Dear Title IIA School/Organization Advisory Committee,

This Handbook is intended to assist you as you work on completing your school/organization Title IIA Plan. It does NOT contain the actual Plan document, which is being distributed under separate cover. The Handbook contains both information and suggested or required formats for forms you will need as you proceed through the process of developing your Title IIA Plan.

To develop a representative Title IIA Plan, the following steps should be followed:

1. Formation of the **Title IIA Advisory Committee**, consisting ideally of the UFT Chapter Leader as Chairperson, + 1 UFT Teacher, 1 UFT Paraprofessional, and 1 UFT Related Service Provider all chosen by the Chapter Leader, and 1 CSA Principal or CSA Supervisor + 1 Principal/Supervisor's Designee (may be CSA or UFT).

2. Creation of and distribution of a **Needs Assessment Survey** to all UFT and CSA members. (A suggested format, suitable for replication, is included in this Handbook or you may create your own.)

3. Review by the Title IIA Advisory Committee of the completed Needs Assessment Surveys to determine which PD topics are most requested and most applicable to both the School Comprehensive Education Plan (SCEP) and Title IIA parameters.

4. Brainstorming by Title IIA Advisory Committee to select appropriate methods/materials/presenters to provide the PD topics deemed to be of highest priority. Use the DOE website address **http://schools.nyc.gov/Offices/DCP/ProfessionalServices/ContractAbstracts/Default.htm** to help you locate available contracted PD Vendors. E-mail Erna Brown, D75 ISC Contract Compliance Officer at EBrown2@schools.nyc.gov to check the validity of any Vendor's contract (including expiration date and services covered by contract).

5. Basic Rules of Title IIA Spending
   - No more than 15% of total allocation to be spent in Object Code 100 (Supplies)
   - No payment for direct services to students (including consultants, materials or software); payment is for PD only.
   - No payment of student admission fees to museums, etc.
   - No payment for staff retreats, overnight accommodations, catered/restaurant meals, transportation.
   - No Training Rate to be paid for staff attendance at a professional conference if Title IIA money was used to pay the conference registration fee.

6. Decide how best to disseminate a brief summary of your Action Plan (including budget expenditures involved) to UFT/CSA school members for their voting approval. (A suggested format for ballots, suitable for replication, is included in this handbook or you may create your own.)

7. After approval by vote of your membership, submit Plan ***electronically only***, to Vicki Hoffman, D75 Title IIA Coordinator at VHoffma@schools.nyc.gov. **No faxed or paper copies will be accepted.** Vicki will review for adherence to both SOPM and Title IIA parameters and then will forward it to for District review of Plan content.

8. ***To cut and paste duplicates of the Budget Activity Form*** located in the Plan format, click once on the Form, then click on "Edit" and then click on "Copy"; scroll to the blank page provided at the end of the format, click on "Edit", and then click on "Paste". This will paste a clean Budget Activity Form right into your Plan document. You may do this as many times as is necessary depending on the number of activities your school is planning.

9. ***To type entries into the Budget Activity Forms and the Budget Summary Form***, click twice on the form. You will then be able to access it to type in entries and it will "do the math" for you. To save the Form after making entries, click once on any margin outside the Form.

10. Vicki will e-mail approval confirmation to the Principal/Supervisor and the UFT Chapter Leader. Once your Plan is approved, any changes requested, including budget modifications, requires you to re-submit the requested change for new approval.

11. Upon receiving e-mailed Plan approval from Vicki, your Purchase Orders/Requisitions must be entered into the Galaxy system, following all SOPM Purchasing Guidelines (included in this Handbook for your reference). This must occur *before* you accept any goods and/or services.

12. A Participant Activity Evaluation Form should be completed by all those attending any Title IIA Activity at the end of each activity. This Form is on Page 7 in this Handbook, as well as on the D75 website. These Participant Forms should be kept on file and used to complete the mandatory Title IIA End of Year Evaluation (Pages 8 - 9 in this Handbook), also available on the D75 Website. Every school is required to complete a Title IIA End of Year Evaluation in May, 2008.

13. All Title IIA activities and expenditures must be completed and submitted by the deadline listed when you receive your allocation. This deadline is always earlier than that for other budget sources, so you must really "stay on top" of your Title IIA spending to be sure all funds are spent prior to the deadline.

14. All Title IIA Forms are available on the D75 Website schools.nycenet.edu/d75/forms/d75/title2a.htm

We hope that you find this Handbook helpful as you work your way through the Title IIA planning and implementation process.

