

# **Grant Application & Instructions Application School Year '23-'24**

ons 24

FIRE Foundation of Northwest Iowa 2918 Hamilton Blvd - Lower D Suite 102 Sioux City, IA 51104

www.firefoundationnwiowa.org | 712-454-4139 | ignite@firefoundationnwiowa.org

#### Instructions:

Please submit electronically. All forms, letters, and documentations are due by January 15, 2023.

#### Forms to Include:

- 1. Application Form
- 2. MTSS Pyramid (required for all previous FIRE Grant Award Recipients)
- 3. Letter from the school principal and co-signed by the pastor describing
  - a. What inclusion means to them;
  - b. Current steps they are taking to promote a more inclusive education model in their current environment;
  - c. The School's Support of Inclusive Catholic education and commitment to educating the school community on its benefits;
  - d. Commitment to attend diocesan Inclusive Catholic Education (I.C.E.) meetings by Principal and/or Special Education teacher and/or other staff;
  - e. The School has a degreed Special Education teacher on staff, or has requested approval from the School Board and/or Diocesan School Office that appropriate tiered structures of educational support exists for the identified student(s);
  - f. The School can demonstrate the commitment of its Principal and Pastor to inclusive education (for example, notification in the bulletins or parish websites, distribution of materials);
  - g. The School and Parish will commit to distribute one general communication per school year provided by the FIRE Foundation to all parishioners and/or school families to help educate the community on the mission and role of FIRE and will provide the opportunity for a representative of FIRE to speak annually to its parishioners and/or school community;

If you have any questions about the grant application please email ignite@firefoundationnwiowa.org

#### Timeline for the 2023-2024 school year application:

| November 15, 2022 | Applications are made available online                                    |
|-------------------|---|
| January 15, 2023  | Applications and documentation are due and to be submitted electronically |
| February 1, 2023  | Scheduled appointments by the grant committee                             |
| March 15, 2023    | Notification of grant recipients made to the schools                      |
| August 1, 2023    | First Half of the payment made to the School                              |
| January 31, 2024  | Mid-Year Reports Due, second half of the payment made to the school       |
| June 7, 2024      | Year-End Reports Due  |

#### **Grant Eligibility Criteria:**

The following criteria must be satisfied prior to application for a school to be eligible for a grant:

- The School is a diocesan school within the boundaries of the Diocese of Sioux City.
- The School is accepting student(s) who would not be able to attend without additional educational support.
- The School has a degreed Special Education teacher on staff OR the Diocesan School Office can validate the existence of appropriate educational support for the student(s).
- In the second year of application and beyond, the school applying must also schedule a site visit and be open to hosting visitors to witness inclusive education in action. Contact your FIRE representative to initiate this process.

#### **Items Funded:**

- Assistance for salaries of Para Educators or Special Education teachers
- Staff Development on Inclusive Education
- Materials, Resources, Equipment, Technology and Training

#### **Application Review Process:**

The annual grant application must satisfy the grant eligibility criteria for the application to be considered. Eligible applicants will be invited to discuss their application in person with the Grant Committee in February. Appointments will be scheduled through the FIRE office upon receipt of the Grant Application. Grant awards will be determined based on the Eligibility Criteria and the availability of Foundation funds. All grant monies received must be used specifically to support children with significant special needs who would not be able to attend the school without the additional support. Grantees will receive a letter of notification regarding their grant no later than March 15, 2023. Applicants who will not be receiving grants will also be notified by letter.

Please note that all grant recipients are required to submit a mid-year report documenting use of grant funds. Any changes in the way grant funds are used that deviate from descriptions outlined in the grant application must be reported to the FIRE Foundation of Northwest Iowa. Mid-year report forms will be sent to grant recipients in December 2023 and due January 31, 2024.

## **General Information**

| Contact I   | nformation          |  |
|---|---------------------|--|
| School:   | Pastor Name:        |  |
| Address:  | Main Phone:         |  |
| Principal Name:   | Principal Email:    |  |
| Application Contact(s):   | Title:              |  |
| Contact Phone:  | Contact Email:      |  |
| School Total Enrollment:  | Grades Served:      |  |
| Total Fund  | ing Request         |  |
| 2023-2024 Project Request:  | Total Project Cost: |  |
| Please select the category of the funding: Staff Development on Inclusive Educatio Assistance for Salaries Resources/Equipment Technology Updates | n                   |  |

Grants are NOT awarded for the following uses: Operating expenses (including rent payments, lease payments, and utilities), debt incurred or purchases made prior to award notification, travel expenses, participation in capital campaigns, endowment funds, or tuition assistance.

Grants are awarded to the schools, not the parents. FIRE funds are a supplemental source and not intended for services already available.

## Itemized Grant Request (Use the prior school year numbers if necessary. Please be specific)

## **Staff Development**

| Course/Training       | Cost/Participant    | # of Participants | Substitute Costs | Total Cost |
|-----------------------|---------------------|-------------------|------------------|------------|
|                       |                     |                   |                  |            |
|                       |                     |                   |                  |            |
| Total Cost of all Sta | ff Development Requ | iests:            |                  |            |

## **Assistance for Salaries**

| Salary                    | Hourly Rate             | Hours Per Week | Total |
|---------------------------|-------------------------|----------------|-------|
|                           |                         |                |       |
| Other Costs               | Benefits                | FICA           | Total |
|                           |                         |                |       |
| Total Cost Salary Peguest | to (Salary L Other Cost |                |       |

Total Cost Salary Requests (Salary + Other Costs):

