

JANET BARRESI  
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION  
OKLAHOMA STATE DEPARTMENT OF EDUCATION

**Mathematics and Science Partnerships Mini Grant - Title II, Part B**  
*No Child Left Behind Act of 2001 - Public Law 107-110*

**2014 Proposal Cover Sheet**

**Applying High-need LEA/Fiscal Agent:** \_\_\_\_\_

**The above district qualifies as the high-need LEA because it meets the following requirement(s):**

1. A district in which **40 percent** of the children are from families with incomes below the poverty line based on the LEA's Free/Reduced-Price Lunch Count. Please give Free/Reduced Lunch percentage: \_\_\_\_\_
2. A district that is at **20 percent** or more poverty as determined by the census, please give percentage: \_\_\_\_\_
3. A district with a site(s) designated as priority and/or focus status for the 2013 school year, if a site, please give site name: \_\_\_\_\_
4. A district with a percentage of mathematics and/or science classes not taught by highly qualified teachers.

Project Title: \_\_\_\_\_

Program Director & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Amount of MSP funds requested: \_\_\_\_\_

Number of teachers to be served directly: \_\_\_\_\_ Cost per teacher: \_\_\_\_\_

Number of partners (excluding lead LEA): \_\_\_\_\_

Targeted grade levels: \_\_\_\_\_

Targeted subject areas: \_\_\_\_\_

Approximate date(s) of summer institute: \_\_\_\_\_

**Certification by Authorized or Institutional Official**

The applicant certifies that to the best of his/her knowledge the information in this application is correct, that the filing of this application is duly authorized by the governing body of this organization or institution, and that the applicant will comply with the attached statement of assurances.

\_\_\_\_\_  
Typed or Printed Name of Authorized Official  
(Lead LEA Superintendent)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Official  
(Lead LEA Superintendent)

\_\_\_\_\_  
Date



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Title II, Part B  
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2014 Partner List

Applying High-need LEA/Fiscal Agent: \_\_\_\_\_

Applying High-need LEA/Fiscal Agent Poverty Rate: \_\_\_\_\_

In the area below please list **all** partners including the higher education partner(s), school districts, business partners, and all other entities involved with your project. Please remember each partner is required to complete a Partner Identification Form (Appendix I) and a Letter of Commitment which will outline the roles and contributions of the partner and provide there is an understanding of the program intentions.

**If applicable**, identify school district(s) that are (1) high-need, (2) on the 2012-2013 Priority or Focus list, or (3) have a percentage of mathematics and/or science classes not taught by highly qualified teachers.

Identify these schools with the corresponding number remembering that some districts may have more than one identifier. Example: **Smiley Public Schools (1)(3)** would identify this district as high-need also with a percentage of mathematics and/or science classes not taught by highly qualified teachers.

Also, please list the district poverty rate, **for each school district listed as a partner**, which will be based on the most recent Free and Reduced Lunch Count.

