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Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

**Original Application** 

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

**Awarded Status:** 

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

Section: Applicant Information	Status: Complete
Group:	Agency: Tamaqua Area SD

Please complete the first row of the table with your Agency/LEA information. If consortium application, please enter consortium member information on additional lines.

Agency/LEA Name	Primary Contact (Last, First)	Title	Phone	Email
Tamaqua Area SD	Dr. Stephen P. Toth	Assistant Superintendent	570-668-2570	stoth@tamaqua.k 12.pa.us

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	Message			Date
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Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

**Original Application** 

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

**Awarded Status:** 

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

Section: Proposal Information	Status: Complete
Group:	Agency: Tamaqua Area SD

## PROPOSAL INFORMATION

\* Indicate which Intermediate Unit (IU) is providing primary technical assistance in your planning for continuity of education. If no IU is providing technical assistance, select N/A.

Schuylkill IU 29

Planned Instruction   Penrichment & Review   Both	* Indicate if you will be providing continuity of education through planned instruction, enrichment and review, or both.
* Indicate whether or not your LEA(s) has a continuity of education plan(s) in place.  Yes  No  Yes/No - Consortia Only: some members do, and some do not.  * If no continuity of education plan is in place, indicate your assurance to work with stakeholders in your local community to develop and implement a continuity of education plan, a copy of which must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.	Planned Instruction
* Indicate whether or not your LEA(s) has a continuity of education plan(s) in place.  Yes  No  Yes/No - Consortia Only: some members do, and some do not.  * If no continuity of education plan is in place, indicate your assurance to work with stakeholders in your local community to develop and implement a continuity of education plan, a copy of which must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.	Enrichment & Review
Yes/No - Consortia Only: some members do, and some do not.  * If no continuity of education plan is in place, indicate your assurance to work with stakeholders in your local community to develop and implement a continuity of education plan, a copy of which must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.	Both
Yes/No - Consortia Only: some members do, and some do not.  * If no continuity of education plan is in place, indicate your assurance to work with stakeholders in your local community to develop and implement a continuity of education plan, a copy of which must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.	* Indicate whether or not your I FA(s) has a continuity of education plan(s) in place
* If no continuity of education plan is in place, indicate your assurance to work with stakeholders in your local community to develop and implement a continuity of education plan, a copy of which must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.  Yes  No	indicate whether of not your LLA(s) has a continuity of cadoation plants) in place.
* If no continuity of education plan is in place, indicate your assurance to work with stakeholders in your local community to develop and implement a continuity of education plan, a copy of which must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.  Yes  No	Yes
* If no continuity of education plan is in place, indicate your assurance to work with stakeholders in your local community to develop and implement a continuity of education plan, a copy of which must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.  Yes  No	[[]]No
your local community to develop and implement a continuity of education plan, a copy of which must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.  Yes	Yes/No - Consortia Only: some members do, and some do not.
must be submitted with the final grant report and must reflect grant activities. For consortium applications, this assurance/requirement extends to all members.	
No	must be submitted with the final grant report and must reflect grant activities. For consortium
	Yes
N/A - Continuity of Education plan(s) in place	□No ·
	N/A - Continuity of Education plan(s) in place

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* Indicate the type of grant for which you are applying. For consortia applications where some members are requesting Systemic Funding and others are requesting Student Group Funding, select the "Both" option.
Systemic Continuity of Education Equity Grant – LEAs eligible for systemic grants are those where more than 10% of students across the LEA are unable to participate in continuity of education. LEAs that do not currently have a continuity of education plan are highly encouraged to apply for a systemic grant.
Student Group Continuity of Education Equity Grant – LEAs eligible for student group grants are those where more than 5% of students in a student group are unable to participate in continuity of education.
Both - This option should only be selected by Consortia Applicants where applicable.
FOR SYSTEMIC FUNDING REQUESTS COMPLETE TABLE BELOW
In the table below, indicate the total Agency/LEA enrollment, the numbers of students who are currently without access to distance education, and the number who will gain access as a result of this grant. If a consortium application, only complete a row for each participating member requesting funds based on SYSTEMIC numbers. SELECT N/A IF NOT REQUESTING FUNDING BASED ON SYSTEMIC NEED.
Student numbers in the last two columns in the following tables should represent those students who are unable to participate in Continuity of Education due to a specific barrier or gap that will be addressed by this
grant program.
grant program.
grant program.  N/A - Not applying for Systemic Funding

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Agency/LEA Name	Total # of students in Agency/LEA	# of students UNABLE to participate in continuity of education due to specific barrier/gap	# of students who WILL BE ABLE to participate through this grant
Tamaqua Area SD	2,145	335	1,810
	2,145.00	335.00	1,810.00

# FOR FUNDING REQUESTS BASED ON STUDENT GROUP COMPLETE ALL TABLES BELOW

In the tables below, indicate the total number of students in each student group, the number of those students unable to participate in continuity of education, and the number of those students who will be served by this grant. If a consortium application, only complete a row for each participating member requesting funds based on STUDENT GROUP numbers. SELECT N/A BEFORE EACH TABLE IF NOT REQUESTING FUNDING BASED ON THAT STUDENT GROUP NEED.

