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| **Name of Grant Program:** Emergency License Educator Preparation Partnership Grant | **Fund Code:** 162 |

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| PART III – REQUIRED PROGRAM INFORMATION |

1. **GENERAL INFORMATION**

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| Amount Requested: | **School Year (FY23)** | | |
| $ | | |
| Organization Name |  | | |
| Anticipated Number of Emergency Licensed Educators that will be served |  |  |  |
| Partner LEA(s) |  | | |
| Grant Program Coordinator (Name, Title, Email, Phone) |  | | |
| Grant Business Office Contact (Name, Title, Email, Phone) – (if different) |  | | |
| Program Approval Status |  | | |

1. **COMPETITIVE PRIORITY:** Check off one or more competitive priorities applicable to the SO and/or its partner district/organization.

\_\_\_\_ Pathways or programs associated with one or more of the following licensure areas: Moderate Disabilities, English as a Second Language, Mathematics

\_\_\_\_ Organizations or organizations with partnerships that provide tuition supports or other cost reduction measures for eligible candidates

1. **Organizational Description:** Provide a description of your organization and its pathways or programming to support emergency licensed candidates.

Please clearly indicate the following:

* 1. How your pathway(s) or program(s) will support emergency licensure candidates in earning provisional and/or initial licensure
  2. The specific licensure fields and levels that your organization supports and that emergency licensed educators will have access to (e.g. English, 5-12; English as a Second Language, PreK-6).
  3. Your organization’s program model(s) and/or the partner district/organization model that includes programming that explicitly supports emergency licensed educators (e.g. approved preparation program, Grow Your Own initiative, residency-based, cohort-based, wrap around supports (e.g. MTEL support, differentiated induction and mentoring to support the unique needs of emergency license holders, please include all that apply))
  4. A description of how your organization has explicitly worked to support the development of a diverse educator workforce by supporting candidates of color
  5. Please provide the following demographic information:
     1. Racial/ethnic demographics of your 2018-19 through 2020-21 enrolled candidates
     2. Racial/ethnic demographics of your 2018-19 through 2020-21 completed candidates
     3. Racial/ethnic demographics of your 2018-19 through 2020-21 of staff, including full time and part times staff/faculty
  6. Key personnel involved in the implementation of this program/pathway and partnership, please include 2-page CVs (these are not included in the suggested number of words for the response)
  7. Plans to monitor implementation and effectiveness of this partnership program through the life of the grant, including but not limited to partnership communications, benchmarks to track progress, and target outcomes for SY2022-23.

*[Suggested Response Length: 1500 - 2000 words]*

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| **3.** |

1. **Partnership(s):** Please provide the following:
   1. A description of your district partnership, including but not limited to:
      1. how many emergency license candidates in the 2020-21 and 2021-22 school years were/are employed in the partner district(s) (if known),
      2. how your partnership program may be structured to support educators currently employed in districts seeking a provisional or initial license (e.g. paraprofessionals, educators on waivers, emergency licensed educators, and provisionally licensed educators)
      3. Racial/ethnic demographics of all educators employed in the district and the educators eligible to be served by this grant (if known)
   2. If applicable, a description of your partnership with a non-profit organization(s) that currently works with and supports paraprofessionals, emergency licensed educators, and educators working on a waiver
   3. A letter of assurance/partnership from each partner district/organization (letters are not included in the suggested number of words for the response)

*[Suggested Response Length: 300 - 500 words]*

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| **5.** |

1. **Proposed Fund Use** *(the below activities should directly align to what is included in the Budget Workbook (Part II))*
   1. Please indicate how many Emergency licensed educators you intend to serve through this grant funding opportunity, including if the programming is specifically designed to support Emergency licensed educators moving to a Provisional and/or Initial license and the race/ethnicity of the candidates served (if known).
   2. Describe the activities and/or personnel that will be employed to recruit Emergency licensed educators
   3. Describe the activities and/or personnel that will be utilized to support Emergency licensed educators towards receiving their Provisional or Initial license. This may include an expansion of the supports described in Question 3. *Please note that grant funds may not be used to offset tuition costs.*
   4. Please discuss your plan to make the practices and programming adopted during this grant program sustainable. How might the funds be used to sustain and/or extend proposed programming beyond the length of the grant program, to encompass and support paraprofessionals and/or educators on waivers?

*[Suggested Response Length: 500 - 750 words]*

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| **5.** |