Partner 1: \_\_\_\_\_ Partner 1 Poverty Rate: \_\_\_\_\_

Partner 2: \_\_\_\_\_ Partner 2 Poverty Rate: \_\_\_\_\_

Partner 3: \_\_\_\_\_ Partner 3 Poverty Rate: \_\_\_\_\_

Partner 4: \_\_\_\_\_ Partner 4 Poverty Rate: \_\_\_\_\_

Partner 5: \_\_\_\_\_ Partner 5 Poverty Rate: \_\_\_\_\_

Partner 6: \_\_\_\_\_ Partner 6 Poverty Rate: \_\_\_\_\_

Partner 7: \_\_\_\_\_ Partner 7 Poverty Rate: \_\_\_\_\_

Partner 8: \_\_\_\_\_ Partner 8 Poverty Rate: \_\_\_\_\_

Partner 9: \_\_\_\_\_ Partner 9 Poverty Rate: \_\_\_\_\_

Partner 10: \_\_\_\_\_ Partner 10 Poverty Rate: \_\_\_\_\_

Partner 11: \_\_\_\_\_ Partner 11 Poverty Rate: \_\_\_\_\_

Partner 12: \_\_\_\_\_ Partner 12 Poverty Rate: \_\_\_\_\_

Partner 13: \_\_\_\_\_ Partner 13 Poverty Rate: \_\_\_\_\_

Partner 14: \_\_\_\_\_ Partner 14 Poverty Rate: \_\_\_\_\_





**Title II Part B Mathematics and Science Partnerships Mini Grant  
Draft Budget Detailed Narrative/Justification**

FY2014

**FUND 12**

Project Code: **544**

Fiscal Agent

District: \_\_\_\_\_

 -   

County: \_\_\_\_\_

 

**Itemize and explain each amount budgeted in the Summary Budget. (Use additional pages as necessary.)**

Function	Object	Narrative: Detailed Item Description	Narrative: Item Justification/Usage (explanation for need of item)	Cost



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OKLAHOMA STATE DEPARTMENT OF EDUCATION

Mathematics and Science Partnerships Mini Grant Program  
Title II, Part B  
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2014  
Partner Identification Form

Include a Partnership Identification Form **for each** partner institution/organization. **Please attach to this form the required Letter of Commitment from the corresponding partner, outlining the role and contributions of the partner.** This letter will also be a form of evidence that the proposed partnership activities are integral to the partner's instructional mission and administrators agree to support participant participation in the project.

1. Name of partner institution/organization: \_\_\_\_\_
2. Partnership contact: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Phone: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. E-mail: \_\_\_\_\_
7. As a partner, are you expecting funds paid to you from this grant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what services do you intend to provide for the funds you will receive?

8. Describe services which will be provided to the project at no cost? Use additional sheets if more space is needed.

*Please see next page for questions 9-10*



## Appendix E

9. Are you matching any funds of the grant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list and describe. Use additional sheets if more space is needed.

10. Please complete the following:

A. Percentage of K-12 mathematics teachers with a mathematics major: \_\_\_\_\_

B. Percentage of K-12 science teachers with a science major: \_\_\_\_\_





Declaration of Intent to Participate  
Private Schools

Mathematics and Science Partnerships Mini Grant Program

School Year 2014-2015 (FY2014)

For a private school to be eligible to participate in federal education programs administered by the local school district, both pages of this form must be completed, signed by the private school administrator and returned by the local private school district to the Federal Programs office.

County: \_\_\_\_\_ Lead LEA School District: \_\_\_\_\_

Lead LEA School Program Director: \_\_\_\_\_

Lead LEA School Program Director Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Private school officials who desire their teachers and students to benefit from federal educational programs through collaboration with the local school district must be accredited either by the State Board of Education or by the Oklahoma Private School Accreditation Commission (OPSAC) which is an accreditation entity approved by the State Board of Education. Registration with the State Department of Education is an alternative to accreditation. Participating private schools must also have 501(c)(3) certification issued by the Internal Revenue Service.

Indicate (✓) the status of the private school:

- (1) Accredited by the State Board of Education (SBE).
- (2) Accredited by the SBE through the Oklahoma Private School Accreditation Commission.
- (3) Our school is not accredited, but we wish to register with the State Department of Education.

Provide the information requested below for use by the SDE in calculating federal program allocations for the district and each participating private school in the 2013 - 2014 school year.

I. Private School Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Private School Administrator: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax Exempt Number (IRS Code Section 501 (c) (3): \_\_\_\_\_

II. Total enrollment in K-12 on Monday, October 1, 2013. Do not include preschool or homebound enrollment.

Total enrollment \_\_\_\_\_

III. Indicate (✓) Declaration of Intent to Participate in federal educational program in which the private school will participate during 2013 - 2014.

\_\_\_\_\_ Title II Part B: Mathematics and Science Partnerships



**STATEMENT OF ASSURANCES  
PRIVATE SCHOOLS**

**MATHEMATICS AND SCIENCE PARTNERSHIPS PROGRAM**

To be eligible to participate in federal programs under the Elementary and Secondary Education Act as administered by the local public school district, private schools must be organized according to the recognized patterns shown below.

