

## APPLICATION SECTION - COVER SHEET

### Single Source, Targeted or Continuation Grant

#### ORGANIZATION INFORMATION

**Applicant Organization Name (or fiscal agent organization):** Duluth School District #709

**Name of Applicant Organization Official with Authority to Sign:** William Gronseth, Superintendent

**SWIFT Vendor Address with zip code + 4 (9 digit zip is required):** 0000194009

**Primary site of where work will be performed – city, county, 9 digit zip (if other than the address above):** 215 North 1<sup>st</sup> Ave East, Duluth, MN 55802

If a fiscal host applicant, identify the agency represented by the fiscal agent (***an agreement must be on file between the fiscal host and agency represented and those entities must sign the coversheet:***

**Minnesota SWIFT Vendor Number for Grantee (organization receiving grant funds):** 59845

**Federal DUNS Number (if federal funding):** 071501092

**MDE Organization:** #709

Are you a nonprofit organization reporting as a 501(c)(3) organization (indicate yes or no):

*Respond to the following 2 questions if your grant award will come from **federal funding** and will be \$25,000 or over **and**, if your gross income is \$300,000 or more from all sources for the previous tax year. MDE requires that this information be provided in order for us to meet our reporting requirements under the Federal Funding Accountability and Transparent Act (FFATA).*

1. In your organization's preceding fiscal year, did the organization receive 80% or more of its annual gross revenues in U S federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and \$25,000,000 or more in annual gross revenues from U S federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Respond here (yes or no):

2. If you answered yes to the question above, does the public have access to information about the compensation of the executives in your organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934?

Respond here (yes or no): NO

If you responded no to question 2, we may need to contact you for additional information.

**GRANT AMOUNT REQUESTED:**

**IDENTIFIED OFFICIAL WITH AUTHORITY TO SIGN APPLICANT**

Name and Title of Official with Authority to Sign (superintendent, if school): William Gronseth, Superintendent

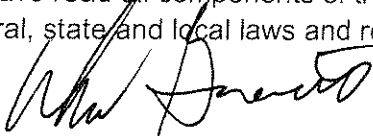
Address of Official with Authority to Sign: 215 North 1<sup>st</sup> Ave East, Duluth, MN 55802

Phone and Email: 218-336-8700 ext. 1109 and William.gronseth@isd709.org

**SIGNATURE OF IDENTIFIED OFFICIAL WITH AUTHORITY TO SIGN:**

I certify I have read all components of this application and will comply with assurances herein and all other federal, state and local laws and regulations applicable to my organization.

Signature:



Date Signed:

01/08/14

**SECOND SIGNATURE, if necessary:**

I certify I have read all components of this application and will comply with assurances herein and all other federal, state and local laws and regulations applicable to my organization.

Signature:

Date Signed:

**PRIMARY PROGRAM CONTACT:** Jason Crane

Title of Program Contact: Special Education Director

Address: 215 North 1<sup>st</sup> Ave East, Duluth, MN 55802

Phone and Email: 218-336-8741 and [Jason.crane@isd709.org](mailto:Jason.crane@isd709.org)

**BUSINESS MANAGER OR ACCOUNTANT:** Peggy Blalock, Finance Manager

Address: 215 North 1<sup>st</sup> Ave East, Duluth, MN 55802

Phone and Email: 218-336-8700 ext. 1079 and [peggy.blalock@isd709.org](mailto:peggy.blalock@isd709.org)

**ADDITIONAL CONTACTS:** *Add information here with contact information*

## **SINGLE SOURCE, TARGETED OR CONTINUATION GRANT PROJECT**

### **TITLE OF PROJECT:**

### **APPLICATION NARRATIVE SECTION**

*Please develop the narrative below within each of the required elements. Attach supplemental documents including the budget as required when you return your signed application to MDE.*

#### **STATEMENT OF NEED**

Provide a statement of need based on an analysis of data for the targeted group that will benefit from this project. Summarize the needs and provide data and indicate how the data was gathered. Identify barriers and challenges this group has faced that contribute to the need.

The State Personnel Development Grant (SPDG) project will focus on our Part B State Systemic Improvement Plan (SSIP), to improve graduation rates for Black and American Indian children and youth with disabilities through the implementation of evidence-based practices. The project design lays out a five-year plan that will result in improving Minnesota's system of personnel preparation and professional development in educational, and transition services. MDE has identified four school districts as partners for the next phases of SSIP planning and EBP implementation: Duluth, Minneapolis, Osseo, and St. Paul. These districts have a high concentration of Black and American Indian students with disabilities and some of the state's lowest graduation rates for these two groups.