Student numbers in the last two columns in the following tables should represent those students who are unable to participate in Continuity of Education due to a specific barrier or gap that will be addressed by this grant program.

N/A - Not applying for funding based on ECONOMICALLY DISADVANTAGED Student Group.

#### **ECONOMICALLY DISADVANTAGED**

Agency/LEA Name	Total # of ECONOMICALLY DISADVANTAGED STUDENTS	# of ECONOMICALLY DISADVANTAGED STUDENTS CURRENTLY UNABLE to participate in continuity of education	# of ECONOMICALLY DISADVANTAGED STUDENTS who WILL BE ABLE to participate through this grant
Tamaqua Area SD	1,103	220	883
	1,103.00	220.00	883.00

N/A - Not applying for funding based on ENGLISH LEARNERS Student Group.

## **ENGLISH LEARNERS**

Agency/LEA Name	Total # of ENGLISH LEARNER STUDENTS	# of ENGLISH LEARNER STUDENTS CURRENTLY UNABLE to participate in continuity of education	# of ENGLISH LEARNER STUDENTS who WILL BE ABLE to participate through this grant
Tamaqua Area SD	46	12	34
	46.00	12.00	34.00

N/A - Not applying for funding based on STUDENTS WITH DISABILITIES Student Group.

## STUDENTS WITH DISABILITIES

Agency/LEA Name	Total # of STUDENTS WITH DISABILITIES	# of STUDENTS WITH DISABILITIES CURRENTLY UNABLE to participate in continuity of education	# of STUDENTS WITH DISABILITIES who WILL BE ABLE to participate through this grant
Tamaqua Area SD	750	100	650
	750.00	100.00	650.00

N/A - Not applying for funding based on HOMELESS STUDENTS Student Group.

#### **HOMELESS STUDENTS**

Agency/LEA Name	Total # of HOMELESS STUDENTS	# of HOMELESS STUDENTS CURRENTLY UNABLE to participate in continuity of education	# of HOMELESS STUDENTS who WILL BE ABLE to participate through this grant
Tamaqua Area SD	27	3	24
	27.00	3.00	24.00

N/A - Not applying for funding based on FOSTER STUDENTS Student Group.

## **FOSTER STUDENTS**

Agency/LEA Name	Total # of FOSTER STUDENTS	# of FOSTER STUDENTS CURRENTLY UNABLE to participate in continuity of education	# of FOSTER STUDENTS who WILL BE ABLE to participate through this grant
Tamaqua Area SD	30	0	30
	30.00	0.00	30.00

N/A - Not applying for funding based on MIGRANT STUDENTS Student Group.

## **MIGRANT STUDENTS**

Agency/LEA Name	Total # of MIGRANT STUDENTS	# of MIGRANT STUDENTS CURRENTLY UNABLE to participate in continuity of education	# of MIGRANT STUDENTS who WILL BE ABLE to participate through this grant
well-beautiful Annual of Stocker Lock (Co.) (SECTED STOCKER AND CO.)			

N/A - Not applying for funding based on STUDENTS BY ETHNICITY Student Group.

#### STUDENTS BY ETHNICITY

Please provide a row for each ethnicity represented in your Agency/LEA. Repeat for consortium members.

Agency/LEA Name	Ethnicity	Total # STUDENTS IN ETHNIC GROUP	# of STUDENTS BY ETHNICITY CURRENTLY UNABLE to participate in continuity of education	# of STUDENTS BY ETHNICITY who WILL BE ABLE to participate through this grant

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Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

**Original Application** 

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

**Awarded Status:** 

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

Section: Assurances	Status: Complete
Group:	Agency: Tamaqua Area SD

Applicant must provide the following assurances. In the case of consortia applications, assurances extend to all members' Chief School Administrators and Governing Board (e.g., school board or board of trustee) Presidents.

\* The Chief School Administrator(s) has/have reviewed this CEEG application and affirms there are no other available local, state, or federal funds that can be repurposed to support the needs outlined herein.

