



Staff Development Grant Application

Applicant(s): _____ Today's Date: ____ / ____ / ____

Participant(s) Names: _____

Activity Title: _____ Project Date: ____ / ____ / ____

Activity Location (be specific): _____

Applying for Approval from: District Building (*specify): _____
 (*e.g. High School, BMS, Lincoln, Gene Dillon, etc.)

This activity does not need to meet every district goal and statute outcome. Check at least one of each:

District Goals (check at least one)	MN Statute Outcomes (check at least one)
Student Achievement	1. <input type="checkbox"/> Improve student achievement of state and local education standards in all areas of the curriculum by using best practices methods. 2. <input type="checkbox"/> Effectively meet the needs of a diverse student population, including at-risk children, children with disabilities, and gifted children, within the regular classroom and in other settings. 3. <input type="checkbox"/> Provide an inclusive curriculum for a racially, ethnically, and culturally diverse student population that is consistent with the state education diversity rule and the district's education diversity plan. 4. <input type="checkbox"/> Effectively teach and model violence prevention policy and curriculum that addresses early intervention alternatives, issues of harassment, and teach nonviolent alternatives for conflict resolution. 5. <input type="checkbox"/> Improve staff collaboration, and develop mentoring and peer coaching programs for teachers new to the school or district. 6. <input type="checkbox"/> Provide teachers and other members of site-based management teams with appropriate management and financial management skills.
1. <input type="checkbox"/> Increase reading proficiency for all students.	
2. <input type="checkbox"/> Increase mathematics proficiency for all students.	
3. <input type="checkbox"/> Increase the graduation rate for all students.	
Student Support and Belonging	
1. <input type="checkbox"/> Train staff on Responsive Classroom to improve student behavior.	
2. <input type="checkbox"/> Train staff on cultural awareness and turn high-poverty schools into high-performing schools.	

Brief Summary of Activity. Include how it aligns with the district goal and statute outcome selected

 *Signature – Building Designated Person (Staff Development Chair)

 Date

 *Signature – Building Principal / Program Supervisor

 Date

 *Signature – Director of Curriculum

 Date

 *Signature – Superintendent (if out-of-state / more than 2 staff per bldg.)

 Date

***Signatures Required**

SCORING RUBRIC: Please write your responses to questions 1-6 in the spaces provided.

IMPACT	District-wide?	Department / grade level impact at multiple sites?	Site-wide?	Department / grade level impact in one site only?	Unacceptable?	Score
1. How many staff / students will benefit from this activity?						
	10	8	5	2	0	
2. How will applicants share training information with colleagues?						
	10	8	5	2	0	
IMPACT	Exceptional?	Meets expectations?	Average?	Needs improvement?	Unacceptable?	Score
3. Why is there a need for this training?						
	10	8	5	2	0	
4. List outcomes and how they will be achieved.						
	10	8	5	2	0	
5. How will students be impacted by this activity?						
	10	8	5	2	0	
6. How will you measure student/staff growth?						
	10	8	5	2	0	
(Questions 7-8 Committee Use Only)						
7. Activity clearly ties to District Goals (pg. 1) and articulates how it will accomplish them.						
	10	8	5	2	0	
8. Overall impression of proposal.						
	10	8	5	2	0	
Total Points Earned out of 80						

ANTICIPATED ACTIVITY BUDGET

Include all expenses you anticipate for the activity.

Amount

1	Participant Salaries	Teacher:	# of Activity hours:		Staff Dev Rate: \$30.00	Employer Contributions (TRA, FICA, etc.) \$4.68	Number of Participants:		
		Non-Teacher:			Hourly Rate:	\$4.68			
Contact Payroll / Business Office for hourly rate estimates for District Employee participants									
2	Substitute Teacher	Number of days:			Daily Rate:	\$174.00			
3	Substitute Paraprofessional	Instructional:	# of hours:		Hourly Rate:	\$17.40			
		Special Education:			Hourly Rate:	\$18.05			
4	Contract Services	Consultant fee or other contractual services							
5	Out-of-District Travel								
	A. Transportation	Air Fare:							
		Personal Vehicle:	# of miles:		Rate per Mile:	\$0.655			
	B. Hotel	# nights:							
	C. Meals (per diem)	Breakfast	\$7.00	<i>reimbursement not eligible for the day you left the district</i>					
		Lunch	\$8.00	<i>reimbursement not eligible for one-day meetings</i>					
		Dinner	\$14.00	<i>reimbursement not eligible if you returned before 7:00 pm</i>					
	D. Registration Fees	List:							
	E. Parking Fees	List:							
	F. Other Travel	List:							
Refer to SBE 500-20-1R for Bemidji Area Schools' travel policies and procedures									
6	Other Expenditures (e.g. purchase training materials)								
									Activity Budget:
7	In-Kind Funds	Reduce Activity Budget by amount of funds from your building committee or other sources							
									Total Anticipated Activity Budget:
Submit Out-of-District Travel Voucher with receipts to Business Office for reimbursement Reimbursement cannot exceed the amount approved for this activity									

_____ Approved **Staff Development Committee Use Only** _____ Denied

Comments: _____

Total Amount Approved \$ _____ Initials _____

See the [ISD 31 Staff Development Program Handbook](#) for additional information.