

Application Template for the 2022-2023 Innovative Principal Prep to Practice Planning Grant Program

This is **not** the official grant application. This is a template provided to help applicants collaborate with partners, organize submission information, and draft responses prior to completing the application in the PDE eGrants system.

Innovative Principal Prep to Practice applications must be submitted via the PDE eGrants system no later than 11:59 PM on October 7, 2022. Note that gaining access to eGrants may take more than one week.

To apply:

1. Review the [Application Guidelines for the Innovative Principal Prep2Practice grant](https://www.education.pa.gov/Teachers%20-%20Administrators/Teacher%20Quality/Grants/Pages/InnovativePrincipalPrep2PracticeGuidelines.aspx).
2. Reach out to high-need local education agencies and determine applicant partnerships. The applicant and fiscal agent must be an institution housing an educator preparation program.
3. If you do not have access to [eGrants](http://www.egrants.pa.gov/Home), please request access by filling out [Teacher Prep to Practice Grants & Principal Prep to Practice Grants form](https://forms.office.com/Pages/ResponsePage.aspx?id=QSiOQSgB1U2bbEf8Wpob3tNe1F_GW-tAhGwkVW4yjBZUMjRTUVEzTTU1WDNMS0lDMFhNSEY3UlU4RC4u). Please allow at least one week after submission of this form to obtain access.
4. Review the application questions below and coordinate with partner(s) to answer the application questions.
5. [Check out all relevant documents including the FAQ](https://www.education.pa.gov/Teachers%20-%20Administrators/Teacher%20Quality/Grants/Pages/InnovativePrincipalPrep2PracticeFAQs.aspx)
6. Direct questions to [RA-EDOPHEGrants@pa.gov](mailto:RA-EDOPHEGrants@pa.gov).
7. Submit the completed application via the [eGrants](http://www.egrants.pa.gov/Home) system by 11:59pm on October 7, 2022.

# Section 1 - Applicant Information

1. Partnership/Initiative Name:
2. Lead Applicant Name (lead applicant must be the institution hosting the educator preparation program):
3. Lead Applicant Address:
4. Primary Contact for Lead Applicant:

Name:

Title:

Email:

Phone:

Include contact information for project director if different from Primary Contact

Project Director Name:

Project Director Title:

Project Director Email:

Project Director Phone:

1. Counties Served: Select the counties served through activities outlined in this proposal. (*options include all PA counties*)
2. Amount of Funding Requested. (*maximum of $100,000)*

# Section 2 – Planning Grant Proposal Information

1. Summarize the goals of your plan. (limit 1500 characters)
2. Identify the need(s) or problem(s) addressed by the plan you wish to develop. (limit 1500 characters)
3. How will your plan enhance diversity in the school leader workforce? (limit 1500 characters)
4. How will your plan strengthen professional knowledge of school leaders about the delivery of culturally relevant and sustaining education? (limit 1500 characters)

1. How will your plan deepen the clinical experience of aspiring school leaders? (limit 1500 characters)

1. How will your plan enhance the degree of integration between clinical experience and other components of preparation programs for school leaders? What research is informing your approach? (limit 3500 characters)

1. How will your plan provide enriched oversight and supervision of aspiring school leaders during their clinical experience? (limit 1500 characters)

1. How will your plan enhance the induction of novice school leaders into the world of practice (limit 1500 characters)

1. Describe the target population(s) of aspiring school leaders your plan will address. Include demographic characteristics regarding access, equity, and inclusion (e.g., age, ethnicity, gender, primary language, migrant status, etc.). (limit 1500 characters)

1. How will your plan expand access to this (or these) target population(s) and create greater equity? (limit 2500 characters)
2. Identify the expected outcomes of your planning efforts in a way that is specific, measurable, and time bound. (limit 1500 characters)

1. Identify the strategies you expect to pursue after the grant terminates to implement the plan you develop. (limit 2500 characters)

# Section 3 - Partnership Information

Describe the LEA or LEAs who will be serving as partners in the proposed initiative. Each application must include a letter of commitment/support from each partner. Please include the following information:

* Partner's name, and primary contact for this grant at the organization
* An explanation of the past and present relationship between the lead applicant and the partner and the expected role the partner will play to strengthen the initiative, and their ability to lead and coordinate the proposed initiative;
* The partner's relevant experience, role, responsibility, and commitment;
* Activities the partner expects to undertake in order to support the intended outcomes.

