Program Funding Proposal 2020

Grant for Teachers’ Salary
for new Italian or already established Programs

GRADES: Pre-K through 12

ALL PUBLIC AND PRIVATE SCHOOLS CAN APPLY in Pennsylvania, Delaware, Maryland (with the exclusion of Anne Arundel, Howard, Prince George, Montgomery counties), Virginia (with the exclusion of Fairfax, Arlington, and Prince William Counties), West Virginia, North Carolina, and southern counties of New Jersey (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem).

Italian must be in the curriculum/report card (grants cannot be requested for after-school programs.)

MAXIMUM GRANT AMOUNT: $8,000

Grants are based on a matching commitment by the district or the school, with the expectation that the program will become gradually self-sustaining within a period of three years, unless the initial program has expanded to include new grades or has been modified by increasing the instructional time.

Schools are responsible for paying the teacher’s salary in full and AISPhila will reimburse the school at the end of the year.

$________________________ TOTAL AMOUNT REQUESTED FOR TEACHER’ SALARY

NEW PROGRAM ☐ ESTABLISHED PROGRAM ☐
Application for the Year 2020–2021

**School Information**

NAME OF SCHOOL: ________________________________________________________________

DISTRICT (if applicable): _______________________________________________________

SUPERINTENDENT: _____________________________________________________________

PRINCIPAL: ___________________________________________________________________

FOREIGN LANGUAGE COORDINATOR: ____________________________________________

**Contact Information (the primary contact for this application)**

CONTACT PERSON: ______________________________________________________________

TITLE: ______________________________________________________________________

OFFICE PHONE: _______________________________________________________________

EMAIL ADDRESS: ______________________________________________________________

**Proposed Italian Program Description**

- Please provide background information about your school/district, including enrollment data, grade levels, status (private, public, charter).

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

- Experience with world language instruction in the school/district

____________________________________________________________________________
The America–Italy Society of Philadelphia is a tax-exempt, nonprofit organization under Sections 501 (c)(3) and 509 (a) (2) of the Internal Revenue Code. Contributions to the Society are deductible for federal income tax purposes. TAX ID: 23–1539206

- Anticipated Italian textbook(s) and educational materials

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

- Availability of ______ certified and _____ uncertified teacher(s) of the Italian language and culture program taught in our school/district.

- Potential for articulation with local middle and/or high school(s) offering Italian. Please list these schools below:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

School Year 2020–2021

_____/_____/2020  ______/_____/2021  ______________
ANTICIPATED START DATE  END DATE  TOTAL # OF WEEKS

Please complete the following table regarding the School/District Italian Program

<table>
<thead>
<tr>
<th>Grade (PreK–12)</th>
<th>Teacher’s name (Last Name, First Name)</th>
<th># of students</th>
<th>Frequency of Contact Time per Week</th>
<th>Contact Minutes per Session</th>
<th>Total # of class hours in the school year</th>
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Superintendent/Principal

Name _______________________________________

Signature _____________________________________

Date _________________________________________

Grazie!