OKLAHOMA
STATE DEPARTMENT of EDUCATION

2015-2016 Advanced Placement® (AP®) SECOND TIME Materials and Equipment Grant Application

DISTRICT

SCHOOL

COURSE TITLE FOR WHICH FUNDS ARE REQUESTED

Applying for:
☐ AP grant ☐ IB grant
(Please check one)

EMAIL ADDRESS FOR THE MAIN CONTACT FOR THIS GRANT (Main method of contact will be by email)

INSTRUCTIONS

Submit the original and three (3) copies to:
Oklahoma State Department of Education
Attn: Lori Boyd, Director of Advanced Placement
2500 North Lincoln Boulevard, Suite 315
Oklahoma City, Oklahoma 73105-4599

Please designate application packets as either original or copy. Staple the entire application in the upper left corner.

Applications must be postmarked by **December 5, 2015**. Incomplete and/or late applications will not be considered for the competition.

The budget must be consistent with the intent of the grant. Funds are to be used for classroom materials and equipment for this specific Advanced Placement (AP) course. Expenditures that are not allowed include, but are not limited to, training costs, travel costs, Internet and telephone connectivity, student field trips, student transportation, student test fees, and similar expenditures.

A commitment to initial Advanced Placement training is an absolute requirement. This training must occur within one (1) year of the grant award and MUST include at least a one-week Advanced Placement Summer Institute in the subject area for which the grant was awarded. It is further recommended that instructors continue to receive follow-up training. If training has occurred during the previous one (1) year for this course, a copy of the certificate of completion must accompany this application. If no certificate of completion is attached, and your school is awarded a grant, the certificate/s of completion must be mailed to the Oklahoma State Department of Education, Advanced Placement Office, by **February 1, 2017**.

This application refers to Advanced Placement or AP; however, International Baccalaureate or IB may be substituted when applicable.

INFORMATION

Amount of grant request: _____
(Cannot exceed $2,500)

SCHOOL DISTRICT ADDRESS

SCHOOL DISTRICT CITY

SCHOOL DISTRICT ZIP

SCHOOL DISTRICT COUNTY

CONGRESSIONAL DISTRICT

SCHOOL SITE ADDRESS

SCHOOL SITE CITY

SCHOOL SITE ZIP

AP TEACHER'S NAME

AP TEACHER'S EMAIL

Does this teacher have an approved audit from College Board?
☐ YES ☐ NO
If YES, please attach a copy of the approval notice to this application. If NO, what steps have been taken to get the course approved by College Board?

Did this teacher attend an Advanced Placement Summer Institute during the summer of 2015? ☐ YES ☐ NO
If YES, please attach a copy of the attendance certificate to this application. If NO, teacher must attend an Advanced Placement Summer Institute in the summer of 2016.

AP COORDINATOR'S NAME

AP COORDINATOR'S EMAIL

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ASSURANCE STATEMENT

To assure that a quality Advanced Placement program is developed and implemented in the funded local educational agency, the superintendent (or designee) and principal are required to sign the following agreement.

1. Funds will be utilized in the manner described in the application selected for funding under the Oklahoma Advanced Placement Incentives Program.
2. Any requests to change the budget must be made in writing to the Advanced Placement Office of the State Department of Education. Approval is required before budget changes are made.
3. The Advanced Placement course for which the grant was awarded must be offered beginning the school year following receipt of the grant.
4. College Board training will occur within one (1) year of the grant award and include at least a one-week Advanced Placement Summer Institute. Teachers are encouraged to attend follow-up training annually.
5. AP examinations will be made available for this course. These exams are ordered from College Board/Educational Testing Service and will be made available to each student taking an AP course.
6. Grant funds awarded in **Spring 2016** will be expended by **December 31, 2016**. There can be no carryover of funds.
7. An Oklahoma Cost Accounting System (OCAS) printout for the appropriate code (Revenue code: 3470, Project Reporting code: 368) showing proper expenditure of funds will be submitted to the Advanced Placement Office of the State Department of Education by **February 1, 2017**.
8. A copy of the funded AP teacher's attendance certificate for a College Board week-long Advanced Placement Summer Institute will be submitted to the Advanced Placement Office of the State Department of Education by **February 1, 2017**.

_____

SUPERINTENDENT'S NAME (Please Print) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

_____

SUPERINTENDENT'S SIGNATURE

_____

PRINCIPAL'S NAME (Please Print) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

_____

PRINCIPAL'S SIGNATURE

BUDGET & RATIONALE

Please complete the information in the boxes below for each item in your budget. Duplicate this page if you need additional boxes.

BUDGET

COST OF ITEM #1 _____ COST OF ITEM #2 _____

COST OF ITEM #3 _____ COST OF ITEM #4 _____

BUDGET TOTAL _____

1

Supplies/Equipment to be purchased with funds:

VENDOR NAME ITEM COST

ADDRESS

CITY STATE ZIP

RATIONALE

❶ **How will this item be used to enhance teaching and learning in the course?**

❷ **Why are funds needed to purchase this item?**

2

Supplies/Equipment to be purchased with funds:

VENDOR NAME ITEM COST

ADDRESS

CITY STATE ZIP

RATIONALE

❶ **How will this item be used to enhance teaching and learning in the course?**

❷ **Why are funds needed to purchase this item?**

BUDGET & RATIONALE

Please complete the information in the boxes below for each item in your budget. Duplicate this page if you need additional boxes.

BUDGET

COST OF ITEM #1 _____ COST OF ITEM #2 _____

COST OF ITEM #3 _____ COST OF ITEM #4 _____

BUDGET TOTAL _____

3

Supplies/Equipment to be purchased with funds:

VENDOR NAME ITEM COST

ADDRESS

CITY STATE ZIP

RATIONALE

❶ **How will this item be used to enhance teaching and learning in the course?**

❷ **Why are funds needed to purchase this item?**

4

Supplies/Equipment to be purchased with funds:

VENDOR NAME ITEM COST

ADDRESS

CITY STATE ZIP

RATIONALE

❶ **How will this item be used to enhance teaching and learning in the course?**

❷ **Why are funds needed to purchase this item?**

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QUALITY OF PERSONNEL

Please complete the information below.

Staff Position	Experience relevant to AP	Training	
		Previous	Planned
AP Teacher(s):			
AP Coordinator:			
AP Administrator(s):			
Other (as needed):			

If previous training is listed above, you must attach copies of professional development attendance certificates to the grant application. Do not attach originals. If participants cannot locate their attendance certificates, they can contact the institution that held the professional development and ask for a copy of the certificate to be sent.

If there is no previous training within one (1) year of the grant, applicant will be required to attend an Advanced Placement Summer Institute during the summer of 2016.