MINIMUM CRITERIA FOR REGISTRATION AND ASSURANCES

1. School will be in session for 180 days. Five (5) days may be professional days.
2. School will be in session six (6) hours per day exclusive of lunch time.
3. Adequate and appropriate facilities, supplies, and equipment will be provided to carry out the educational program.
4. A governing board will develop objectives and oversee program implementation.
5. Safe and sanitary conditions will be maintained in buildings where children receive instruction.
6. Compliance with Title VI of the Civil Rights Act, Title IX of Public Law 92-318, Family Education Rights and Privacy Act, Public Law 105-17 (IDEA), Section 504 of the Vocational Rehabilitation Act of 1973, and with the rules and regulations thereunder governing the programs and funds is assured.
7. School officials will meet with local school district administration to provide suggestions, ideas, program options, etc., that meet the needs of their participants to help the local school district in planning, implementing, and evaluating programs, services, and activities supported by federal program allocations.
8. Services, materials, and equipment provided for the benefit of participating private school students must be secular, neutral, and nonideological. Control of federal funds and the title to any equipment and materials must remain with the public agency, i.e., the local educational agency (LEA). No federal funds may be paid to any private school and the title to equipment and materials may not be transferred to any private school.
9. If a student is attending a private school in one district and residing in the attendance area of another district, the school officials of the district where the private school is located is responsible for notifying the district in which the student resides.

The Organizational Patterns of Schools as specified by the State of Oklahoma are listed below. Please check (√) all that apply and enter enrollment figures. **Do not include preschool or homebound enrollment.**

Elementary School	Middle School	Junior High	High School
( ) K-6 _____	( ) 6-8 _____	( ) 7-9 _____	( ) 9-12 _____
( ) K-8 _____	( ) 6-7 _____	( ) 7-8 _____	( ) 10-12 _____
	( ) 7-8 _____	( ) 8-9 _____	

The state minimum school term length is 180 days. Indicate the length of your school term: \_\_\_\_\_

The state minimum school day length is six (6) hours. Indicate the length of your school day: \_\_\_\_\_

\_\_\_\_\_  
**Private School Administrator (signature)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Private School Name**



**Affirmation of Consultation  
Private School  
School Year 2014-2015 (FY2014)**

Federal regulations require that timely and meaningful consultation occur between the local educational agency (LEA) and private school officials prior to any decision that affects the opportunities of eligible nonpublic school children, teachers, and other educational personnel to participate in federal programs, (EDGAR76.650-76.662). Consultation shall continue throughout the implementation and assessment of activities.

The following topics must be discussed during the ongoing consultation process:

1. Describe the consultation that took place including meeting date, those in attendance and agenda. (Attach agenda.)
2. Describe the needs of the eligible private school students/teachers and how these needs have been/and will continue to be identified.
3. What identified services will be provided? Explain how, when, where, and by whom the services will be provided.
4. How and when will the services be assessed and how will the results of the assessment be used to improve the services?
5. What is the amount of estimated grant funding available for the agreed upon services?

**Response:** The Lead LEA is to briefly respond to each of the five items above.

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WE AGREE that timely and meaningful consultation occurred before the district made any decision that affected the participation of eligible private school students/teachers under NCLB.

WE AGREE that we have participated in meaningful and timely discussion in this grant opportunity for the Mathematics and Science Partnerships Program.

WE AGREE that timely and meaningful consultation shall continue throughout implementation and assessment of services provided under NCLB.

Lead LEA Superintendent Lead LEA District	Date
Lead LEA School Address	Lead LEA Phone Number
Private School Administrator Signature	Date
Private School Address	Name of Private School
	Private School Phone Number

Private School wishes to participate in the Mathematics and Science Partnerships Program Yes \_\_\_\_\_ No \_\_\_\_\_





**Title II Part B Mathematics and Science Partnerships Mini Grant  
Budget Detailed Narrative/Justification**

FY2014

**FUND 12**

Project Code: **544**

Fiscal Agent

District: \_\_\_\_\_

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