Only one document may be uploaded. Please combine all the letters of support into a single PDF. *(upload file)*

# Section 4 - Capacity

Provide a budget narrative that explains the proposal's budget for each of the cost categories in the budget that follows (e.g. salaries, benefits, etc.). *(limit 3500 characters)*

Optional: Upload any additional materials that describe the proposed initiative. *(upload file as .doc, .docx, .pdf, .csv, .xls)*

Compliance Obligations: All grantees will be required to sign a grant agreement with the Pennsylvania Department of Education. All grant funds must be spent and services performed/products received on or before June 30, 2023. The Pennsylvania Department of Education shall seek repayment of funds if it determines that funds were not utilized for the original stated and approved purpose. Grantees will be required to submit reports in the eGrants system on forms supplied by the Pennsylvania Department of Education. Final Expenditure Reports must be submitted no later than August 31, 2023. Are you able to meet these compliance obligations?

* Yes - we are able to meet compliance obligations
* No

# Section 5 – Worker Protection Form

Please complete the mandated [Worker Protection and Investment Certification Form](https://www.education.pa.gov/Documents/About%20PDE/Governor%E2%80%99s%20Worker%20Protection%20EO.docx).

Upload the completed form below.

*The system will not accept attachments over 3MB (megabytes).  If you are scanning your attachments, please set the scanner resolution to low.  Attachments can only be submitted in WORD, EXCEL, and/or PDF formats.*

*To attach a document to the application:*

1. *Click the 'Upload File' button.  A computer dialog box will appear.*
2. *Through the dialog box, navigate to the documents that you want to attach to the application.*
3. *Click 'Open' at the bottom of the dialogue box to attach the selected document to the application.*
4. *Repeat steps 1-3 for every attachment.*

*Please remember to clearly label each attachment.*

| **Upload Files** |
| --- |
| File Name |
| Uploaded By |
| Uploaded Date |
| Download |
| Delete |

# Section 6 – Budget – Purchased Professional and Technical Services

All amounts must be entered in whole dollars.

| **Function** | **Object** | **Name of Contractor** | **Description of Services** | **State Grant Funds** | **Matching Funds/In Kind** | **Total Amount** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **$** | **$** | **$** |
|  |  |  |  | **$** | **$** | **$** |
|  |  |  |  | **$0.00** | **$0.00** | **$0.00** |

# Section 7 – Budget – Purchased Property Services

All amounts must be entered in whole dollars.

| **Function** | **Object** | **Name of Contractor** | **Description of Services** | **State Grant Funds** | **Matching Funds/In Kind** | **Total Amount** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **$** | **$** | **$** |
|  |  |  |  | **$** | **$** | **$** |
|  |  |  |  | **$0.00** | **$0.00** | **$0.00** |

# Section 8 – Budget – Other Purchased Services

All amounts must be entered in whole dollars.

| **Function** | **Object** | **Name of Contractor** | **Description of Services** | **State Grant Funds** | **Matching Funds/In Kind** | **Total Amount** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **$** | **$** | **$** |
|  |  |  |  | **$** | **$** | **$** |
|  |  |  |  | **$0.00** | **$0.00** | **$0.00** |

# Section 9 – Budget – Supplies

All amounts must be entered in whole dollars.

| **Function** | **Object** | **Description of Item** | **Unit Price** | **Quantity** | **Item Total** | **State Grant Funds** | **Matching Funds/In Kind** | **Total Amount** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **$** | **#** | **$** | **$** | **$** | **$** |
|  |  |  | **$** | **#** | **$** | **$** | **$** | **$** |
|  |  |  |  |  | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

# Section 10 – Budget – Equipment

Enter expenses for equipment (any material/resource with an individual unit price of $1,500 or more).

All amounts must be entered in whole dollars.

| **Function** | **Object** | **Description of Item** | **Unit Price** | **Quantity** | **Item Total** | **State Grant Funds** | **Matching Funds/In Kind** | **Total Amount** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **$** | **#** | **$** | **$** | **$** | **$** |
|  |  |  | **$** | **#** | **$** | **$** | **$** | **$** |
|  |  |  |  |  | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

# Section 11 – Budget – Administrative Costs

Enter administrative costs (cannot exceed 5% of total grant award).

All amounts must be entered in whole dollars.

| **Function** | **Object** | **Amount** |
| --- | --- | --- |
|  |  | **$** |
|  |  | **$** |
|  |  | **$0.00** |

# Section 12 – Budget – Summary (View Only)

*Displays a read-only table showing totals by function/object codes.*

|  | **100 Salaries** | **200 Benefits** | **300 Purchased Professional and Technical Services** | **400 Purchased Property Services** | **500 Other Purchased Services** | **600 Supplies**  **800 Dues and Fees** | **700 Property** | **Totals** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1000 Instruction** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | **$0.00** |
| **2100 Support Services - Students** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | **$0.00** |
| **2200 Staff Support Services** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | **$0.00** |
| **2300 Support Services – Administration** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | **$0.00** |
| **2700 Student Transportation** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | **$0.00** |
| **Totals** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

|  |  |
| --- | --- |
| **Approved Indirect Cost/Operational Rate: \_\_\_\_ %** | **$0.00** |
| **Final** | **$0.00** |