

Ignite Early Literacy Tutoring Grant Program Application

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Introduction

Thank you for your interest in the Ignite Reading grant opportunity. Funding for district / Local Education Agency (LEA) grants will support literacy tutoring for 1st grade students in the 2024-25 school year. This grant opportunity is only available to districts that participated in the 2023-2024 Ignite Early Literacy tutoring cohort. Please review the [eligibility requirements](#) to ensure your district continues to be eligible to complete this application for year two funding.

Feel free to reach out to Caleb Hurst-Hiller (chursthiller@one8.org) at One8 with any questions.

Important Dates

Wednesday, April 10th, 2024

Application posted.

Thursday, April 11th, 2024

Office hours (10am-12pm).

Monday, April 22nd, 2024

Office hours (10am-12pm).

Tuesday, April 23rd, 2024

Office hours (10am-12pm).

Wednesday, May 15th, 2024

Application closes.

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Please provide your district / LEA information.

DISTRICT *

Start typing to search the list

Please provide your school information.

Note: Districts with multiple schools must select "Add another response" below the School dropdown.

HOW MANY SCHOOLS WOULD YOU LIKE TO APPLY FOR? *

- 1 school
- 2 schools
- 3 schools
- 4 schools
- 5 schools
- 6 schools
- 7 schools
- 8 schools
- 9 schools
- 10 schools

PLEASE SELECT THE SCHOOL(S) YOU WISH TO APPLY FOR *

Note: Districts with multiple schools must select "Add another response" below the School dropdown.

[Add another response](#)

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District / LEA Primary Grant Contact Information

Please provide the name and contact information of your primary district / LEA grant contact.

PRIMARY DISTRICT / LEA CONTACT FIRST NAME *

PRIMARY DISTRICT / LEA LAST NAME *

PRIMARY DISTRICT CONTACT ROLE *

- Teacher
- Department Chair
- School Leader
- District Leader
- ELA / Reading Coach

PRIMARY DISTRICT CONTACT TITLE *

PRIMARY DISTRICT CONTACT EMAIL ADDRESS *

PRIMARY DISTRICT CONTACT PHONE NUMBER *

TOTAL DISTRICT / LEA ENROLLMENT *

PERCENTAGE OF STUDENTS FROM LOW-INCOME BACKGROUNDS *

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District / LEA Grant Champions

Please identify a district / LEA “champion” for the program. Note, in this context, a champion is an educator who will be knowledgeable of Ignite and the grant requirements, will serve as a point of contact for Ignite, and who is accountable to high-quality implementation. For additional information on the role please see the [champion job descriptions](#).

District / LEA Champion

The district / LEA champion is a leader (e.g., CAO, Assistant Superintendent, Director of Humanities, etc.) who leads the Ignite implementation at the LEA / district level. Ideally, this champion will be in a district leadership position and have the ability to coordinate planning, observe school implementation, review data, support scheduling decisions, and hold a cross-school view. This champion should be knowledgeable of the Ignite program structure and committed to enhancing the district/LEA’s work to incorporate the science of reading.

DISTRICT / LEA CHAMPION FIRST NAME *

DISTRICT / LEA CHAMPION LAST NAME *

DISTRICT / LEA CHAMPION TITLE *

DISTRICT / LEA CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS DISTRICT / LEA CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS DISTRICT / LEA CHAMPION FOR 2024-25?

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School Grant Champions

Please identify school “champions” for the program. Note, in this context, a champion is an educator who will be knowledgeable of Ignite and the grant requirements, will serve as a point of contact for Ignite, and who is accountable to high-quality implementation. For additional information on the role please see the [champion job descriptions](#).


School Champion(s)

PLEASE SELECT YOUR SCHOOL *



The school champion is a school leader (e.g., Principal, Assistant Principal, Literacy Coach) who will help lead the Ignite implementation at the school level. This champion will have the ability to attend Ignite data meetings, observe tutoring sessions, oversee roster creation and changes, and support scheduling decisions.

SCHOOL CHAMPION FIRST NAME *



SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *

SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *

SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *



SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *



SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *



SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *



SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *



SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *

SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

School Champion(s)

PLEASE SELECT YOUR SCHOOL *

SCHOOL CHAMPION FIRST NAME *

SCHOOL CHAMPION LAST NAME *

SCHOOL CHAMPION TITLE *

SCHOOL CHAMPION EMAIL ADDRESS *

DID THIS PERSON SERVE AS SCHOOL CHAMPION DURING THE 2023-24 SCHOOL YEAR? *

Yes

No

IF NOT, WHY WAS THIS PERSON SELECTED AS SCHOOL CHAMPION FOR 2024-25?

