do/accomplish? Please use the chart below to identify each of the key activities that were to occur during the implementation period and provide the status of the activity. If any activities that were planned did not take place, please explain why and the implications for achieving program goals. *Add more lines as applicable*.

LEA Name:		School Name:			
Implementation Period 1: September 1, 2016 – August 31, 2017 (12 months)					
Key Activity	**Person/Area Responsible**	**Evaluation**		**Timeline/Status**	**District Carryover**
Identify key activity/action steps from Implementation Period 1, including any new or additional key activities that were implemented during the Planning Phase.	Identify the person or area responsible for each key activity.	Describe the outcome of the key strategy in terms of the original evaluative measure and realized outcome and/or impact on student learning.		Show the planned completion date (month & year), and indicate **Completed** (with actual date) OR **Continuing** (with revised date)	List any SIGA costs to be carried over to the 2016-17 budget. **Show dollar amounts for SIGA costs.**
SAMPLE: *Technical Assistance provided on implementation of project-based science research lab instruction / experiences*	*SAMPLE:* *Design Team*	*SAMPLE:* *Evaluations (observing classroom practices and analyzing common formative assessment results) indicate implementation with fidelity, yet end of the year assessment will indicate the degree of impact.*		*SAMPLE:* *9/1/16 to 3/31/17. COMPLETED. On-going analysis and adaptation CONTINUING (2017-18)*	*SAMPLE:* *No carryover anticipated.*

What does the district intend to accomplish during Implementation Period 2? Please use the chart below to identify and plan for each of the key activities that are to occur during the implementation period. *Add more lines as applicable*.

Implementation Period 2: September 1, 2017 – June 30, 2018 (10 months)				
Key Activity	**Person/Area Responsible**	**Evaluation**	**Timeline**	**District Cost**
Identify key activities/action steps for Implementation Period 2 and provide a brief rationale.	Identify the person or area responsible for each key activity.	Define the *expected* outcome and evaluative measure for each key activity.	Show the planned completion date for each activity (month & year).	**Show dollar amounts for all SIGA costs.** Identify the fund source for all other costs.
SAMPLE: *Technical Assistance provided on implementation of project-based science research lab instruction/ experiences (continued)*	*SAMPLE:* *Design Team and Classroom Teachers*	*SAMPLE:* *Continued implementation and/or adaptations, with specific emphasis on impact as determined through classroom observations, peer evaluations, formative assessment analysis and performance on state science assessment.*	*SAMPLE:* *Technical assistance and program analysis is planned for 9/1/17 to 6/1/18.*	*SAMPLE:* *$18,500 in SIGA for release time and substitutes.*

TABLE 2: School Poverty Rate and Targets UPDATE

As of 5/30/17, what is the district's best information about what the socio-economic composition of the school will be in 2017-18? Please show all data revisions using the Table below (An Excel version of the table can be found at http://www.p12.nysed.gov/funding/2015-18-title-1-ses-integration-grant/home.html).

Please use red text to show revised data. Rows that do not apply may be deleted.																
School Name:								**School BEDS Code:**								
Base Enrollment (2014-15)				**Enrollment (as of 7/31) Year 1 (2015-16)**				**Enrollment (as of 7/31) Year 2 (2016-17)**				**Enrollment Targets Year 3 (2017-18)**			
Grade Level	All Students	Low Income Students	Poverty Rate (Low Income/All)	**Grade Level**	All Students	Low Income Students	Poverty Rate (Low Income/All)	**Grade Level**	All Students	Low Income Students	Poverty Rate (Low Income/All)	**Grade Level**	All Students	Low Income Students	Poverty Rate (Low Income/All)
K				K				K				K			
1				1				1				1			
2				2				2				2			
3				3				3				3			
4				4				4				4			
5				5				5				5			
6				6				6				6			
7				7				7				7			
8				8				8				8			
9				9				9				9			
10				10				10				10			
11				11				11				11			
12				12				12				12			
Total				Total				Total				Total			

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2017-18 Budget Narrative

School District	
BEDS Code	

CODE/ BUDGET CATEGORY	*EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this grant)*
Code 15 *Professional Salaries*	
Code 16 *Support Staff Salaries*	
Code 40 *Purchased Services*	
Code 45 *Supplies and Materials*	
Code 46 *Travel Expenses*	
Code 80 *Employee Benefits*	
Code 90 *Indirect Cost*	
Code 49 *BOCES Services*	