

# ABSTRACT

## SPECIAL FUND PROPOSAL

### Section I. BASIC INFORMATION

**Proposed Project Title:** Low-Performing Schools Bond Funding  
(Brennan/Rogers)

**Grant Source and Agency:** Connecticut State Department of Education

**Total Amount Requested:** \$199,941      **Due Date of Application:**  
December 2020

**System Contact:** Michele Bonanno

**Telephone #:** 475-220-1436

**Description of Project:** Provide a brief description below. Use Section VI to outline specific objectives and strategies relating to goals described in the application.

To support Connecticut's low-performing K-12 public schools by providing grants-in-aid alterations, repairs improvements, technology and equipment to address school site opportunities promoting learning, health and safety for all children in high-quality facilities and 21<sup>st</sup> century educational environments.

#### GRANT PERIOD:

**From:** 01/01/2021

**To:** 06/30/2022

New

Continuation

#### Previous Bd. of Ed. Approval:

Planning

Operational

#### Bd. of Ed. Information

Action

Information

Support

Competitive

Entitlement

Grant

#### PROPOSAL DEVELOPERS:

Dr. Ilene Tracey  
Michele Bonanno  
Lauren Strillacci  
Laura Roblee

**TARGET: Schools/Unit:** Brennan/Rogers  
**No. of Students:** 375      **Grade Level(s):** PreK-8  
**Eligibility Criteria:** Must be a low-performing school

### CENTRAL OFFICE USE ONLY – MUST REMAIN ON PAGE 1

#### ABSTRACT TIMETABLE

**Return to:** \_\_\_\_\_  
**Received:** \_\_\_\_\_  
**Board of Education FINANCE & OPERATIONS Meeting Date** 2/16/21  
**Board of Education Meeting Date:** 2/22/21  
**Due Date to Grantor:** \_\_\_\_\_

#### REVIEW

**Grants Manager** 

**Finance Manager** 

**Human Resource Manager** \_\_\_\_\_

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**SECTION II: FISCAL INFORMATION**

**PERSONNEL**

# FT	#PT		COST
		Administrators	\$
		Teachers	\$
		Management	\$
		Paraprofessionals	\$
		Clerks	\$
		Others	\$
		Stipend	\$
		Longevity	\$
		<b>SUBTOTAL</b>	<b>\$</b>

**NON PERSONNEL**

	COST
Supplies & Materials	\$
Student Transportation	\$
Staff Travel	\$
Internal Evaluation	\$
External Evaluation	\$
Independent Contractors	\$
Equipment (Technology)	\$119,530
Other	\$80,411
Indirect Costs, if allowed	\$
<b>TOTAL NON- PERSONEL</b>	<b>\$199,941</b>

**FIXED COSTS:**

Health Benefits	\$
Pension (Paras & Mgmt.)	\$
FICA/Medicare	\$
Workmen's Compensation	\$
<b>SUBTOTAL</b>	<b>\$</b>
<b>TOTAL PERSONNEL &amp; FIXED COSTS</b>	<b>\$</b>

Notes:

- 1) Total Personnel and Non Personnel columns must equal grant total.
- 2) The Abstract budget must be aligned with the Grant Application budget/ED114.
- 3) All applications should budget for staff development (stipends) and evaluation wherever appropriate.

**SECTION IIA: BUDGET EXPLANATION**

The following categories must be explained:

**All Personnel:** explain positions; **Salary:** if the grant pays a percent of salary and fixed costs, please describe below, breaking down **percentages and amounts to be paid by grant and by NHPS**. **Other;** and **All Non- Personnel items**. If additional space is needed, continue to next page.

Equipment (Technology) – Will be used for chrome books, iPads, projectors, cameras and scanners.

Other – Will be used for Wireless access points, licenses and installation.

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**SECTION III: SYSTEM OBLIGATIONS**

Project support from other programs:  None  Yes Explain:

Linkage with other programs:  None  Yes Explain:

Local Fiscal costs (include renovation):  None  Yes Explain:

Future local personnel obligations:  None  Yes Explain:

**PROJECT OR GRANT REQUIREMENTS**

- Local Maintenance       Replication       Parent Involvement
- In-Service Training       Advisory Committee       Linkage w/other Programs
- Non-Public School Involved       Dissemination

**ADDITIONAL RESTRICTIONS OR CONCERNS**

SUBMITTING ADMINISTRATOR: Michele Bonanno 1/28/21  
Signature Date

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**SECTION IV: PROPOSED PERSONNEL**

List, **individually**, each position proposed by this grant application. If no personnel, please indicate N/A in the chart below

F/T	P/T	Classification	Position Description	Duration of Proposed Service	Proposed Employee	Current NHPS Employee Yes/No	If Yes Current Employee Number
N/A							

**V. PROPOSED CONTRACTS**

List **individually**, each contract that will be prepared by this proposed project. If contractors will not be utilized, please indicate N/A in the chart below.

Proposed Independent Contractor	Brief Description of Service	Proposed Pay Rate	Proposed Total
N/A			

**VI. ADDITIONAL INFORMATION:**  
**Please Answer All Questions -- Use Additional Pages if Necessary**

**1. Please state specific goals for this grant or the grant period.**

Create a learning environment to support individualized instruction by providing every student with their own device.

**a. If this is a continuation grant, please detail past year goal performance and accomplishments. Use additional space if needed:**

No

**2. How does this grant address School Reform goals?**

This grant will provide additional chrome books to achieve its improvement goals by providing our students access to online programming to help to raise ELA and Math achievement and provide for our teachers opportunities to differentiate instruction and provide more tier 1 and 2 support to students.

**3. Please explain why this proposal is significant and important in relation to improving student and/or staff performance, as well as any additional pertinent information that is specific and relevant: (Include resume of person(s) providing service for contracts \$10,000 and over)**

Grant funding would support specific school-wide needs and goals to improve student remote learning opportunities.

**REQUIRED:**

**A COPY OF THE GRANT APPLICATION MUST BE ATTACHED TO  
THE ABSTRACT.**