Sincerely,

The D75 Central Consultation Committee
Title IIA Grant

TITLE IIA

Action Plan Handbook
2007 -08
Budget Quick Code 081520

(Suggested) Needs Assessment Survey for the Professional Development Plan
Funded through the Title IIA Grant

*P. (**insert your school or organization**) ____ has been allocated a limited budget for supplemental professional development funded through the Title IIA grant. To create a Plan for the expenditure of this budget, we need your input. Please fill out this form and return it to **(insert name**) by **(insert date/time**).*

I would like to include the following items in our Professional Development Plan: (*Check all that apply.*

_____ Subscriptions to and purchase of professional journals and books

1. _____
2. _____

_____ Attendance at seminars on specific topics relevant to educational responsibilities
Topics to include: 1. _____
2. _____
3. _____

_____ Consultants to provide those seminars
Suggested names: 1. _____
2. _____
3. _____

_____ Colleagues to provide those seminars
Suggested names: 1. _____
2. _____
3. _____

_____ Registration fees to professional conferences / events
(Due to a limited budget, this option would be available to a limited number of individuals)

_____ Other

I would like the events to occur:

_____ During the work day

_____ After the work day

_____ On a weekend day: _____Saturday _____Sunday

Other suggestions, comments:

Your Name: _____ Job Title: _____

Suggested Title IIA Plan Ballot

(Replicate and Distribute for Staff Voting)

Suggested Title IIA PLAN BALLOT

School/Group: _____

Site_____

Your Title IIA Advisory Committee asks for your vote to approve the Action Plan for professional development supported by the Title IIA Grant. Please indicate your vote by checking the appropriate line on this form.

I APPROVE the proposed Action Plan _____

I DO NOT APPROVE the proposed Action Plan _____

If you are voting to NOT APPROVE, please indicate why you are rejecting the Action Plan and suggestions for changes.

REQUIRED TITLE IIA ACTION PLAN EVALUATION for 2007-2008

School/Group: _____

In order to complete a useful end-of year Action Plan Evaluation, you should:

- **Have every participant evaluate each activity *on the day it occurs*.** Use the Title IIA Participant Activity Evaluation Form (page 7 in this Handbook and also available on the D75 Website (http://schools.nycenet.edu/d75/forms/d75/title2a.htm). Keep them on file in your school.

- At the end of the Spring 08 term, after all activities are completed, collate the participant responses and report the overall responses using the **Title IIA End of Year Evaluation Form** available on the D75 Website (http://schools.nycenet.edu/d75/forms/d75/title2a.htm).

D.75 TITLE IIA PARTICIPANT ACTIVITY EVALUATION 2007-08

School or Organization:_____

Name of Activity: _____

Name of Presenter(s): _____

Date of Activity: _____

My Job Title (Teacher, Para, etc.): _____

Rating for this activity (check either *Excellent/Very Good, Good, or Poor/Very Poor*)

	Excellent/Very Good	*Good*	*Poor/Very Poor*
1. for Informational Content	_____	_____	_____
2. for Relevance to my work	_____	_____	_____
3. for Organization & Presentation	_____	_____	_____
4. for the Presenter's Style	_____	_____	_____

My Comments	My Suggestions (feel free to include ideas for future Professional Development topics)

DISTRICT 75 TITLE IIA END OF YEAR EVALUATION – 2007-08

Below is a listing of the activities that were approved for school year 2007-08 in your school's Title IIA School Plan.

Please check off the appropriate column (Y or N) for "Activity Held?" and then complete both the short narrative below (just one) and the data portions of the Evaluation on the following page (one for each activity funded by Title IIA in your school this year)..

Please bring a copy of your school's completed Evaluation forms to the Annual Title IIA Training Meeting or submit electronically to Vhoffma@schools.nyc.gov**. Thank you.**

School or Organization:_____

Name of Activity	Activity Held (Y or N)?	# sessions or time frame	$ budgeted for activity (OTPS + PS)	# Participants

Narrative for Title IIA Activities 2007 – 08:

1. ***Evaluate the success of your school's Title IIA Action Plan as a whole. List the criteria you used for evaluating success:***

2. ***Describe how your school's Title IIA activities impacted upon instruction and services to students as well as student progress.***

SCHOOL: _____

Data for Title IIA Activities 2007 – 08 (one form per Activity; duplicate as needed):

NAME OF ACTIVITY: _____

VENDOR/PRESENTER(S): _____

DATE(S) OF ACTIVITY: _____

Ratings for the Activity

Component:	*Excellent/Very Good*	*Good*	*Poor/Very Poor*
1. Informational Content	_____%	_____%	_____%
2. Relevance to their work	_____ %	_____ %	_____ %
3. Organization & presentation	_____ %	_____ %	_____ %
4. Presenter's Style	_____ %	_____ %	_____ %

Participant Comments	Participant Suggestions

TITLE IIA NON-LIST/NON-CONTRACT ORDERING GUIDELINES

ALL PURCHASE ORDERS MUST BE SUBMITTED AND ENCUMBERED PRIOR TO RECEIVING GOODS OR SERVICES.

