



# SCHOOL BOARD MEETING REPORT

**Board Meeting Date:** 15-Nov-16

**Agenda #** \_\_\_\_\_

**Staff/Administrator:** Pendleton

**Superintendent:** Dave Valenzuela

**Type of Item:**  Informational  Action

**Please state your proposal briefly and clearly. What do you want the board to know, discuss, or decide?**

To accept a \$2,500 CTSO Grant for the Hidden Valley FBLA Program.

Grant Information Application Eligibility Applications will be accepted from any public middle school, high school (including charter schools), or college that have or are intending to establish an Oregon Department of Education officially recognized CTSO (DECA, FBLA, FFA, FCCLA, FNRL, HOSA and SkillsUSA). Alternative schools or programs for students below age 19 are also eligible if they are operated by an Education Service District (ESD), public school district, or college. TSA may be eligible as a permitted entity for Tier 4 grants. In order to be eligible for payment at the conclusion of the grant year, the chapter must either A) show membership growth in 2016-17 or B) recruit a new chapter that charters in an approved CTSO or C) be a total program enrollment member chapter. There are no exceptions to these requirements. Prior to disbursement of funds, the advisor will need to upload a CTE/CTSO Lesson Plan that can be shared with others. Funding will be awarded in four phases, and the review team will only advance to the next phase if there are still funds available. Example: Your chapter applied for a Tier 3 Progressive grant. Your grant will not be considered until Tier 1 and Tier 2 grants have been funded and if there are any remaining funds.

Funding Tier 1: Model Chapters—Applicants May Request Up to \$2,500 All applications qualifying as a Model Chapter (tier 1) will be funded prior to considering funding in any other tiers. Model Chapter Requirements: • Must have had a 20 member (or 20%) increase in the 2015-16 school year to apply for Model Chapter funding (or recruited a new chapter of any CTSO) or be a total program enrollment participant • Must have participated in the Advisor Conference or FFA Advisor Training (or approved CTSO professional development as approved by state CTSO director) • Must have attended a National Event for their CTSO • Must submit a grant description with a budget not to exceed one page

**Provide history/background information on your proposal.**

State and National Competitors----this grant will be used to continue the development of the program.

**List the advantages of your proposal:**

Money will support the program.

**List possible disadvantages of your proposal:**

None

**List possible alternatives that could also offer a solution to your proposal. Why were they not recommended?**

There are no alternatives.

**Superintendent's recommendation(s):**

TRSD FORM BD-615  
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**Approve:** Yes  No