



Ken Wagner
Commissioner

State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminster Street
Providence, Rhode Island 02903-3400

**Enhancing Mathematics Content Knowledge and Pedagogical Skills of Pre K – 2 Educators
MSP Application**

Applicant Partnership LEA _____

Applicant Partnership IHE _____

The goals of this MSP grant are:

- To improve educators’ content knowledge in grades Pre K to 2, by providing high-quality professional development opportunities grounded in the RI Early Learning and Development Standards (RIELDS) and the Common Core State Standards for Mathematics (CCSS-M)
- To improve educators’ developmentally appropriate pedagogical skill in grades Pre K to 2 by providing high-quality professional development opportunities that leverage the Standards for Mathematical Practice in the CCSS-M
- To create a system of continuous supports which will enhance the application of new content knowledge and pedagogical skills in the classroom
- To develop educators’ confidence in learning new mathematics content, understanding the development of mathematics knowledge and skills in young children, and teaching and assessing children’s progress toward the RIELDS and CCSS-M
- To develop a cadre of teacher leaders, comprised of exemplary educators from each grade level (PreK-2) and school, who will assist in the facilitation and sustainability of the project

DIRECTIONS Please complete and submit all application sections (including this page). Narratives must be typed, single-spaced, and no larger than size 12 font. They may include charts or graphs, where appropriate. Please refer to the companion document for project background, requirements, and directions.

CHECKLIST Use this checklist to ensure your application is complete.

- Section 1 - Partnership Information**– Signatures needed
- Section 2 – Statement of Need**
- Section 3 – Readiness**
- Section 4 - Proposed Scope of Work**
- Section 5 – Sustainability Plan**
- Section 6 – Cost Proposal**

SUBMISSION Applications are due by **4pm on Friday, November 13, 2015.** Your submission options are as follows:

Email: Email all pages (including a scanned copy of pages with signatures) to Mona Gevorkian (mona.gevorkian@ride.ri.gov) ***Preferred Method* or**

Fax: Fax all pages to 401.222.3605 (Attention: Mona Gevorkian)

Hand-delivery: Drop off completed application (Attention: Mona Gevorkian) at the 4th floor reception desk of the Rhode Island Department of Education, 255 Westminster Street, Providence, RI 02903.

NOTIFICATION Applicants will be notified of their application status by Wednesday, November 25, 2015.

CONTACT Patricia Carnevale 401.222.8458 patricia.carnevale@ride.ri.gov

1 Partnership Information

Local Educational Agency Partner

(Duplicate this form for each LEA partner if applicable.)

District:

Superintendent:

Contact Information

Primary contact for this project:

Title:

Mailing Address:

Phone:

Fax:

Email:

Project District Leadership Team Members

Name	Title

I have reviewed each section of this application and recommend that it be submitted to the Rhode Island Department of Education for examination with the understanding that subsequent acceptance of the grant award assures my district's willingness to fully commit to its criteria.

Signature – Superintendent

Date

Signature – Primary Contact

Date

1 Partnership Information

Institute of Higher Education Partner

(Duplicate this form for each additional partner.)

Institution:

Contact Information

Primary Contact for this Project:

Title:

Mailing Address:

Phone:

Fax:

Email:

Project Members *(Please attach curricula vitae as an addendum for each project member.)*

Name	Title/Role

I have reviewed each section of this application and recommend that it be submitted to the Rhode Island Department of Education for examination with the understanding that subsequent acceptance of the grant award assures my institution's willingness to fully commit to its criteria.

Signature – Primary Contact

Date

1 Partnership Information

Optional Partner (if applicable)

(Duplicate this form for each additional partner.)

Partner:

Type of Institution:

Contact Information

Primary Contact for this Project:

Title:

Mailing Address:

Phone:

Fax:

Email:

Project Members *(Please attach curricula vitae as an addendum for each project member.)*

Name	Title/Role

I have reviewed each section of this application and recommend that it be submitted to the Rhode Island Department of Education for examination with the understanding that subsequent acceptance of the grant award assures my institution's willingness to fully commit to its criteria.

Signature – Primary Contact

Date

2 Statement of Need

This section should address how the goals of the grant are aligned with the specific needs of the LEA. The response must reference the bullet points listed below.