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Financial Contact

Please indicate the contact who will be in charge of receiving the grant payment and contracting with Ignite. Please provide the name of the entity the payment should be made out to if your district is awarded the grant.

FINANCIAL CONTACT FIRST NAME

*

FINANCIAL CONTACT LAST NAME

*

FINANCIAL CONTACT TITLE

*

FINANCIAL CONTACT EMAIL ADDRESS

*

FINANCIAL CONTACT PHONE NUMBER

*

NAME OF THE LEGAL ENTITY TO WHICH THE PAYMENT SHOULD BE MADE OUT

*

MAILING ADDRESS OF THE ENTITY THAT WILL RECEIVE PAYMENTS

*

IS THE ABOVE INFORMATION ABOUT THE FINANCIAL CONTACT THE SAME AS THAT USED IN 2023-24?

*

Yes

No

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Technology Point Person Contact

In addition to champions, please identify who will be responsible for ensuring that students have access to the appropriate technology needed for Ignite tutoring sessions.

TECHNOLOGY CONTACT FIRST NAME

*

TECHNOLOGY CONTACT LAST NAME

*

TECHNOLOGY CONTACT TITLE *

TECHNOLOGY CONTACT EMAIL ADDRESS *

TECHNOLOGY CONTACT PHONE NUMBER *

IS THE ABOVE INFORMATION ABOUT THE TECHNOLOGY CONTACT THE SAME AS THAT USED IN 2023-24?

*

Yes

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Current Literacy Program

WHAT CHANGES HAVE YOU MADE TO CORE CURRICULUM AND/OR FOUNDATIONAL SKILLS SUPPLEMENTAL CURRICULUM AT EACH OF THE SCHOOLS OVER THE LAST YEAR OR WILL YOU MAKE FOR THE 2024-25 SCHOOL YEAR? (300 WORD LIMIT) *

WHAT CURRICULUM-SPECIFIC TRAINING / PROFESSIONAL DEVELOPMENT HAVE EDUCATORS RECEIVED DURING THE 2023-24 SCHOOL YEAR AND WHAT, IF ANY, ADDITIONAL TRAINING IS PLANNED FOR THE 2024-25 SCHOOL YEAR? (300 WORD LIMIT) *

WHAT TRAINING, IF ANY, DID TEACHERS RECEIVE ON THE SCIENCE OF READING AND FOUNDATIONAL SKILLS INSTRUCTION DURING THE 2023-2024 SCHOOL YEAR? WHAT, IF ANY, ADDITIONAL TRAINING IS PLANNED FOR THE UPCOMING YEAR? (300 WORD LIMIT) *

WHAT SCREENER(S) / ASSESSMENT(S) WILL EACH SCHOOL USE IN THE 2024-25 SCHOOL YEAR TO IDENTIFY FOUNDATIONAL SKILLS GAPS? IF THE SCREENER WILL DIFFER FOR KINDERGARTEN, GRADE 1, AND GRADE 2, PLEASE NOTE WHICH SCREENER IS USED IN EACH GRADE. (300 WORD LIMIT) *

WHAT ARE THE DATES OF THE SCREENER / ASSESSMENTS FOR FIRST GRADERS FOR BEGINNING OF YEAR, MIDDLE OF YEAR, AND END OF YEAR (A DATE RANGE IS FINE, IF EXACT DATE IS UNKNOWN)? (300 WORD LIMIT) *

IF YOUR SCHOOL HAS NEW TEACHERS, WHAT TRAINING HAVE YOUR NEW TEACHERS RECEIVED TO ENSURE THEY ARE UP TO SPEED ON THE CURRICULUM IN USE AND TEACHING FOUNDATIONAL READING SKILLS? (300 WORD LIMIT) *

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Planning for Ignite Implementation

Please fill out the table below for the schools at which you hope to offer Ignite seats.

