2020-21 DISTANCE EDUCATION GRANT

## COVER PAGE

Issue Date: June 1, 2020

Due Date: July 24, 2020

| **District/College Provider:** |  |
| --- | --- |
| Virtual 307 Program Title: |  |
| Address: |  |
| Total Student Enrollment: |  |
| K-12 Virtual Education Student Enrollment: |  |
| Total VE Program Costs: |  |

|  |  |
| --- | --- |
| DEG Administrator: |  |
| Phone: |  |
| Email Address: |  |
| Mailing Address: |  |

|  |  |
| --- | --- |
| Amount Requested: |  |
| School Year: |  |

WDE Program Contact:

Lori Thilmany, Virtual Education Consultant, Division of School Support

Phone: 307-777-7418 | FAX: 307-777-6221 | E-mail: lori.thilmany@wyo.gov

For WDE Use Only

|  |  |
| --- | --- |
| LEA #: |  |
| Award Amount: |  |
| Date Approved: |  |

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## A. INDIVIDUAL COURSE DESIGN AND CREATION

**Course Information**

|  |  |
| --- | --- |
| Course Title: |  |
| Description: |  |
| Grade Level(s): |  |
| Estimated Student Enrollment: |  |
| Delivery Method: |  |
| Type:(Core Course, Hathaway Success Curriculum, Dual Enrollment, Advanced Placement, etc.) |  |
| Goals:(This section is for information such as the need, added value and/or impact the course will provide or why no funding is being requested for this category at this time.) |  |

**Development Timeline**

| Benchmarks | Anticipated Due Date |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. Delivery of Virtual 307 Documentation to the WDE Consultant |  |
| 5. Course Completion and Availability to Students |  |

**Budget Narrative**

| Itemize/justify specific expenditures | **Total Category Cost:** |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Total:** |  |

## B. ADDITIONAL CONTENT DESIGN AND CREATION

| **Goals:** In this narrative state the goal(s) of the proposal including, but not limited to, what content will be created, why this content is necessary for the program or course, and who will be developing the material. Possible uses include improvements and/or modifications to current courses, curriculum and standards mapping, student handouts and worksheets, learning objectives, professional development resources, enrollment documentation, student pre-enrollment survey or readiness assessment, website design, or other program components necessary to comply with requirements imposed under W.S. 21-13-330 and the Chapter 41 Virtual Education Rules. |
| --- |
|  |

**Budget Narrative**

| Itemize specific expenditures described and justified in the goals narrative above. | **Total Category Cost:** |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Total:** |  |

## C. PROFESSIONAL DEVELOPMENT

| **Goals:** Provide a brief description of the specific goals and objectives of the professional development plan such as the source/origination of the training, rationale for this selection, number of participants, and anticipated results. Goals for the requested professional development opportunities must clearly define how the activities will directly benefit the virtual education instructors and/or students involved with the program. Applicants must show their professional development goals are aligned to school, district, program, or college strategic plans, and/or goals. The anticipated results must be measurable, attainable, and realistic. Indicate the purpose and destination of any travel related to the professional development. Possible uses include course fees, conference registration, presentations, necessary software or resources, etc. |
| --- |
|  |

**Budget Narrative**

| Itemize specific expenditures described and justified in the goals narrative above. For each professional development opportunity requested, the travel, lodging, or meals must each be listed separately from the fees or costs of the training, conference, etc. | **Total Category Cost:** |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Total:** |  |

D. PROGRAM EVALUATION

| **Goals:** If the evaluation will be conducted internally, these goals must provide a description of the process and team, evaluative measures, outcomes to be produced, peer reviews, etc. If the evaluation will be conducted by an external service, describe the source/origination, the services provided, outcomes to be produced, and rationale for selection. |
| --- |
|  |

**Budget Narrative**

| Itemize specific expenditures described and justified in the goals narrative above. | **Total Category Cost:** |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Total:** |  |

## E. PROGRAM ACCREDITATION

| **Goals:** If seeking accreditation for a virtual education program, provide the name of the accrediting institution and the rationale for their selection. |
| --- |
|  |

**Budget Narrative**

| Itemize specific expenditures described and justified in the goals narrative above. | **Total Category Cost:** |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Total:** |  |

## F. MAINTENANCE AND OPERATIONAL NEEDS

| **Goals:** Clearly specify the intended use of funds, the rationale for the request, and how the funds will support the delivery of the overall virtual education program. Possible uses include course management systems, server costs, and stipends for instructional support. Funds for maintenance and operational needs will not be awarded for leased course content, staff salaries and benefits, or student tuition reimbursements. |
| --- |
|  |

**Budget Narrative**

| Itemize specific expenditures described and justified in the goals narrative above. | **Total Category Cost:** |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Total:** |  |

## SIGNATURE PAGE

| District/College Provider: |  |
| --- | --- |
| Virtual 307 Program Title: |  |

*The undersigned agree and support the development and implementation of the virtual*

*education program as outlined within this distance education grant request.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| DEG Administrator’s Name orCollege’s Director of Distance Education |  | Signature |  | Date |
|  |  |  |  |  |
| District Superintendent’s Name orCollege’s Assigned Representative |  | Signature |  | Date |
|  |  |  |  |  |
| District Local Board Member Name orCollege’s Assigned Representative |  | Signature |  | Date |