Dual Language Immersion Competitive Grant

School Application

|  |
| --- |
| ***Instructions****: Submit either an electronic copy (PDF) or fill out the online google form located here. Submit documentation to: Mr. Patrick Wallace, Program Specialist for World Languages & Global Workforce Initiatives, Georgia Department of Education,* *pwallace@doe.k12.ga.us**Deadline for submission of application is* ***March 2nd, 2019****For questions regarding this competitive grant, contact: Mr. Patrick Wallace, 404-651-8373,* *pwallace@doe.k12.ga.us* |
| General Information |
| Name of District: (if applicable) |
| Name of Superintendent: (if applicable) |
| Name of School: |
| Mailing Address:Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| City: | State: | ZIP Code: |

 |
| Name of current Principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: (Please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of person completing this application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated Annual budget/financial commitment from school for DLI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estimated Annual budget/financial commitment from district for DLINote: Grant amounts may vary but in general will range from $1,000 - $2,000 |
| General Description of School Environment |
| *In the area below, please provide a general description of the school’s environment. Include general information on the socio-economic condition of the school setting, community and general demographics related to the student body.* |
|  |
| Community Involvement |
| Describe the community interest and the parental interest and willingness to support dual language immersion at the school. How is your program encouraging parents to be involved or supporting parents with students currently enrolled in the program? |
| List any current strategies used for increasing parental and community involvement in students’ language learning. |
| Describe any additional sources of support for the program from businesses or foundations.  |
| Program Strengths  |
| *In the space below, please self-identify your program’s best practices. What do you consider the strengths of your school’s Dual Language Immersion Program? How does your program utilize/develop those strengths?* |
|  |
| Program Challenges |
| *In the space below, please provide a description of your school’s DLI challenge areas. Include challenges that have been encountered, if and how they have been overcome as well as what supports are needed or have been put in place to try to overcome those challenges.* |
|  |
|  **IX. Grant Proposal** |
| If your school’s DLI Program is awarded a grant, identify/describe how the grant money would be used to either strengthen one of the best practices or challenge areas identified in the previous answers. Please be as specific as possible regarding the proposed expenditures of Grant money. (Describe how much money will be spent on what, which vendors will be used, responsible parties) |
| Grant Amount Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Acceptance of Terms |
| *By signing below, the School or Charter School representative assures the Georgia Department of Education that…** *Public or Charter School representative warrants that the information contained in this application is accurate and complete to the best of his/her knowledge: any incorrect, false or misleading information may result in the forfeiture and/or reimbursement of all funds to the DOE.*
* *the school will utilize these funds as outlined in the Grant proposal section*
* *the school will provide a follow up report on how the funds granted were distributed and the impact these funds had on improving the DLI Program at the school. The follow up report will be provided to grant recipients by the Georgia Department of Education and will be returned no later than 6 months following the receipt of the grant monies.*
 |
| Signature of School Principal: | Date signed: |
| Signature of District Supervisor: (If applicable) | Date signed: |