**School Startup Grant Recipient**

**Report Form**

Grant #:

School Name:

Federal/NCES School ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous School Name (if applicable):

Address:

City: State: Zip:

Contact: Title/Position:

Phone: Email:

Date of Grant:

Amount of Grant:

**School Launch**

|  |  |
| --- | --- |
| Please **briefly** describe your school’s vision & instructional model |  |
| Month/Year of School Opening: |  |

|  |  |
| --- | --- |
| Please respond to the applicable set of questions using the free space on the next page.  If AY2019-2020 was… | |
| Planning Year | Year One & Beyond |
| * If your school has not yet opened, are you on track to open on time? Please describe any factors that have accelerated or delayed your planned timeline. * What were your key milestones during your planning year, and did you accomplish them? | * (Year one only) Coming out of your first year, what were your biggest opportunities for learning/lessons learned? * What pieces of data are you most proud of, and about which are you most concerned? * Reflecting on the past year (whether it was your first year or not), what are your major priorities going into this coming year? |

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| --- |
|  |

**School Enrollment & Demographics**

|  |  |  |
| --- | --- | --- |
| **Projected student enrollment information (from your application):** | When Opening School | At full enrollment |
| Number of students when opening school |  |  |
| Grades served |  |  |

Year school plans to reach full enrollment/scale: \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Actual student enrollment information:** | Year 1 | Year 2  (if applicable) |
| Total student enrollment |  |  |
| Grades served |  |  |
| Eligible for free and reduced lunch (%) |  |  |
| Classified as English language learners (%) |  |  |
| Classified as students with disabilities (%) |  |  |
| Number of students on waitlist  (if applicable) |  |  |

|  |  |
| --- | --- |
| School Leader name: |  |
| School Leader gender: | |  |
| School Leader race/ethnicity: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Actual racial/ethnic composition by %** | **Students** | **Teachers** | **Board** |
| American Indian or Alaska Native |  |  |  |
| Asian |  |  |  |
| Black or African American |  |  |  |
| Hispanic or Latino |  |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |  |
| White |  |  |  |
| Other |  |  |  |

Do you track socioeconomic background of your teachers and/or board members? (Yes/No)

Percentage of teachers who identify as low socioeconomic background: \_\_\_\_

Percentage of board members who identify as low socioeconomic background: \_\_\_\_

**Use of Grant Funds**

Please provide a brief accounting of how your grant has been expended. If all funds have not been expended, please also indicate how you intend to disburse any unexpended funds:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Amount Approved** | **Amount Expended** | **Purpose** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Expended Funds**  **Subtotal** |  |  |  |
|  |  | | |
|  |  | | |
| **Item** | **Amount Approved** | **Amount to be Expended** | **Purpose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Unexpended Funds**  **Subtotal** |  |  |  |
| **Total** |  |  |  |

**I hereby certify that the above and attached statements are true and accurate:**

**Board Member Signature Date**

**Please return all pages via to e-mail** [**education@wffmail.com**](mailto:education@wffmail.com)