**2017-18 LaSIP PROFESSIONAL DEVELOPMENT PROJECTS**

**Notice of Intent**

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| --- |
| Name of Institution (Include Branch/Campus and School or Division): |
| Address (Include Department): |
| Proposal Type (11.5-Month or 14.5 Month): Principal Investigator(s): Phone: ( )                 Fax: (     )            E-mail:                       |
| Tentative Title of Project: |
| This non-binding Notice of Intent should include the following information:(1) The primary focus, including discipline/subject matter; (2) The districts or regions to be served (Place an \* by the high-need LEAs);(3) The intended grade levels; and 4) The proposed outcomes**.**[This information will be used to ensure adequate preparation for the review of LaSIP PD proposals, including engagement of consultants with appropriate expertise. Applicants may modify the information provided above in part or whole as proposal development continues.] |

**2017-18 LaSIP PROFESSIONAL DEVELOPMENT PROJECTS**

**Cover Page: 11.5-Month Proposals**

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| **Indicate content focus (Science, ELA/Literacy, or Mathematics):****Project Type: 11.5-month** **Grade Level(s) Targeted:** **Number of Targeted Participants:**  | **School Districts To Be Served:****Indicate high-need districts with an asterisk \*** |
|  **Name(s) of Submitting Institution(s) of Higher Education (Include Branch/Campus/Other Components):** |
| **Address of Institution of Higher Education (Dept/Unit, Street Address/P.O. Box Number, City, State, Zip Code):** |
| **Title of Proposed Project:** |
| **Funds being requested for each funding cycle:** |
| **July 1, 2017 - September 30, 2017** | **October 1, 2017 - June 15, 2018** |
| **Matching funds from partners:** |
| **IHE:** | **High-need LEA(s):** | **Other:** |
| **The signatories certify that the institution and the proposed project are in compliance with all applicable Federal and State laws and regulations.** |
| **Name/Title/Institution (if different from the primary institution listed)** | **Dept./Telephone No.****Email Address** | **Signature** |
| **Principal Investigator**  |  |  |
| **Co-Principal Investigator** |  |  |
| **Campus Head or Authorized Institutional Representative** |  |  |
| **Dean, College of Education**  |  |  |
| **Dean, College of Arts and Sciences** |  |  |
| **Authorized Fiscal Agent** |  |  |

**2017-18 LaSIP PROFESSIONAL DEVELOPMENT PROJECTS**

**Cover Page: 14.5-Month Proposals**

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| **Indicate content focus (Science, ELA/Literacy, or Mathematics):****Project Type: 14.5-month** **Grade Level(s) Targeted:** **Number of Targeted Participants:**  | **School Districts To Be Served:****Indicate high-need districts with an asterisk \*** |
|  **Name(s) of Submitting Institution(s) of Higher Education (Include Branch/Campus/Other Components):** |
| **Address of Institution of Higher Education (Dept/Unit, Street Address/P.O. Box Number, City, State, Zip Code):** |
| **Title of Proposed Project:** |
| **Funds being requested for each funding cycle:** |
| **July 1, 2017 - September 30, 2017** | **October 1, 2017 - September 15, 2018** |
| **Matching funds from partners:** |
| **IHE:** | **High-need LEA(s):** | **Other:** |
| **The signatories certify that the institution and the proposed project are in compliance with all applicable Federal and State laws and regulations.** |
| **Name/Title/Institution (if different from the primary institution listed)** | **Dept./Telephone No.****Email Address** | **Signature** |
| **Principal Investigator**  |  |  |
| **Co-Principal Investigator** |  |  |
| **Campus Head or Authorized Institutional Representative** |  |  |
| **Dean, College of Education**  |  |  |
| **Dean, College of Arts and Sciences** |  |  |
| **Authorized Fiscal Agent** |  |  |

**2017-18 LaSIP PROFESSIONAL DEVELOPMENT PROJECTS**

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| --- | --- | --- | --- | --- |
| **Timeline** | **Contact Hours** | **Action/Activities** | **Measureable Objective for Each Activity** | **Staff Responsible** |
| *June 2016* | *6 hours* | *First meeting with participants; overview of project; pre/test; discussion of individual student data; participant data* |  | *All staff present and responsible* |
| *July 2016* | *6 hours/5 days* | *Professional development; content focus, assessment, leadership* |  | *J. Jackson, content; S. Smith, assessment; R. Fletcher, leadership/educational technology* |
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**Project Progression Timeline of Activities Table**

**(Please delete the sample provided below)**

**2017-18 LaSIP PROFESSIONAL DEVELOPMENT PROJECTS**

**Current and Pending Support**

List all State and federal funding support for each IHE faculty member during the funding cycle. Duplicate this form for each IHE faculty member, and use additional sheets as necessary.