Yes
* The Chief School Administrator(s) has/have reviewed this CEEG application and affirm/s that the continuity of education plan course/instructional materials are aligned to the PA standards.
Yes
* The Chief School Administrator(s) support/s the strategic use of CEEG funds to ensure the identified target population of students can participate in the continuity of education programming offered by the LEA.  Yes
* The Governing Board (e.g., school board or board of trustee) President(s) has/have reviewed the CEEG application and affirm/s there are no other available local, state, or federal funds that can be repurposed to support the needs outlined in the grant application.  Yes
* The Governing Board (e.g., school board or board of trustee) President(s) support/s the strategic use of CEEG funds to ensure the identified target population of students can participate in the continuity of education programming offered by the LEA.

Message Board			
Author	Message	Туре	Date

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Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

**Original Application** 

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

**Awarded Status:** 

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

Section: Required Uploads	Status: Complete
Group:	Agency: Tamaqua Area SD

#### **REQUIRED UPLOADS**

- Upload grant letter(s) of support from the Chief School Administrator(s) below using the file labeling convention "AUN\_LEA Name\_CSA.pdf".
- Upload letter(s) of grant support from the Board President(s) below using the file labeling convention "AUN\_LEA Name\_BP.pdf".

Letters of support not submitted as part of application submission must be provided as PDF attachments in a single email before 5:00 PM EST on April 24, 2020 via

ra-CEEG@pa.gov.

\* All required documents have been uploaded, including files for consortium members (if applicable).

Yes

Upload Files

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File Name Uploaded By Uploaded Date	Download Delete

Message Board

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Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

**Original Application** 

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

Awarded Status:

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

	Section: Budget Description	Status: Complete	
9			
	Group:	Agency: Tamaqua Area SD	

\* Describe the proposed expenditures for each cost category in the budget table that follows. Your narrative should clearly identify the barriers and/or gaps CEEG funding will mitigate or eliminate so that the target population identified in this application can participate in your continuity of education programs.

Include any matching and/or in-kind supports (dollars, human capital, and/or other resources through the LEA or partner organizations) that will be leveraged toward plan implementation and achievement of your continuity of education goals. (limit 2500 characters)

about:blank

Tamaqua Area SD is located in an economically disadvantaged area in Schuylkill County. Our County's average salary is significantly lower than the state average which is a reason that 50% of our student population receives free or reduced lunches. The main barriers with our continuing education plan is the lack of devices and internet access. We have found that economics is the primary reason for the barriers. The goal is to use this funding to help students who have barriers for not fault of themselves.

*		_		
	Message			

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Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

Original Application

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

**Awarded Status:** 

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

Section: Instruction Expenditures	Status: Complete
Group:	Agency: Tamaqua Area SD

Please apply these Function and Object Code combinations to revise your budget sections before resubmitting.

	Function Code	Object Code
Technology hardware	2100	600<\$5k, 700>\$5k
Technology software	2100	600<\$5k, 700>\$5k

	Function Code	Object Code
Technology infrastructure	2100	600<\$5k, 700>\$5k
Assistive Technology	2100	600<\$5k, 700>\$5k
Supports for English Learners	2100	600<\$5k, 700>\$5k
Learning supplies for students	2100	600<\$5k
Professional development for school personnel related to Continuity of Education	2270	100/200/300
Training for students and/or caregivers	2270	100/200/300
Instructional materials aligned to the PA standards	2100	600<\$5k
Administrative supplies	2100	600<\$5k
Personal Protective Equipment	2660	600<\$5k
Transportation	2790	300
Personnel costs	2100	100/200/300

# **BUDGET OVERVIEW**

(includes all budgeted items in all budget sections)

**Budget** 

\$60,435.95

Allocation

\$0.00

**Budget Over(Under) Allocation** 

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\$60,435.95

# **INSTRUCTION EXPENDITURES**

Function	Object	Amount
		\$
		\$0.00

Author Message Type Date

**Grant Title:** 

Continuity of Education Equity Grant

Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

**Original Application** 

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

**Awarded Status:** 

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

Section: Equipment Expenditures	Status: Complete
Group:	Agency: Tamaqua Area SD

Please apply these Function and Object Code combinations to revise your budget sections before resubmitting.