## Resources/Equipment

| Item                    | Description     | Unit Cost | # Requested | Total Cost |
|-------------------------|-----------------|-----------|-------------|------------|
|                         |                 |           |             |            |
|                         |                 |           |             |            |
| Total Cost of all Resou | rces Requested: |           |             |            |

## **Technology**

| Item                     | Description              | Unit Cost | # Requested | Total Cost |
|--------------------------|--------------------------|-----------|-------------|------------|
|                          |                          |           |             |            |
|                          |                          |           |             |            |
| Total Cost of all Techno | logy upgrades requested: |           |             |            |

### **Grant Request Information:** (please respond in narrative form)

- 1. What is the intended use of the funds requested? Describe how the requested funds will promote inclusion of students with disabilities within your building.
- 2. If you do not receive the requested funds, what will be the outcome?
- 3. Did you receive funds from any sources, other than general budget, during the prior school year to support students with disabilities? If yes, please list additional funding sources and amounts received.
- 4. Describe the amount of funds received from other sources to provide Special Education services: (Please state amounts received from specific grants, school fundraisers, school district, federal/state funds or other funds received.)
- 5. Is the funding request identified in an IEP (individual education plan)? If yes, explain why it is not being provided through the IEP.
- 6. Do you anticipate a need for support to acquire any specialized equipment that supports students' learning during the school year? (hearing devices, tablets, etc.)
- 7. How will successful use of the funds be defined and measured? Previous FIRE Grant award recipients should also complete an MTSS pyramid to be submitted with their application.
- 8. Who will benefit from the requested funds? (please list each individual student, current or new, but give no names include a separate page if nec.)

|       |   | B: 139 // | Current     | Educa | tion Plan | (Check | all tha | t apply) |
|-------|---|-----------|-------------|-------|-----------|--------|---------|----------|
| Grade | Grade Gender Disability/Learning Need or New Student? | IEP       | 504<br>Plan | SDAP* | ELL       | None   |         |          |
|       |   |           |             |       |           |        |         |          |
|       |   |           |             |       |           |        |         |          |
|       |   |           |             |       |           |        |         |          |
|       |   |           |             |       |           |        |         |          |
|       |   |           |             |       |           |        |         |          |
|       |   |           |             |       |           |        |         |          |
|       |   |           |             |       |           |        |         |          |
|       |   |           |             |       |           |        |         |          |

<sup>\*\*</sup>attach additional page if necessary

| 9.  |                 | e provide the following information.   |
|-----|-----------------|--|
|     |                 | Number of students served by your special education/resource teacher   |
|     | D.              | Number of children who would not be able to attend your school in the upcoming school  |
|     |                 | year without the aid of a para and/or other special assistance   |
|     |                 | Current number of full time paras and part time paras  |
|     | a.              | Ideal number of full-time paras and part-time paras needed to  |
|     |                 | effectively meet students' needs   |
| 10. | stude<br>the Fl | ibe your school's current model for providing quality inclusive education and implementing nts' ICEP. (Inclusive Catholic Education Plan). Explain how your school's model reflects RE Foundation of Northwest Iowa's mission: to provide children with special needs the tunity for an inclusive Catholic education in their home parish schools. |
| 11. | Discu           | ss the utilization of essential resources that make it possible to welcome students with   |
|     | specia          | al needs. (special educator, diocesan inclusive education director, professional   |
|     | develo          | opment opportunities, ICE meetings, staff training, dedicated spaces in your school such   |
|     | as res          | source or sensory rooms). How do these resources enhance the quality of education  |
|     | provid          | led?   |
|     |                 |  |
| 12. | What            | community resources and/or partnerships aid students' progress and success?  |
| 13. | Curre           | nt Services  |
|     | a.              | School Provided Services: Describe who provides services to students with disabilities   |
|     |                 | within your building. ( <i>employed by the school</i> , ie - certified special education teacher,  |
|     |                 | designated certified teacher)  |
|     | b.              | Describe the instructional model of services within your building. (pull-out, push-in,   |
|     |                 | individual instruction, small group instruction, co-teaching)  |
|     | C.              | Services Provided by the Public School:  |
|     |                 | i. How many students enrolled in your building are on an instructional   |
|     |                 | IEP? (excluding speech or OT/PT)   |
|     |                 | ii. Describe how the student(s) are served by the local public school? (students   |
|     |                 | transported to the public school, public school teachers sent to non-public  |
|     |                 | buildings, etc.)   |
|     |                 |  |
| 14. | Pleas           | e provide:   |
|     | a.              | Total amount of school budget and percentage spent on inclusive education delivery:  |
|     |                 | i. Total school budget   |
|     |                 | ii. School's Inclusive education budget  |
|     | b.              | The number of staff members who have special education degree or endorsements (or  |
|     |                 | documentation of appropriate educational support for consideration provided by   |
|     |                 | Diocesan School Office):   |

- 15. In order to effectively build and scaffold systems of support for inclusive education, please indicate the activities/fundraisers you will engage in to promote the FIRE Foundation of NW lowa mission in your school.
- 16. Are you willing to occasionally host visitors (donors, representatives of other schools interested in inclusive education, board members) for short visits to observe inclusive education practices? Please note, adequate notice will be provided and full consideration of school activities will be extended. In application year two and beyond a site visit is a requirement of application eligibility.

The foregoing information is accurate, and I agree to promptly notify the FIRE Board of any changes with respect to the information contained herein. I will immediately contact the FIRE Board regarding requests for change in the use of funds. I have attached the requested supporting documents. On behalf of the above referenced school, I agree and understand that this Application must satisfy the Grant Eligibility Criteria in order to be considered.

| rincipal/FIRE Contact (responsible for Mid-year and End of Year Report) |
|---|
| astor   |
| school Special Education / Resource Director                            |