The SSIP Team examined district data, including district infrastructure and support already being offered to districts, and identified potential districts to contact to initiate more intensive supports work. The total number of students in the disability subgroups of Black and American Indian were considered. Team members also considered the ESEA Waiver status of schools within districts with low graduation rates or high dropout rates for these groups of students (i.e., all special education students, students with disabilities who are Black, and students with disabilities who are American Indian). Geographic location (e.g., urban, suburban, and greater Minnesota) and type of school (e.g., typical public school districts, charter schools, and intermediate-school districts) were also considered in an attempt to build a group of districts that was representative of Minnesota schools and students.

## **CAPACITY**

Provide information on your organization's capacity to administer this grant project. Identify the project staff and their role in the project.

Identify any proposed contracts and the service to be provided through the contract for the success of the project. Follow all state and federal procurement practices.

If you are partnering with any individuals or organizations, identify them and their contribution. *If you are asked to provide a letter of support from a partner, attach it as a supplemental when returning your application.*

Duluth public school district has worked in partnership with MDE on a variety of initiatives. MDE team members have visited the district and received letters of support that commit the district to our five-year plan.

## **WORK PLAN GOALS, ACTIVITIES, OUTCOMES AND ESTIMATED TIMELINES**

Describe the project goals and the activities within each goal along with expected outcomes for each goal and estimated timelines. List out the goals and activities in a SMART – specific, measurable, attainable, relevant and time bound format as below:

See attachments:

- 1) Logic Model
- 2) Theory of Action
- 3) Detailed work plan with timelines

## **EVALUATION**

The state is committed to funding projects that produce a measurable result for the targeted population identified in the application. Identify the indicators used to measure success and the effectiveness of the project. Please describe the methods you will use to evaluate your project. Please consider reporting requirements to MDE.

See attached evaluation requirements.

## **OTHER NARRATIVE SECTIONS**

Narrative Section:

## **BUDGET NARRATIVE JUSTIFICATION WORKSHEET**

The budget and budget narrative justification worksheet is attached and must be completed and submitted as part of the signed application. The worksheet should be completed based on the anticipated grant period and award amount.

Please provide clear descriptions for each proposed expenditure amount entered into each budget object code. The budget must align with the work plan activities and reflect necessary and reasonable proposed expenditures. Necessary means it adds value to the project and reasonable means you have done some type of market comparison to determine the cost is reasonable.

Complete the Budget for this Grant Period:

UFARS Finance Code and/or Funding Source Code (for public schools, charter schools, ed districts and education cooperatives – if no specific finance code, then identify general state or federal code):

Major Restrictions on Expenditures:

Source of Funding- Federal (CFDA and title, award number) or State (legislation):

Return the completed and signed application to:

MDE Staff Person: Loraine Jensen, SPDG Coordinator

Address: 1500 Highway 36 W., Roseville, MN 55113-4266

Phone: 651-582-8523

Email: [Loraine.jensen@state.mn.us](mailto:Loraine.jensen@state.mn.us)

**APPLICANT NAME:** Duluth School District #709  
**FEDERAL PROJECT GRANT OPPORTUNITY TITLE:** SPSG- Part B State Systematic Improvement Plan (SSIP)  
**FEDERAL CFDA NUMBER:** 84.323A  
**GRANT PERIOD:** 2015-2017

| UFARS        | N/A        | OBJEC DESCRIPTION:  | BUDGET AMT        | FTEs      | BUDGET NARRATIVE DESCRIPTION - ROLE ON PROJECT       |
|--------------|------------|---|-------------------|-----------|--|
| <b>CODES</b> | <b>100</b> | <b>SERIES SALARIES</b>  |                   |           |  |
| 110          |            | Administration/Supervision/Manage                               |                   |           |  |
| 140          |            | Licensed Classroom Teacher                                      |                   |           |  |
| 141          |            | Non-Licensed Classroom Instruction                              |                   |           |  |
| 143          |            | Licensed Instructional Support                                  |                   |           |  |
| 144          |            | Non-Licensed Instructional Support                              |                   |           |  |
| 145          |            | Substitute Teacher-Licensed                                     | \$20,000.00       | N/A       | Substitute for teachers working on initiative        |
| 146          |            | Substitute Non-Licensed Classroom                               | \$5,000.00        | N/A       | Substitute for paras working on initiative           |
| 156          |            | School Social Worker  |                   |           |  |
| 157          |            | School Psychologist   |                   |           |  |
| 158          |            | Mental Health Professional                                      |                   |           |  |
| 164          |            | Interpreter for the Deaf  |                   |           |  |
| 165          |            | School Counselor  |                   |           |  |
| 170          |            | Non-Instructional Support (bookkeeper,clerks,secretaries, etc.) |                   |           |  |
| 172          |            | Physician - for evaluation only                                 |                   |           |  |
| 175          |            | Cultural Liaison  |                   |           |  |
| 176          |            | Social worker for Interagency Services                          |                   |           |  |
| 185          |            | Other Salary Payments - Licensed and Certified                  | \$30,000.00       | 0.8       | Stipends for upto 4 Lead Staff to Coordinate Program |
| 186          |            | Other Salary Payments - Nonlicensed and Noncertified            |                   |           |  |
| 199          |            | Salary Adjustments - Full Cafeteria Plan                        |                   |           |  |
| <b>CODES</b> | <b>200</b> | <b>SERIES BENEFITS BASED ON SALARIES</b>                        | <b>BUDGET AMT</b> | <b>NA</b> | <b>BUDGET NARRATIVE DESCRIPTION</b>                  |
| 210          |            | FICA - District's Portion                                       | \$4,207.50        | NA        | Total Salaries * 7.650 % for FICA                    |