	Function Code	Object Code
Technology hardware	2100	600<\$5k, 700>\$5k
Technology software	2100	600<\$5k, 700>\$5k

	Function Code	Object Code
Technology infrastructure	2100	600<\$5k, 700>\$5k
Assistive Technology	2100	600<\$5k, 700>\$5k
Supports for English Learners	2100	600<\$5k, 700>\$5k
Learning supplies for students	2100	600<\$5k
Professional development for school personnel related to Continuity of Education	2270	100/200/300
Training for students and/or caregivers	2270	100/200/300
Instructional materials aligned to the PA standards	2100	600<\$5k
Administrative supplies	2100	600<\$5k
Personal Protective Equipment	2660	600<\$5k
Transportation	2790	300
Personnel costs	2100	100/200/300

# **BUDGET OVERVIEW**

(includes all budgeted items in all budget sections)

Budget

\$60,435.95

**Allocation** 

\$0.00

**Budget Over(Under) Allocation** 

\$60,435.95

# **EQUIPMENT EXPENDITURES**

Function	Object	Amount
2220 - TECHNOLOGY SUPPORT SERVICES	700 - Property	\$43,350.00
2240 - COMPUTER-ASSISTED INSTRUCTION SUPPORT SERVICES	700 - Property	\$6,299.45
2220 - TECHNOLOGY SUPPORT SERVICES	700 - Property	\$10,786.50
		\$60,435.95

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Author	Message		Type	Date
	in Marie en principal de la compansión de	Audu-Vironadi (medicidada habita) a-1-1-42 (200-148) - 1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1		

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Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

Original Application

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

**Awarded Status:** 

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

Section: Other Expenditures	Status: Complete
Group:	Agency: Tamaqua Area SD

Please apply these Function and Object Code combinations to revise your budget sections before resubmitting.

	Function Code	Object Code
Technology hardware	2100	600<\$5k, 700>\$5k
Technology software	2100	600<\$5k, 700>\$5k

	Function Code	Object Code
Technology infrastructure	2100	600<\$5k, 700>\$5k
Assistive Technology	2100	600<\$5k, 700>\$5k
Supports for English Learners	2100	600<\$5k, 700>\$5k
Learning supplies for students	2100	600<\$5k
Professional development for school personnel related to Continuity of Education	2270	100/200/300
Training for students and/or caregivers	2270	100/200/300
Instructional materials aligned to the PA standards	2100	600<\$5k
Administrative supplies	2100	600<\$5k
Personal Protective Equipment	2660	600<\$5k
Transportation	2790	300
Personnel costs	2100	100/200/300

# **BUDGET OVERVIEW**

(includes all budgeted items in all budget sections)

Budget

\$60,435.95

**Allocation** 

\$0.00

**Budget Over(Under) Allocation** 

\$60,435.95

# **OTHER EXPENDITURES**

Function	Object	Amount
		\$
		\$0.00

Author	Message		Туре	Date

Grant	TI	tl	e
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Agency:

Tamaqua Area SD

**Project No:** 

FA-888-20-0303

Type:

Original Application

**Total Allocation:** 

\$0.00

**Award Amount:** 

\$60,435.95

**Awarded Date:** 

**Awarded Status:** 

Workflow Step:

Initial/Full Review

Status:

Hold

Actions...

Section: Budget Summary	Status: Complete
Group:	Agency: Tamaqua Area SD

## **BUDGET OVERVIEW**

(includes all budgeted items in all budget sections)

**Budget** 

\$60,435.95

**Allocation** 

\$0.00

**Budget Over(Under) Allocation** 

\$60,435.95

**BUDGET SUMMARY** 

one of the control of	100 Salaries	200 Benefits	300 Purchased Professional and Technical Services	400 Purchased Property Services	500 Other Purchased Services	600 Supplies 800 Dues and Fees	700 Property	Totals	nouseout
1190 FEDERALLY FUNDED REGULAR PROGRAMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	)0
1450 Instructional Programs Outside the School Day	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	)0
1800 Pre-K	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	00
2100 SUPPORT SERVICES – STUDENTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	)0
2160 * SOCIAL WORK SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	)0
2220 TECHNOLOGY SUPPORT SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,136.50	\$54,13 <del>6</del> .5	50
2240 COMPUTER- ASSISTED INSTRUCTION SUPPORT SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,299.45	\$6,299.4	<b>1</b> 5
2260 INSTRUCTION AND CURRICULUM DEVELOPMENT SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	00
2270 Professional Development	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	00
2280 * NONPUBLIC SUPPORT SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	00
2380 * OFFICE OF THE PRINCIPAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	00
2400 Health Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	00
2600 Operation and Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	00

	100 Salaries	200 Benefits	300 Purchased Professional and Technical Services	400 Purchased Property Services	500 Other Purchased Services	600 Supplies 800 Dues and Fees	700 Property	Totals	
2660 SECURITY SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.	.00
2700 Student Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.	.00
2790 OTHER STUDENT TRANSPORTATION SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.	.00
2813 Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	.00
2820 INFORMATION SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	.00
2830 STAFF SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	.00
2900 Other Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	.00
3100 Food Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	.00
3300 Community Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0	.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60,435.95	\$60,435	.95
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					Final	\$60,435.	95		

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