**NAME OF Faculty:**

|  |
| --- |
| Status of Support:      Current      Pending      Submission Planned in Near Future Proposal Title (or Semester Teaching Support):     Source of Support:     Award Amount (or Monthly Teaching Rate): $      Period Covered:     Location of Activity:      Person-Months or % of Effort Committed to the Project:       Cal Yr       AY       Summer |
| Status of Support:      Current       Pending       Submission Planned in Near Future Proposal Title(or Semester Teaching Support):     Source of Support:     Award Amount (or Monthly Teaching Rate): $      Period Covered:     Location of Activity:     Person-Months or % of Effort Committed to the Project:      Cal Yr      AY      Summer |
| Status of Support:     Current      Pending      Submission Planned in Near Future Proposal Title (or Semester Teaching Support):     Source of Support:     Award Amount (or Monthly Teaching Rate):       Period Covered     Location of Activity:     Person-Months or % of Effort Committed to the Project:      Cal Yr      AY      Summer |

**2017-18 LaSIP PROFESSIONAL DEVELOPMENT PROJECTS**

**Memorandum of Agreement Among Partners**

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| --- | --- |
|                                                         (Sponsoring Institution)  |                                         (Project Title) |
|                                         (Principal Investigator) | ­­­­­­­­­­­­­                                        (Co- Principal Investigator)  |

This cooperative agreement reflects the overall commitment as well as the specific responsibilities and the roles of each of the partners listed below. This MOA documents the actual working partners who are responsible for contributing to the writing of the proposal, collecting and reporting data, and for the day-to-day success of the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Partner** | **Name of Active Partner** | **Title**  | **IHE or District & School** | **Signature** |
| Teacher Preparation Program***(Required)*** |  |  |  |  |
| Dept./School of Arts & Sciences***(Required)*** |  |  |  |  |
| High-need Local Education Agency/Agencies ***(LEA – Required)*** |  |  |  |  |
| Additional Targeted Partners  |  |  |  |  |

|  |
| --- |
| Sponsoring Institution:Principal Investigator: |
| **Type of Partner** | **Name** | **Title** | **IHE or District & School** | **Signature** |
| Additional Partners  |  |  |  |  |
| Additional Partners  |  |  |  |  |
| Additional Partners |  |  |  |  |

**Memorandum of Agreement Among Partners (cont.)**

**2017-18 LaSIP PROFESSIONAL DEVELOPMENT PROJECTS**

**Cooperative Planning Efforts**

Describe the process of collaboration between the high-need LEA(s), other targeted schools, and the IHE(s) in determining the needs of the LEA(s) in planning and writing this proposal. The statement should be endorsed and dated by an official from each participating institution. In addition, Letters of Support must be included in the appendices of the proposal.

**1.** **\_\_\_\_\_\_\_\_\_\_\_\_**

 **Typed Name, Title, Organization Signature Date**

**2.** **\_\_\_\_\_\_\_\_\_\_\_\_**

 **Typed Name, Title, Organization Signature Date**

**3.** **\_\_\_\_\_\_\_\_\_\_\_\_**

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**4.** **\_\_\_\_\_\_\_\_\_\_\_\_**

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**5.** **\_\_\_\_\_\_\_\_\_\_\_\_**

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**6.****\_\_\_\_\_\_\_\_\_\_\_\_**

 **Typed Name, Title, Organization Signature Date**

**7.** **\_\_\_\_\_\_\_\_\_\_\_\_**

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**8.** **\_\_\_\_\_\_\_\_\_\_\_\_**

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**9.** **\_\_\_\_\_\_\_\_\_\_\_\_**

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**10.** **\_\_\_\_\_\_\_\_\_\_\_**

 **Typed Name, Title, Organization Signature Date**

**2017-18 LaSIP PROFESSIONAL DEVELOPMENT PROJECTS**

**Stipend Options**

**You must choose either Option A or B for use in your project, and document your choice in your proposal. Should your proposal be funded, you must provide this information to your participants within a Participant Agreement or Project Syllabus. For either option, you must insert the number of days and hours for your project and the hourly stipend rate, and provide a list of your project deliverables. Projects must provide a total stipend hourly rate at a minimum of $20 per hour and a maximum of $30 per hour. LaSIP encourages the use of Option B.**

**Option A**

Attendance is expected for all **\_\_\_\_** days (total of **\_\_\_\_** hours) of the project. Participants will receive a maximum fee of $**30** per hour for attendance participation at the summer institute and academic year workshops. Payment will be made only on approval of and documentation from the principal investigator, *(Name of authorized person),* according to the LaSIP Attendance Policy. Participant will be paid only for the actual hours he/she participates in the professional development program. If the Participant has unexcused absences for more than 15% of the scheduled program hours, Participant may be dropped from the program at the discretion of the principal investigator and will not be eligible to receive instructional materials from the project. Any instructional materials already received must be returned to the principal investigator. LaSIP Attendance Policy regarding unexcused absences will be enforced.

**Option B**

Attendance is expected for all **\_\_\_\_** days (total of **\_\_\_\_** hours) of the project. Participant will receive a $**20** per hour for attendance participation at the summer institute. Upon completion of the required activities/deliverables (designed by PI) and days of attendance during the AY, participant will receive the remaining $**10** for each full hour attended during the summer project. This will in effect raise the stipend rate to $**30** per hour attended and will only apply if participant meets required obligations. Stipends for the AY workshops will be $**30** per hour for attendance. Payment will be made only on approval of and documentation from the principal investigator, *(Name of authorized person),* according to the LaSIP Attendance Policy. Each participant must complete the assigned deliverables during the AY. If the participant has unexcused absences for more than 15% of the scheduled program hours, the participant may be dropped from the program at the discretion of the principal investigator and will not be eligible to receive either instructional materials from the project or the additional $**5** per hour for attendance participation at the summer institute. In this event, any instructional materials already received must be returned to the principal investigator. LaSIP Attendance Policy regarding unexcused absences will be enforced.