FAILURE TO DO SO WILL RESULT IN REQUIREMENT TO SUBMIT TO THE ROC DETAILED EXPLANATION OF REASON(S) FOR DELAY, ALONG WITH A PLAN OF ACTION TO INSURE THAT SUCH DELAY DOES NOT OCCUR AGAIN

Re: Professional Development Outside Vendors - All Professional Development Services vendor(s) you wish to use MUST have a DOE Vendor Number. Please note that a vendor number is <u>not</u> a contract number. If your vendor does not have a DOE Vendor Number, you will need to assist the vendor in getting one by having the vendor submit a W-9 and a Vendor nomination form to the DOE. If a vendor has a DOE vendor number, but does not have a contract number, bids <u>are</u> required.

USE OF A <u>CONTRACTED</u> VENDOR ELIMINATES THE NEED FOR ANY BIDDING PROCESS

PURCHASE ORDER(S) ***WITH A NON-CONTRACTED VENDOR***

TOTALING $90 - $250 EACH

(Remember to include shipping and handling charges when you calculate the total of each Purchase Order.)

- **No bids needed**
- **Complete an on-line Purchase Order using FAMIS portal**
- **If PO is for an outside PD services vendor, complete a Systemwide Professional Services Requirements Contract Work Order (*requires both vendor and Principal signature – a copy is provided in this Handbook)* and attach a signed copy to your Purchase Order. Type Dates of service on Purchase Order.**
- **Have Principal sign Purchase Order and send/fax to vendor, along with Contract Work Order**

PURCHASE ORDER(S) ***WITH A NON-CONTRACTED VENDOR*** **$251 - $5000 EACH**

(Total cost is <u>per vendor</u>, not per Purchase Order. In other words, you may not "split bills" by using more than one Purchase Order to the same vendor. Remember to include shipping and handling charges when you calculate the total of each Purchase Order.)

- **Obtain 3 bids by phone or fax**
- **Complete a Bid Form** ***(a copy is provided in this Handbook)***
- **Complete an on-line Purchase Order using FAMIS portal**
- **If PO is for an outside PD services vendor, complete a Systemwide Professional Services Requirements Contract Work Order (*requires both vendor and Principal signature – a copy is provided in this Handbook)* and attach a signed copy to your Purchase Order. Type Dates of service on Purchase Order.**
- **Have Principal sign Purchase Order and send/fax to vendor, along with Contract Work Order**

PURCHASE ORDER(S) ***WITH A NON-CONTRACTED VENDOR*** **$5001 - $24,999 EACH**

(Total cost is <u>per vendor</u>, not per Purchase Order. In other words, you may not "split bills" by using more than one Purchase Order to the same vendor. Remember to include shipping and handling charges when you calculate the total of each Purchase Order.)

- **Obtain 3 WRITTEN bids**
- **Complete Bid Form** ***(a copy is provided in this Handbook)***
- **If PO is for an outside PD services vendor, complete a Systemwide Professional Services Requirements Contract Work Order (*requires both vendor and Principal signature – a copy is provided in this Handbook)* and attach a signed copy to your Purchase Order. Type Dates of service on Purchase Order.**
- **Any Purchase Order in this category will require approval by the ROC in the system before it is finalized. Therefore, discuss with Erna Brown, Contracts Officer at the ROC (718-281-3266), <u>prior</u> to generating Purchase Order. After such discussion, enter PO using the FAMIS Portal, print out copy of Purchase Order and fax, along with bid sheet, written bids, work contract order, approved Sole Source letter (see below) if required, and any other appropriate documentation , to Erna Brown.**

Sole Source

Sole Source is for use only when a Vendor is the sole source for their service(s). All Sole Source requests must be discussed with Vicki Hoffman and require signed approval by the Superintendent **prior to preparing any Purchase Order and/or committing to the vendor involved.** Sole Source approvals by Superintendent may <u>not</u> exceed $5,000 for any individual vendor.

TITLE IIA BID FORM FOR NON-CONTRACT SUPPLIES/SERVICES

	BID #1	BID #2	BID #3
Name of Vendor			
Address			
Contact Person			
Phone #			
Items/Services to be Purchased			
Total Cost			

A "No Bid" is not considered a bid.

The order will be awarded to Bid #:_____.