	School Name	Total Number of 1st Graders in SY24-25	Estimated Number Of 1st Graders with Foundational Skills Gaps In SY24-25	Desired Ignite Seats for This School during SY24-25	
School 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*	*	*	*	
School 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*	*	*	*	
School 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*	*	*	*	
School 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*	*	*	*	
School 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*	*	*	*	
School 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	*	*	*	*	

	School Name	Total Number of 1st Graders in SY24-25	Estimated Number Of 1st Graders with Foundational Skills Gaps In SY24-25	Desired Ignite Seats for This School during SY24-25
School 7	Q			
	*	*	*	*
School 8	Q			
	*	*	*	*
School 9	Q			
	*	*	*	*
School 10	Q			
	*	*	*	*

WHAT METHOD, INCLUDING WHAT DATA, WAS USED TO ESTIMATE THE NUMBER OF STUDENTS WITH FOUNDATIONAL SKILLS GAPS (COLUMN 3 IN THE TABLE ABOVE) AT EACH SCHOOL? (300 WORD LIMIT) *

HOW HAS YOUR APPROACH TO TIER 2 INTERVENTIONS CHANGED SINCE YOU STARTED USING IGNITE? WILL THERE BE ADDITIONAL CHANGES IN APPROACH IN THE 2024-25 SCHOOL YEAR? (300 WORD LIMIT)

*

IF SELECTED, WILL YOU BE ABLE TO ADHERE TO THE FOLLOWING PROCESS AND TIMELINE IN SERVICE OF IDENTIFYING 1ST GRADE STUDENTS WITH VERIFIABLE GAPS IN LITERACY SKILLS?:

- SCREEN ALL FIRST GRADE STUDENTS WITHIN THE FIRST TWO WEEKS OF SCHOOLS TO IDENTIFY THOSE WITH FOUNDATIONAL SKILLS GAPS. IF DIBELS IS NOT ADMINISTERED, COORDINATE DIBELS ASSESSMENT WITH IGNITE READING.
- COMPLETE THE ELIGIBILITY VERIFICATION PROCESS, DOCUMENTING BEGINNING OF YEAR SCREENER RESULTS, COMPARING IGNITE READING IDI ASSESSMENT DATA, AND COMPLETING A STUDENT ELIGIBILITY REVIEW.

*

Yes

No

WHAT IMPLEMENTATION CHALLENGES DID YOU FACE IN 2023-24? HOW DO YOU PLAN TO AVOID THEM, OR TACKLE THEM, IN 2024-25? (300 WORD LIMIT)

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Attestations

I AM AFFIRMING THAT I HAVE REVIEWED THE ELIGIBILITY REQUIREMENTS AND MY DISTRICT QUALIFIES FOR THIS GRANT. *

Yes

No

I AM AFFIRMING THAT I UNDERSTAND WHAT IS REQUIRED OF THE DISTRICT CHAMPION AND EACH SCHOOL CHAMPION AND MY DISTRICT WILL ENSURE THE ROLES ARE PROPERLY STAFFED AND SUPPORTED. *

Yes

No

I AM AFFIRMING THAT SENIOR LEADERSHIP IN MY DISTRICT (SUPERINTENDENT, ASSISTANT SUPERINTENDENTS, DISTRICT CHAMPION) WILL COLLECTIVELY COMMIT TO 30 HOURS OF EDUCATIVE WORK FOCUSED ON THE INTERSECTION OF HIGH-DOSAGE TUTORING AND EARLY LITERACY (E.G., ATTENDING ROUNDTABLE CONVENINGS, PARTICIPATING ON PANELS, HOSTING SCHOOL VISITS). *

Yes

No

I AM AFFIRMING THAT SCHOOL LEADERS IN MY DISTRICT (PRINCIPALS OR SCHOOL CHAMPIONS) WILL COLLECTIVELY COMMIT TO 20 HOURS OF EDUCATIVE WORK FOCUSED ON THE INTERSECTION OF HIGH-DOSAGE TUTORING AND EARLY LITERACY (E.G., ATTENDING ROUNDTABLE CONVENINGS, PARTICIPATING ON PANELS, HOSTING SCHOOL VISITS). *

Yes

No

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER WHEN REVIEWING THIS GRANT APPLICATION? (300 WORD LIMIT)

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Thank You!

Thank you for completing our application! Shortly after submitting the application, the primary district contact will receive a confirmation email. If they do not see that email within a few hours, please check your junk mail or reach out to connect@one8.org.

Please click "Submit" to finish, or "Previous Page" to return and edit your application.

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SUBMIT

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