|  |  |
| --- | --- |
| seal | **New York State Race to the Top Plan**  **PARTICIPATING LEA FINAL SCOPE OF WORK – Student Outcomes and Work Plan - Addendum** |

**District/Public Charter School Agency BEDS Code**

Fill in with your information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | |  | |  |  |  | |  | |  |  |  |  |  | | |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of School District or Public Charter School: | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
| Contact Person: | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | |  | (     )     - | | | | | | |  | | Email Address: | | | | | |  |  | | | | | | |
|  | | |  | Area Code | | | | | | |  | |  | | | | | |  |  | | | | | | |

INTRODUCTION

ARRA requires that each State receiving a Race to the Top grant award 50 percent of the funds to LEAs based on their relative shares of funding under part A of Title I of the ESEA. In instances where the list of participating LEAs changed during the grant period, States are required to recalculate the section 14006(c) sub grant allocations to make the full 50 percent allocations available to all participating LEAs by the end of the four year grant period (see <http://www2.ed.gov/programs/racetothetop/grant-amendment-submission-process.pdf> for more information). New York completed a reallocation of funds according to the Title I formula on July 1, 2013 to all participating LEAs and will conduct at least 1 additional reallocation to LEAs that have been approved by NYSED for a no-cost extension.

INSTRUCTIONS

* Complete LEA information above.
* Enter your LEAs 2013 reallocation fund total in the space provided. This amount can be found in your LEAs 2013-14 business portal budget.
* All reallocations will not be complete prior to required submission of this document. When completing the Allowable Allocations below, please provide the **known** fund amount at the time of submission. In addition, please provide the percentage (%) of your total funds available that will be allocated to each activity. When reallocations occur through the 2014-15 no-cost extension, the new fund total will be recalculated for each activity.
* Complete separate sections of Allowable Activities for each activity planned beyond your original approved Scope of Work.
* Complete chief school/administrative officer certification.
* Submit to NYSED as in accordance with the participating LEA Scope of Work - Guidance Document <http://usny.nysed.gov/rttt/scopeofwork/guidance.pdf>.

July 1, 2013 reallocation: $     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill in with your amount from [this link](http://www.ocmboces.org/tfiles/folder1764/RTTT%20907%20billing%20Calculation%20for%2014-15.pdf) or get updated amount from message from SED that told you your 13-14 budget was approved.

**Remaining 4 Year Allocation:** $     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total 2014-15 Funds Available:** $     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (100% of what is available at time of submission)

**Note – The Total Reallocation must equal fund totals entered in Allowable Activities.**

🗹

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | I hereby certify that I am the applicant’s chief school/administrative officer and that the information contained in this addendum is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, the *Terms and Conditions, Assurances and Certifications for Federal Program Funds Under the American Recovery and Reinvestment Act (ARRA) contained in* Appendix C of the *Final Scope of Work* Guidance Document, and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. | | | | | | |
| **School District Superintendent/Public Charter School Governing Board Chair** (or equivalent authorized official) | | | | | | | |
| Name: | |  | Title: |  |  |  |
|  | |  |  |  |  | Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Allowable Activity #1** | | | | | |
| **ACTIVITY CODE:** | **BRIEFLY EXPLAIN HOW THIS ACTIVITY WILL CONTRIBUTE TO YOUR STUDENT OUTCOME GOALS (on page 4 of this document) —** Response limited to 500 characters**:**  Enter ½ of total from previous page here | | | | |
| **ACTIONS** | | **TIMEFRAMES** | | **KEY PERSONNEL** | **BUDGET TOTAL** |
|  | | **Start** | **Finish** |  |  |
| Continue to align curriculum and instruction to NY Common Core Learning Standards | | July 2014 | June 2015 | Superintendent | $\_\_\_\_\_\_  %\_50\_\_\_\_ |
| Teachers increasingly use data-driven instruction (common formative assessments) to make instructional decisions | | July 2014 | June 2015 | Superintendent |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **PERFORMANCE MEASURE(S):** | | | | |  |
| **METRIC** | | | | **TARGET** |  |
| Student achievement on 3-8 assessments increases | | | | 5% increase at proficient |  |
|  | | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Allowable Activity #2** | | | | | |
| **ACTIVITY CODE:** | **BRIEFLY EXPLAIN HOW THIS ACTIVITY WILL CONTRIBUTE TO YOUR STUDENT OUTCOME GOALS (on page 4 of this document) —** Response limited to 500 characters**:**  Enter ½ of total from previous page here | | | | |
| **ACTIONS** | | **TIMEFRAMES** | | **KEY PERSONNEL** | **BUDGET TOTAL** |
|  | | **Start** | **Finish** |  |  |
| Ongoing training of lead evaluators | | July 2014 | June 2015 | Superintendent | $\_\_\_\_\_\_  %\_\_50\_\_ |
| Ongoing training of principal evaluators | | July 2014 | June 2015 | Superintendent |  |
| Initial training of new lead evaluators | | July 2014 | June 2015 | Superintendent |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **PERFORMANCE MEASURE(S):** | | | | |  |
| **METRIC** | | | | **TARGET** |  |
| % of evaluations in compliance with §3012-C | | | | 100% |  |
|  | | | |  |  |