This Bid Form was prepared by:

Name: _____Title: _____Signature: _____

ATTACH THIS BID FORM *FOR 3 PHONE BIDS* TO YOUR PURCHASE ORDER, IF PURCHASE ORDER TOTAL IS $251 - $5000
ATTACH *3 WRITTEN BIDS* TO YOUR PURCHASE ORDER IF TOTAL IS $5001 - $24,999

Professional Services Contract Work Order Sample Form

Systemwide Professional Services Requirements Contract Work Order

A sample of the OPM Form, Systemwide Professional Services Requirements Contract Work Order, follows on the next 3 pages. The form included is a sample only; you will NOT be able to type on it. A full-size version of the form is available for you to print out on the DOE website at:

http://schools.nyc.gov/NR/rdonlyres/3E9AB802-EC34-497D-BE3D-425F99E15DDD/11164/workorder.pdf

This form must be used for ALL professional development service vendors, even if they have a contract with the DOE. The form must be completed and signed by both the Principal and the Vendor with whom you are contracting, prior to service beginning. The signed form should be attached to your Purchase Order.

The purpose of the form is to clarify for both the school and the vendor exactly what service, date, time of day, and (if appropriate) materials the school and the vendor agree that the vendor will be providing.

By utilizing this form, your school not only complies with SOPM guidelines, but avoids any confusion "down the road" as to what the vendor's responsibilities are.

THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*
OFFICE OF THE CHANCELLOR
52 Chambers Street - Brooklyn, NY 10007

Please print this form, complete the hard copy, and send it to the purchaser of services

SYSTEMWIDE PROFESSIONAL SERVICES REQUIREMENTS CONTRACT WORK ORDER

This work order is required prior to issuing a purchase order to ensure that the region/operation center/school/office and the vendor are in agreement as to the terms of the purchase. No purchase order will be issued without a complete and signed work order. This work order does not replace the contract terms. Rather, it explains the terms for this specific engagement.

Pricing and services must be wholly consistent with the terms and conditions of the contract.

VENDOR NAME:
ADDRESS:
CONTACT:
TEL./FAX:
E-MAIL:

Date Issued _____

_____
District # School

_____
Contract # Vendor #

_____

I hereby certify that the attached scope of work accurately and completely describes the work to be performed and is consistent with the terms of the above-referenced contract.

_____ _____
Authorized Vendor Signature Date

_____ _____
Signature of Principal/Superintendent or designee Date

……FOR DEPT. OF EDUCATION USE ONLY……

Purchase Order Number _____

Location Code_____

SAMPLE

Date Issued _____ Contract #_____

Scope of Work
(Make copies as necessary)

Services to be delivered. For each service, **include service description, number of recipients, location of service, date(s) of service, deliverables, if any, as well as unit, cost, number of units to be purchased and the total cost of the units.** Please refer to the sample.	Unit	Unit Cost	# Units	Total Cost
CREATING A MUSEUM IN THE SCHOOL – Students will actively				
Participate in the creation of a museum/gallery in PS. 88. 5 sessions,				
11/10/02-11/14/02, 25 students, $50 per students.	Student	$50	25	$1,250
PROFESSIONAL DEVELOPMENT WORKSHOPS – Teachers will be				
Receiving 4 workshops in music, theater and the visual arts. 12/1, 12/5-12/6,				
And 12/8/02. 15 teachers, $100 per workshop.	Workshop	$100	4	$400
			TOTAL COST	$1,650

Date Issued _____ Contract #_____

Scope of Work
(Make copies as necessary)

Services to be delivered. For each service, **include service description, number of recipients, location of service, date(s) of service, deliverables, if any, as well as unit, cost, number of units to be purchased and the total cost of the units**. Please refer to the sample.	Unit	Unit Cost	# Units	Total Cost

LINK FOR DOE CONTRACTED VENDORS FOR PROFESSIONAL DEVELOPMENT:

Lists of contracted vendors for Professional Development in all categories can be located and printed from the DOE website link shown below.

http://schools.nyc.gov/Offices/DCP/ProfessionalServices/ContractAbstracts/Default.htm

***We strongly urge you to visit this link at least once to see what vendors are currently under contract with the DOE for PD. The site is sorted by topic/instructional category*.**

Use of these vendors eliminates the need for any bidding process, but many contracts may be expiring prior to your Plan's submission. Therefore, please also contact the D.75 Contracts Officer, Erna Brown (EBrown2@schools.nyc.gov) at the Queens Linden Place ROC so that she may check a contract's validity before you commit to using them. Please save all e-mails received from Ms. Brown related to your vendor(s) contract validity.