- Verification of high-need LEA status (*please refer back to the requirements for high-need as identified in section II. LEA Partners*) or identification of working in partnership with a high-need school
 - Identification and justification of need for increased content knowledge in mathematics for teachers from grades Pre K to 2
 - Identification and justification of need for improved pedagogical skill for mathematics for teachers from grades Pre K to 2¹ especially as it relates to developmentally appropriate practice
 - Description of how the project goals and objectives align with district needs and strategic plan
-

¹ Need for improved pedagogy may be gleaned from previous classroom focused classroom visits conducted by the LEA. However, data reported in this application should identify broad areas of need and be anonymous in nature.

3 Readiness

This section should provide evidence of an LEA's readiness to undertake a project aligned with the goals of the grant. The response must reference the bullet points listed below.

- Documentation of a well-articulated and thoughtful partnership between LEA and a qualified IHE involving faculty with deep and proven knowledge of the Common Core State Standards for Mathematics
 - Submission of a K-12 mathematics curriculum aligned to the Common Core State Standards and PreK curriculum aligned to the RI Early Learning and Development Standards
 - Description of implementation of mathematics curriculum implementation, including:
 - Number of years district has been implementing current curriculum
 - What resources are used to implement the curriculum? Are there specific resources teachers must use or do they have flexibility in determining appropriate resources?
 - Description of professional development provided to teachers in current curriculum
 - Minimum number of minutes required each day for mathematics instruction if applicable ,
 - At what level decisions are made regarding how required minutes are met and the pacing of delivery of content (district-, school-, or grade/classroom-level)
 - Description of plan to ensure that the activities of the project will be implemented as described in the proposal including processes that describe how implementation will be supported and monitored
 - Statement of commitment to supporting participating administration and staff in adapting mathematics curriculum and/or pedagogy in response to engagement in the project and with guidance from the IHE partner
 - Statement of capacity to implement the activities of the project as described in the proposal, (e.g., how will substitute teacher needs be addressed, involvement of coaches or curriculum leads)
 - Commitment that at least 90% of the educators from grades PreK through 2 will fully commit to the project and contain both ELL and special educators as described in the proposal (e.g. how will you support new teachers coming into the building, do your leaders support the work)
 - Description and reflective narrative on mathematics and other initiatives that will support the work of this project
 - If applicable, strategy for the facilitation of communicating and integrating work within a partnership comprised of multiple LEAs
-

4 Proposed Scope of Work

This section should provide a detailed outline of the proposed project. The response must reference the bullet points listed below.

- Project narrative including goals and theory of action
 - How you will determine the mathematics needs of staff so that specific content and pedagogical needs of participants will be addressed in the design of course content
 - Plan for the school year professional development including coaching sessions, focused classroom visits, and grade level/cross-grade level support groups addressing the release of staff (be sure to connect this plan to the Readiness Conditions in the prior section)
 - Breakdown of the grade levels and/or specialty of participating teachers that includes at least 90% of staff assigned in targeted grades
 - Strategy for involving district and building leadership
 - Project evaluation plan including impact on student and adult knowledge and skills
-
-

5 Sustainability Plan

This section should include a brief description of how the work of the grant will be perpetuated after the conclusion of the grant period. Special attention should be given to the continuing role of the teacher leaders that were developed during the project.

6 Cost Proposal

This section must include a budget that is tied to the scope and requirements of the project. This budget will be considered tentative and for planning purposes only. A final budget will be required upon grant award. Subject to available funding the total cost of the contract is not to exceed \$700,000. The contract will span eighteen months, starting in January 2015 and ending on August 30, 2017.

A sample of the format for the budget is included below. Please see the attached Cooperative Agreement (Grant) template for additional information.

Please note, projects that include a materials cost of over 2% may be disqualified.

Fiscal Agent _____

BUDGET DETAIL SHEET*

Fiscal Year _____

EMPLOYEE SALARY AND BENEFIT DETAIL (TOTAL COMPENSTATION)**

NAME	POSTION TITLE	NUMBER OF HOURS OR FTE	HOURLY RATE OR ANNUAL SALARY (including benefits)	SALARY AND BENEFIT TOTAL \$

PURCHASED SERVICES DETAIL

NAME	POSITION TITLE	HOURS	HOURLY RATE \$	TOTAL \$

OTHER EXPENDITURES DETAIL

EXPENSE CATEGORY	DESCRIPTION	TOTAL
Supplies and Materials		
Travel***		
Printing		
Office Expense		
Other (describe)		
Indirect Cost		

* Please include a detail budget sheet for each state fiscal year (July 1st – June 30th)

** Please round hourly rates to the nearest whole dollar and ensure there are no rounding differences with the extended totals.

*** Reimbursement for travel within the continental United States is limited to the per diem rates established by the General Services Administration (GSA). Per diem rates are posted at www.gsa.gov/perdiem.