OKLAHOMA STATE DEPARTMENT OF EDUCATION

# 2014-2015 Advanced Placement® (AP®) VERTICAL TEAM Grant Instructions

DISTRICT

SCHOOL

DISCIPLINE 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 **Friday, December 5, 2014**. Incomplete and/or late applications will not be considered for the competition.

The budget must be consistent with the intent of the grant which is to form and train an Advanced Placement Vertical Team. Items such as stipends for teachers, hiring of AP consultants, and paying for substitutes for AP Vertical Team training are consistent with the intent of the grant. Technology, materials, and equipment may be purchased, but their purchase must be validated in the Budget & Rationale section of this application. Technology, materials, and equipment should never total over 50 percent of the total budget.

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. 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 **Monday, February 1, 2015**.

*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 $25,000)

SCHOOL DISTRICT ADDRESS

SCHOOL DISTRICT CITY

SCHOOL DISTRICT ZIP

SCHOOL DISTRICT COUNTY

CONGRESSIONAL DISTRICT

### HIGH SCHOOL SITE INFORMATION

HIGH SCHOOL NAME

HIGH SCHOOL ADDRESS/CITY/ZIP

### FEEDER SCHOOL SITE INFORMATION

FEEDER SCHOOL NAME

FEEDER SCHOOL ADDRESS/CITY/ZIP

FEEDER SCHOOL NAME

FEEDER SCHOOL ADDRESS/CITY/ZIP

### AP COORDINATOR INFORMATION

AP COORDINATOR'S NAME

AP COORDINATOR'S EMAIL

OKLAHOMA STATE DEPARTMENT OF EDUCATION

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**The AP Vertical Team must include at least one representative from each grade level in grades seven through twelve.**

| Vertical Team Member Name | Vertical Team Member School | Grade Taught |
|---|---|---|
| | | |

**Did any member of the Vertical Team attend an Advanced Placement Summer Institute during the summer of 2014?**

☐YES ☐NO

*If yes, please attach a copy of the attendance certificate to this application. If no, a minimum of one vertical team member must attend an Advanced Placement Summer Institute in the summer of 2015.*

OKLAHOMA STATE DEPARTMENT OF EDUCATION

# 2014-2015 Advanced Placement® (AP®) VERTICAL TEAM Grant Instructions

## 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 in the discipline listed on page 1 must be offered beginning the school year following receipt of the grant. The AP course should be on the school's list of course offerings 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. The AP Vertical Team shall include at least one representative from each grade level in grades seven through twelve.
6. AP examination/s in the discipline listed on page 1 will be made available. These exams are ordered from College Board/ Educational Testing Service and will be made available to each student taking an AP course.
7. Grant funds awarded in **Spring 2015** will be expended by **December 31, 2015**. There can be no carryover of funds.
8. An Oklahoma Cost Accounting System (OCAS) printout for the appropriate code (Revenue code: 3470, Project Reporting code: 396) showing proper expenditure of funds will be submitted to the Advanced Placement Office of the State Department of Education by **Monday, February 1, 2016**.
9. 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 **Monday, February 1, 2016**.

_____

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

_____

SUPERINTENDENT'S OR DESIGNEE'S SIGNATURE

# 2014-2015 Advanced Placement® (AP®)
# VERTICAL TEAM Grant Instructions

HIGH SCHOOL NAME

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

HIGH SCHOOL PRINCIPAL'S SIGNATURE

FEEDER SCHOOL NAME

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

FEEDER SCHOOL PRINCIPAL'S SIGNATURE

FEEDER SCHOOL NAME

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

FEEDER SCHOOL PRINCIPAL'S SIGNATURE

FEEDER SCHOOL NAME

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

FEEDER SCHOOL PRINCIPAL'S SIGNATURE

(Please add/delete signature lines as needed)

# 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 TRAINING _____ COST OF SUB/STIPEND _____

COST OF OTHER _____ COST OF ITEMS _____

Percentage of total budget for technology, materials, and equipment _____%

**BUDGET TOTAL**

_____

**1**

**Stipends/substitute pay for training:** _____ ITEM COST

**Vertical Team training:** _____ ITEM COST

**Other budget items:** _____ ITEM COST

**Technology/Material/Equipment to be purchased with grant 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**

**Stipends/substitute pay for training:** _____ ITEM COST

**Vertical Team training:** _____ ITEM COST

**Other budget items:** _____ ITEM COST

**Technology/Material/Equipment to be purchased with grant 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 TRAINING _____ COST OF SUB/STIPEND _____

COST OF OTHER _____ COST OF ITEMS _____

Percentage of total budget for technology, materials, and equipment _____%

**BUDGET TOTAL**

_____

**3**

**Stipends/substitute pay for training:** _____ ITEM COST

**Vertical Team training:** _____ ITEM COST

**Other budget items:** _____ ITEM COST

**Technology/Material/Equipment to be purchased with grant 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**

**Stipends/substitute pay for training:** _____ ITEM COST

**Vertical Team training:** _____ ITEM COST

**Other budget items:** _____ ITEM COST

**Technology/Material/Equipment to be purchased with grant 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?**

## ABSTRACT

*Provide a brief abstract summarizing the grant proposal. Be sure to include any item listed in the budget in your abstract.*

## 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 2015.

## SIGNIFICANCE OF THE PROJECT

*The purpose of the Advanced Placement Incentive Program is to establish, organize, and administer a program designed to improve the course offerings available to high school students throughout the state and to prepare students for admission to and success in a postsecondary educational environment.*

**How will the proposed vertical team address this program purpose?**

## PROJECT DESIGN

*Describe the steps to be taken to **organize** the vertical team.*

| Organization Action | Timeline | Person Responsible |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

(Please add/delete lines as needed.)

*Describe the steps to be taken to **develop** the vertical team.*

| Project Steps | Timeline | Person Responsible |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

(Please add/delete lines as needed.)

*Describe the steps to be taken to **sustain** the vertical team.*

| Action to Sustain | Timeline | Person Responsible |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

(Please add/delete lines as needed.)

## PROGRAM EVALUATION

How will the Vertical Team be evaluated in relation to the program purpose as given on the Significance of Project page?

*The evaluation should include quantitative data that addresses the following guiding questions in whole or part:*

1. Are more students participating in the Advanced Placement Program and courses leading toward AP courses?
2. Are more students from traditionally underrepresented populations expressing greater interest in and participating more in AP courses?
3. Are students accomplishing the transition from middle school to high school more successfully?
4. Are additional teachers interested in joining the AP Vertical Team?
5. Are scores on state and national standardized tests or other exams improving?
6. Has the AP Vertical Team affected student attendance and retention rates?