EDUCATIONAL PUBLICATIONS – Object Code 100

The following is a list of noteworthy educational publications to which your school or group may wish to subscribe. This is not an exhaustive list and we encourage you to explore other publications that you feel will be applicable to your students. Use a SIPPS (Imprest) Form to generate a DOE check in payment for that subscription. To the SIPPS Form you must attach a printed invoice from the vendor (publisher) which indicates the terms of an individual subscription (i.e. one year for $60.) ***All SIPPS forms now require a DOE vendor # for the vendor to be paid directly. If no DOE vendor # is in place, you may either secure one for the vendor (see pg. 10) or a staff member may lay out payment to the vendor and submit a SIPPS form for reimbursement, inserting their SS# where "Vendor #" is requested.***

To fill out the SIPPS Form, indicate the following information:

- *the DOE Vendor number of the organization for which you want payment*
- *the name of the vendor (publisher)*
- *any member ID # publisher has assigned to you*
- *the cost of the subscription*
- *the reason for the subscription: "for the professional development of staff"*
- *your signature and date*
- *Your Supervisor's approval signature and date*

PUBLICATION	PUBLISHER	FEDERAL ID #	TELEPHONE #
Council for Exceptional Children (CEC)	CEC	520886495	888-232-7733
Child Development & Behavior	Academic Press	131935377	800-544-6678
Dyslexia Discourse + Perspectives	IDA	132755541	212-691-1930
Educational Assessment	Lawrence Erlbaum	222043137	800-926-6579
Education Week	Education Week	530246895	800-728-2790
Educational Leadership	ASCD	526078980	800-933-2723
Instructor Magazine	Scholastic Inc.	131824190	800-SCHOLASTIC
Journal of Adolescent & Adult Literacy	IRA	362364659	800-628-8508
Journal of Emotional & Behavior Disorders	PRO-ED	741916673	800-897-3202
Journal of Learning Disabilities	PRO-ED	741916673	800-897-3202
Journal of Learning Disabilities	Sage Publications	952454902	805-499-0721
Journal of Special Education	PRO-ED	741916673	800-897-3202
Journal of Staff Development	NSDC	310955962	800-727-7288
The Kappan	Phi Delta Kappa	350975844	800-628-8508
Lectura Y Vida	IRA	362364659	800-628-8508
Newsbriefs	LDA	237088242	888-300-6710
Reaching Today's Youth	NES	352026417	800-733-6786
Reading Research Quarterly	IRA	362364659	800-628-8508
The Reading Teacher Research & Practice +	IRA	362364659	800-628-8508
TASH Connections	TASH	510160220	800-482-8274
School Arts	School Arts	042230444	800-533-2847
School Science & Math	SS&M Association	366084546	570-389-4915
Teacher Magazine	Teacher Magazine	530246895	800-728-2753

HELPFUL HINTS

1. **"OTPS" means Other Than Personal Services. This would include Code 100 (supplies), Code 689 (PD Outside Vendors) Code 451 (In-Town General Meeting Costs), and Code 199 (Computer Software).**

2. **"PS" means Personal Services. This would include most payrolls for DOE employees, such as Per Session (hourly rate), Per Diem (Substitutes), and Trainee Rate (for people being paid to attend training after the end of the workday or on a weekend).**

3. **ALL "PS" HOURS REQUIRE EMPLOYEE(S) TO BOTH CLOCK IN AND CLOCK OUT in order to be paid.**

4. **Per Session Rate – this is the hourly payment for after school or weekend hours when a DOE employee PRESENTS a workshop or participates in an activity that PRODUCES A FINISHED PRODUCT such as a manual, handbook, etc. Job Titles eligible for Per Session pay are teachers, paraprofessionals, guidance counselors, social workers, psychologists, secretaries, supervisors, and principals. Each job title requires you to place money into a separate budget "line" that is job title-specific job. Eventually, your secretary will enter payrolls based on job title into "Bulk Jobs" which will also be job title-specific.**

5. **You may pay DOE presenters 1 Per Session hour of preparation time for every 2 hours of actual presentation time. A PRESENTER MUST CLOCK IN AND OUT FOR THEIR PREPARATION TIME.**

6. **Trainee Rate – this is the hourly payment for staff ATTENDING a workshop or training session after school or on a weekend. All job titles are paid Trainee Rate on budget line 3992, EXCEPT PARAPROFESSIONALS, who are paid on budget line 6092. Trainee rate is not to be paid to staff attending a meeting or workshop afterschool or on a weekend if their registration fee has been paid by the school.**

7. **Budget Worksheets in the Plan have taken into account pay increases (and resulting "fringe" increases) for all UFT and CSA Job Titles.**