**Application for** **Schoolwide Poverty Threshold Waiver**

**Title I, Part A Schoolwide Program Eligibility**

**Citation:** Under Section 1114(a)(1)(B) of the Every Student Suceeds Act, the State may waive the requirement that a school have at least 40 percent poverty to be eligible to run a Schoolwide program.

**Instructions:** A) Respond to Local Education Agency Information

B) Complete the Waiver Rationale

C) Complete Certification

D) Attach and email a PDF copy of the Poverty Threshold Waiver and the Schoolwide Plan to be implemented during the waiver year to [TitleI@doe.k12.ga.us](mailto:TitleI@doe.k12.ga.us) and copy the LEAs Title I, Part A Program Specialist.

**Section A: LEA Information**

* **Name of** **District**
* **Name of School**
* **School Year the School is Requesting to Operate as a Schoolwide Schoo**l
* **FY24 Poverty Percentage**:       **FY25 Poverty Percentage:** \_\_\_\_\_\_
* **Check all boxes as applicable:**

The school is currently served as a Schoolwide Program (SWP).

The school is currently served as a Targeted Assistance Program (TAP).

The school has never been served as a Title I School.

The school is currently not being served as a Title I School, but has perviously been served as a Title I School in the following capacity:  SWP  TAP

The school will be participating in the Consolidation of Funds (Fund 150).

**Section B Part 1: Waiver Rationale**

Describe the need and rationale for this Schoolwide Poverty Threshold Waiver. Address why and how the need(s) cannot be met without a schoolwide program.

**Type your response here:**

**Section C Part 2: Schoolwide Plan**

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| Attach copy of Schoolwide Program (SWP) plan to be implemented during the waiver year. The SWP should include all ESSA Section 1114 requirements. |

**Section D: Certification**

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| **WE, THE UNDERSIGNED, HEREBY CERTIFY** that to the best of our knowledge and information we have complied with all components in our Title I Schoolwide Program and have developed our plan based on needs and strengths identified through a comprehensive analysis of current academic and non-academic data. We have built into our plan a process for evaluating whether the strategies implemented are resulting in improved academic achievement, and we will adhere to all assurances.  **Signature** of School Principal: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** of Title I, Part A Director: ­­ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** of Superintendent: ­­ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**GaDOE Review and Approval (GaDOE use only)**

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| The GaDOE Title I, Part A Program team has reviewed the school’s application and Schoolwide Plan and approves the school to operate as a Schoolwide Program as defined in ESEA Section 1114 for the school year identified on this application.  Signature of Title I, Part A Program Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Title I, Part A Program Manager: ­­ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Attach this approved application to the Title I Tab in the Consolidated Application for the fiscal year the school will operate as a Schoolwide Program.** |