|   |            |    |  |
|---|------------|----|--|
| 214 PERA - District's Portion           | \$375.00   | NA | PERA Salaries * 7.5 % for PERA               |
| 218 TRA - District's Portion            | \$3,750.00 | NA | Teacher Salaries * 7.5 % for TRA             |
| 220 Health Insurance                    |            | NA |  |
| 230 Life Insurance                      |            | NA |  |
| 235 Dental Insurance                    |            | NA |  |
| 240 Long-Term Disability Insurance      |            | NA |  |
| 250 Deferred Compensation               |            | NA |  |
| 251 Tax Advantage Employer Spons Health |            | NA |  |
| 252 Post-Employment (Actuarial)         |            | NA |  |
| 270 Worker's Compensation               | \$291.50   | NA | Total Salaries * .530 % for Workers Comp     |
| 280 Unemployment Compensation           | \$41.25    | NA | Total Salaries * .075% for Unemployment Comp |
| 299 Other Employee Benefits - identify  |            | NA |  |

**CODES 300 SERIES PURCHASED SERVICES BUDGET AMT NA BUDGET NARRATIVE DESCRIPTION**

303 Federal Contracts/portion of each up to \$25,000 (include contractor's travel) \$25,000.00 NA Contracts for Trainers including Travel

304 Federal Contracts/portions of each exceeding \$25,000 NA

316 Data Processing Services NA

340 Insurance (not employee benefit insurance) NA

366 Instate Travel, Conferences/Training Fees - Grant Staff or parent committee members - not contractors \$2,000.00 NA Travel for staff to attend other trainings

368 Federal Out-of-State Travel (for grant staff - not contractors) Includes travel/meals/lodging/registration fees Must be necessary and justified NA

370 Operating Leases or Rental (not to own) for Meetings/Trainings- Use of free and accessible space recommended NA

389 Training and Tuition Reimbursement - Reimbursements to staff/parents and others attending approved grant trainings to improve knowledge. Might include books, materials. Documentation for expenses must be available to support reimbursements. NA

**CODES 400 SERIES SUPPLIES/MATERIALS - Consumable and Expendable Items. Not capital expenditures or capital equipment. BUDGET AMT NA BUDGET NARRATIVE DESCRIPTION**

|  |                     |           |  |
|--|---------------------|-----------|--|
| Supplies- Non-Instructional - example: office supplies, computer supplies, small computer equipment (not capital expenses), etc. |                     |           | Materials for Trainings and Program Implementation |
| 401  | \$7,500.00          | NA        |  |
| 430 Supplies-Non-individualized Instructional - classroom  |                     | NA        |  |
| 470 Media Resources-Library Books, Tapes/CDs,Ejournals   |                     | NA        |  |
| <b>CODES 800 SERIES Other Expenditures &amp; Indirect</b>  | <b>BUDGET AMT</b>   | <b>NA</b> | <b>BUDGET NARRATIVE DESCRIPTION</b>                |
| A. TOTAL ALL LINES but 895   | \$98,165.25         | NA        |  |
| 895 Indirect Approved Restricted Rate  |                     | NA        |  |
| C. TOTAL INDIRECT COSTS - Amt. in B x rate in line 895)  | \$6,577.07          | NA        | Duluth Rate = 6.7%                                 |
| D. GRAND TOTAL (B plus C)  | <b>\$104,742.32</b> | <b>NA</b> |  |

NOTE: Schools, Education Cooperatives, Education Districts and Charter Schools are required to report by UFARS Identify specific finance code or if no finance code then identify general funding source codes with general finance code

INDIRECT RATES: Restricted indirect rates must be used if there are supplanting restrictions on the federal funding.

OTHER: