

2006-2010 APPLICATION FOR FUNDING  
Science and Technology Entry Program

Instructions

Complete all parts of this form and include it as part of the application. One original and **three** copies of the completed application must be returned no later than **February 27, 2006**.

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

Name of project director (if selected): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Area code) (Number) (Extension) (Area code) (Number)

Email address: \_\_\_\_\_

Projected number of program participants: _____	_____	_____	Projected starting	date:	<input type="text"/>	<input type="text"/>
_____	Summer	Academic year	Unduplicated Total			

Summer Academic year  
(A student should only be counted once, regardless of the number of terms in which they participate).

Indicate the amount of STEP funds requested and the other resources to be allocated:

STEP funds requested	\$ _____
Institutional contribution	_____
Other sources (specify): _____	_____
_____	_____
_____	_____
	TOTAL:\$ _____

Assembly/Senate Districts \_\_\_\_\_

Name of person completing this form: _____	Date: _____
Title: _____	Phone: _____ (Area code) (Number) (Extension)
CEO name: _____	
CEO signature: _____	Date: _____

**2006-2010 STEP Application  
Attachment IB**

page 2 of 4



**Institution Name** \_\_\_\_\_

**Institution Table of Contents**

**Institution Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**ABSTRACT**

*Provide a brief, precise statement below of the purpose of the project and primary program goals. No other information should be included in the abstract.*

**Institution Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**List all schools, school districts, and other organizations that will be involved in the planning, development, implementation, and evaluation of this project.**

Name and address	School District	Contact person	Type of Organization <sup>1</sup>	Senate District No. <sup>2</sup>	Assembly District No. <sup>2</sup>

<sup>1</sup> S = School, SD = School district, TC = Teacher center, CBO = Community-based organization, PO = Professional organization, B=Business; O=Other (specify)

<sup>2</sup> Indicate Senate and Assembly District numbers for schools and schools districts only.

**STATEMENT OF ASSURANCES**

Institution name: \_\_\_\_\_

Program: \_\_\_\_\_

1. The recipient will, if funded, operate a **Science and Technology Entry Program (STEP)** within the letter and spirit of all pertinent legislation and rules, including the 2006-2010 STEP Guidelines.
2. Funds from the State STEP award will supplement, not supplant, local expenditures and will not duplicate expenditures from other sources.
3. Within the four special populations fundable under STEP, the recipient will ensure equitable access and participation without regard to: religion, creed, disability, marital status, national origin, gender, genetic predisposition or carrier status, or sexual orientation.
4. The recipient institution does not discriminate in its programs and services on the basis of color, religion, creed, disability, marital status, veteran status, national origin, race, gender, genetic predisposition or carrier status, or sexual orientation.
5. All activities supported by State STEP funds will, to the extent possible, be accessible by persons with disabilities.
6. Upon request, the recipient will provide State Education Department staff access to its records and other sources of information concerning the operation of the STEP program.
7. All materials developed in whole or in part with the support of State STEP funds, including publicity releases and program announcements, will include the following statement:  
  
**Support for the development and production of this material was provided by a grant under the Science and Technology Entry Program administered by the New York State Education Department.**
8. The State STEP funds requested will be used to prepare historically underrepresented and economically disadvantaged secondary school students for entry into postsecondary degree programs in scientific, technical and health-related fields, and the licensed professions. Students benefiting from these funds will be New York State residents.

**CHIEF EXECUTIVE OFFICER CERTIFICATION**

I hereby certify that the information in this application is correct and in total compliance with appropriate State laws and regulations and that the program design will be carried out as described in the application.

Signed\* \_\_\_\_\_ Date \_\_\_\_\_  
Chief Executive Officer

Print name and title

**\*Original signature of Chief Executive Officer is required.**

**Science and Technology Entry Program  
2006-2010 PROPOSED BUDGET**

**Attachment III**

Institution Name: \_\_\_\_\_

Unduplicated Number of Students To Be Served: \_\_\_\_\_

<p><b>STEP 2006-2007 Proposed Budget</b></p>
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Line No.	Expenditure Category	Code	STEP (1)	Institution (2)	Other Sources (3)	TOTAL (4)
1	<b>Salaries for Professional Personnel</b>	15				
2	<b>Salaries for Non-Professional Personnel</b>	16				
	a. Clerical/Secretarial					
	b. Student Assistants					
	c. Other					
3	<b>Purchased Services</b>	40				
4	<b>Supplies &amp; Materials</b>	45				
	a. Instructional					
	b. Other					
5	<b>Travel Expenses</b>	46				
	a. Student/Programmatic					
	b. Staff/Administrative					
6	<b>Employee Benefits</b>	80				
	a. Professional ___%					
	b. Clerical/Secretarial ___%					
	c. Student Assistants ___%					
	d. Other ___%					
7	<b>SUBTOTAL of Lines 1-6</b>					
8	<b>Indirect Cost*</b>	90				
9	<b>BOCES Services</b>	49				
10	<b>Minor Remodeling</b>	30				
11	<b>Equipment</b>	20				
12	<b>GRAND TOTAL (Lines 7 - 11)</b>					

\*Expenditures for Indirect Cost may not exceed 8% of STEP funds (col. 1, line 7). Expenditures for Indirect Cost may not exceed 20% of institutional funds (SUBTOTAL col. 2, line 7). Equipment is not included when computing Indirect Cost.

Institution Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

**Project operation (check all that apply):**

Duration of program: Summer \_\_\_\_\_ to \_\_\_\_\_

Academic year \_\_\_\_\_ to \_\_\_\_\_

Summer only: No. of weeks \_\_\_\_\_ Days per weeks \_\_\_\_\_

Academic year only: No. of  weeks \_\_\_\_\_ After school: No. of hours   
per week \_\_\_\_\_

Summer and academic year: Total  No. of weeks \_\_\_\_\_ Saturday: No. of hours per   
week \_\_\_\_\_

**Indicate the anticipated number of students who will participate in this program according to grade level.**

\_\_\_\_\_ Seventh grade

\_\_\_\_\_ Eighth grade

\_\_\_\_\_ Ninth grade

\_\_\_\_\_ Tenth grade

\_\_\_\_\_ Eleventh grade

\_\_\_\_\_ Twelfth grade

\_\_\_\_\_ TOTAL

**List all programs having similar purposes that will be coordinated with this program.**

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**2006-2010 STEP Application  
 Proposal Narrative - Proposal Priorities and Activities Summary**

**Institution Name:** \_\_\_\_\_  
**Program Name:** \_\_\_\_\_

Funding priorities addressed. Check all that apply. (Any priorities checked must be substantiated in the text of the proposal narrative, XIIC)

- 1. Program services and activities to serve students in SURR and/or schools in need of corrective action.
- 2. CSTEP at other higher education institutions.
- 3. Program services designed to improve eighth grade students' test scores on the New York State Mathematics and Science Assessment Examinations.
- 4. Program services and activities designed to improve the recruitment and retention of historically underrepresented male participants in all targeted grade levels.
- 5. Program services and activities designed to improve the recruitment and retention of Latino/Hispanic participants in all targeted grade levels.

<b>Proposed Activities (Check term of activity S and/or AY)</b>	<b>S</b>	<b>AY</b>
1. Instruction in Mathematics: Algebra, Geometry, pre-calculus/Calculus. (Required)		
2. Instruction in Physical and Life Sciences, Biology, Chemistry, Physics, Earth Science (Required)		
3. Instruction and guidance for Regents exams, and college admissions exams i.e., PSAT, SAT, ACT (Required)		
4. Instruction in Technology		
5. Tutorial services		
6. Academic, College and Career Counseling and Advisement		
7. Operation of a parent component (Required)		
8. Collaboration with program partners and among STEP and CSTEP Programs (Required)		
9. Trips to postsecondary institutions, conferences, business and industry, etc.		
10. Supervised STEP career oriented internships and research opportunities		

Instructions for Completing Objectives, Activities and Measures of Positive Performance Matrix

Attachment IV provides a separate chart for each objective. Appendix VI also includes two pages giving needed instructions and definitions, along with examples of possible activities. All four of the listed objectives must be addressed; omission of any will reduce the number of points awarded.

When completing the objectives charts, be sure to provide all requested information by including the following:

1. Describe the activities and/or services aligned to support the achievement of each objective. The proposed project must include required activities and/or services as indicated in Section VI: Requirements for Funding. It may also include other activities designed to achieve program purposes. (See Section II: Program Purposes; also Appendix VI: STEP Objectives and Key Strategies.)
2. For each activity and service, indicate the staff who will be responsible for the implementation of each objective.
3. Indicate the proposed timeframe for each activity and/or service, including both the scope and duration, (e.g., if the duration is September 2005 - June 2009, the scope might be 3 hours/week x 15 weeks x 2 semesters x 3 years, or one half-day meeting each month).
4. For each activity and/or service, indicate the anticipated performance objectives and methods to be used to test and verify positive performance.

**Objective 1: Provide program activities to assist students in acquiring the skills and attitude necessary to pursue postsecondary education leading to careers in scientific, technical, health-related fields, or the licensed professions.**

Activities/Services	Staff Responsible	Timeframe	Measures of Positive Performance

**Objective 2: Provide program services to enhance and increase students' mathematical skills, experiences in laboratory sciences, and understanding of fundamental concepts in mathematics and science.**

Activities/Services	Staff Responsible	Timeframe	Measures of Positive Performance

**Objective 3: Provide evidence of formal collaborations between the proposing institution and local education agencies such as local schools or school districts, professional organizations, and/or other agencies that will be involved in the project.**

Activities/Services	Staff Responsible	Timeframe	Measures of Positive Performance

**Objective 4: Implement a parent component with clearly defined roles, responsibilities, and activities. Outline the relationship between the parents and the program.**

Activities/Services	Staff Responsible	Timeframe	Measures of Positive Performance





THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

# NEW PAYEE INFORMATION

In order to receive funds from the NYS Education Department, **ALL SECTIONS** of this form will need to be completed and returned with **original signature** to the Education Department program office as part of your grant application.

## Section I: Institution Identifying Information

Exact Legal Name of Agency

Contact Person/Telephone Number

Please print or type	Business name, (if different from above )
	Payment/Fiscal Agent (if different from above)
	Address (number, street, and apt. or suite no.) to which checks will be mailed
	City, State, and ZIP code (+ 4 digits) or Foreign City, Country & Postal Code

Federal Employer Identification Number (FEIN) of this agency is:   -

\* Provide FEIN of recipient agency regardless of payment/fiscal agent

Municipality Code (if agency is a local government):

## Section II: Agency Profile

- This agency is a (check one)  Non-Profit Organization  For Profit Organization
- This agency is a (check one)  Sectarian Organization  Non-sectarian Organization
- Is this agency chartered or incorporated by the New York State Board of Regents? (Check one)  Yes  No
- Is any member of the Board of Directors an employee of the NYS Education Department?  
 Yes, please name \_\_\_\_\_  No

## Section III: Charity Registration Number Status (NON-PROFIT ORGANIZATIONS ONLY)

Answer **ONE** of the four questions listed below.

- The charity registration number (**NOT** a tax exempt or Federal ID number) of this organization is:  
\_\_\_\_\_.
- This organization has applied for a charity registration number from the Department of State but has not as yet been notified of the authorized number granted.
- This organization is exempt from the requirement of registering with the Department of State as a charitable organization because it receives less than \$25,000 in total from governmental agencies.



Complete **all sections** of the form in accordance with the instructions indicated below.

**Section I: Institution Identifying Information**

self-explanatory

**Section II: Agency Profile**

**Question 1:** Self-explanatory.

**Question 2:** A sectarian organization is defined as one which is affiliated with a particular religious group. A non-sectarian organization has no religious affiliation.

**Question 3:** "Chartered or incorporated" here means created by the NYS Board of Regents.

**Question 4:** Self-explanatory.

**Section III:**

Article 7-a of the Executive Law requires that, with certain exemptions, non-profit organizations which receive funding of \$25,000 or more in total from governmental agencies must register with the Department of State as a charitable organization.

**Office of the State Comptroller Bulletin No. G-79 (SEE ATTACHMENT #1)** clarifies the procedure for providing charities registration information for State contracts with non-profit organizations. The Summary of Exemption Categories (also attached) lists the various bases for exemption.

In order for the New York State Education Department to comply with the provisions of Bulletin No. G-79, you are requested to read the Bulletin and the Summary of Exemption Categories and to then answer **ONE** of the four questions included in Section II.

**Section IV:**

Be sure to complete this section with an original signature.

**NOTE:**

If any of the information provided here changes, please be sure to notify the Program Office to which your grant application was sent.

**Procurement and Disbursement Guidelines**

**Bulletin No. G-79**  
**August 22, 1988**

**Contracts with Non-Profit Organizations**

The purpose of this bulletin is to clarify the procedure for providing charities registration information for State contracts with non-profit organizations. This bulletin supersedes Procurement and Disbursement Guidelines' Bulletin G-72 dated April 1, 1988.

Article 7-a of the Executive law requires, with certain exemptions, that non-profit organizations which receive funding of \$25,000 or more in total from governmental agencies must register with the Department of State as a charitable organization. Section 172-a of Article 7-a sets forth categories of organizations that are exempt from registration. [A copy of the Department of State's summary of exemption categories regarding charitable registrations is attached.](#)

Effective immediately, contracts submitted for non-profit organizations which receive funding of \$25,000 or more in total from governmental agencies must submit one of the following:

1. The organization's charitable registration number. This number must be inserted in the "provisions" section of the AC 340 Contract Encumbrance form accompanying the contract.
2. A statement from the contractor (non-profit organization) that the organization is exempt pursuant to one of the categories indicated on the Department of State's Summary of Exemption Categories. The statement should list the specific category why they are exempt.
3. A statement from the contractor (non-profit organization) that they have applied for a registration number from the Department of State.

If you have questions regarding the statutory requirements for registration, or to verify the status of a provide organization, contact:

Department of State  
Office of Charities Registration  
162 Washington Avenue  
Albany, NY 12231  
(518)474-3720

If you have questions regarding this bulletin, contact:

Office of the State Comptroller  
Bureau of State Expenditures  
110 State Street, 10<sup>th</sup> Floor  
Albany, NY 12236  
(518)474-4868

DEPARTMENT OF STATE  
SUMMARY OF EXEMPTION CATEGORIES  
REGARDING CHARITABLE REGISTRATION

1. A Corporation organized under the Religious Corporations Law, and other religious agencies and organizations, and charities, agencies, and organizations operated, supervised or controlled by or in connection with a religious organization;
2. an Education Institution, that confines solicitation to its student body, alumni, faculty and trustees and their families or such institution or Library registered with the State Education Department (SED), provided that the annual financial report of such institution or library shall be filed with the SED, where it shall be open for public inspection;
3. a Fraternal, Patriotic, Social or Alumni Organization or Historical Society chartered by the NYS Board of Regents, when solicitation of contributions is confined to its membership;
4. a Person requesting contributions for the relief of an individual, specifically named at time of solicitation, providing all contributions are turned over the named beneficiary;
5. an Organization that solicits or receives less than \$25,000 in contributions during its fiscal year (regardless of the total amount received from a community chest or united fund) provided all fund raising functions are carried on by persons who are unpaid for such services;
6. a Local Post, Camp, Chapter or County Unit of a Bona Fide Veterans or Volunteer Firefighters or Ambulance Service (as defined by 3001, Public Health Law) or its Auxiliary or Affiliate, providing all fund raising is done by members for no compensation; or
7. an Organization that receives (substantially) all of its funds from a single government agency to which it reports annually, providing the report contains financial information similar in content to that required by the Department and not more than \$25,000 is received from sources other than the agency to which it reports;
8. a Governmental or Quasi-Governmental Agency. This exemption category is not specified in law but is supported by one or more Attorney General rulings. The Office of Charities Registration's traditional position is that registrants are drawn from the not-for-profit community and that this group could not rationally include a governmental body.

(Revised - 1/17/89)

## Proposal Application Checklist

Applicant Name: \_\_\_\_\_

Listed below are the components of a complete application package, in the order they should appear. Use this checklist to ensure that your application submission is in compliance with the application requirements. The checklist must be included with proposal application.

<u>Request for Proposal Sections</u>	<u>Checked-Applicant</u>	<u>Checked-SED</u>
A. 2006-2010 Application for Funding (Attachment I) (original signature required)	<input type="checkbox"/>	<input type="checkbox"/>
B. Table of Contents	<input type="checkbox"/>	<input type="checkbox"/>
C. Statement of Assurances (Attachment II) (original signature required)	<input type="checkbox"/>	<input type="checkbox"/>
D. Proposal Narrative (Attachment IV)	<input type="checkbox"/>	<input type="checkbox"/>
E. 2006-2007 Proposed Budget and Budget Narrative (Attachment III)	<input type="checkbox"/>	<input type="checkbox"/>
F. FS 10 (original signature required)	<input type="checkbox"/>	<input type="checkbox"/>
G. New Payee Information PI-1 Form (Attachment V) (original signature required)	<input type="checkbox"/>	<input type="checkbox"/>
H. Proposal Application Checklist (Attachment VI)	<input type="checkbox"/>	<input type="checkbox"/>

Name of person (applicant) completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ECONOMICALLY DISADVANTAGED ELIGIBILITY REQUIREMENTS**

I. Economic Eligibility Criteria for First-Time Students

(All economic eligibility criteria apply to the calendar year prior to the academic year of first entry into STEP. For 2006-2007, it is the 2005 calendar year.)

1. A student is considered economically disadvantaged if he or she is a member of:
  - a household supported by one parent if dependent, by the student or by a spouse if independent, whose total annual income is not more than the applicable amount listed in the table below; **or**
  - a household supported solely by one member thereof who works for two or more employers with a total annual income which does not exceed the applicable amount set forth in the following table by more than **\$1,800; or**
  - a household supported by more than one **worker** (parents if dependent, student and spouse if independent) in which the total annual income does not exceed the applicable amount listed in the table below by more than **\$4,800; or**
  - a household supported by one **worker** (parent if dependent, student if independent) who is the sole support of a one-parent family in which the total annual income does not exceed the applicable amount listed in the table below by more than **\$4,800.**

For the purpose of this subdivision, the number of members of a household shall be determined by ascertaining the number of individuals living in the student's residence who are economically dependent on the income, as defined in subdivision 6 of this section, supporting the student.

For students first entering the Program between July 1, 2006 and June 30, 2007.

Number of members in household (including head of household)	Total annual income in preceding calendar year
1	\$14,100
2	19,600
3	22,350
4	27,800
5	32,850
6	38,550
7 or more	42,900 plus \$4,350 for each family member in excess of 7

2. Exceptions

Reference to the household income scale need not be made if the student falls into one of the following categories, and documentation is available:

- a. The student's family is the recipient of: (1) Family Assistance Program Aid; or (2) Safety Net Assistance through the New York State Office of Temporary and Disability Assistance, or a county department of social services; or (3) family day-care payments through the New York State Office of Children and Family Services Assistance, or a county department of social services;
- b. The student is a ward of the State or a county.

3. Documentation

The following shall be acceptable documentation of economic eligibility:

- a. Documentation of all income, earned dividends and interest: a signed copy of appropriate year's tax return (IRS forms 1040, 1040A, or 1040EZ; or 4506).
- b. Documentation of a sole worker's income from two or more employers: W2s for the appropriate year or similar documentation acceptable to the Commissioner.
- c. Documentation of no income: a copy of IRS form 4506 which has been filed by the student or family with the Internal Revenue Service or a copy of IRS Letter 1722 indicating that the student or parent did not file a return.
- d. Documentation of pension, annuity, or unemployment benefits: letter from the applicable agency showing appropriate year's total award (if not reported on IRS forms 1040, 1040A or 1040EZ or 1099).
- e. Documentation of Social Security, Supplemental Security Income, or Veterans Administration non-educational benefits: a letter from the applicable agency showing applicable year's total award for **each** member of the household including medicare premiums or IRS form 1099 for each member of the household.
- f. Documentation of social services payments: verification from a branch of the State Office of Temporary and Disability Assistance, Office of Children and Family Services Assistance, or a county department of social services showing year that benefits were received and names of recipients including the applicant.
- g. Documentation of child support and/or alimony: a court order, affidavit.

- h. Documentation of additional members in household: birth certificates, marriage certificates, third-party verification, or similar documentation acceptable to the Commissioner, along with proof of income or lack of income for each such member.
  - i. Documentation of zero household contribution: the needs analysis output form from one of the United States Department of Education's approved needs analysis systems.
4. Responsibility for Documentation

It is the joint responsibility of the program director and a financial aid officer to verify that all first-time program students are economically eligible and that all of the appropriate documentation to verify this eligibility is on hand.

5. Eligibility Documentation and Reporting

All documentation needed to verify the economic eligibility of all new students accepted into the program should be in the students' folders. Those programs which do not have acceptable proof of student eligibility must inform STEP-SED by February 1st in writing that all documentation has been secured. Otherwise, the student(s) in question will be deemed ineligible.

The exception is for a student whose only missing income documentation is to be provided by a response to the IRS form 4506. Provided the institution has filed the 4506 prior to February 1st and has proof of the request on file, STEP-SED will extend the deadline to June 30th. A note should be included with the Final Report stating that the documentation is on file and that it verifies the student's economic eligibility. If the information is not on file at the institution by the June 30th deadline, or the information does not provide sufficient proof that the student is eligible, the student will be deemed ineligible.

If students are deemed ineligible, enrollment reports and payments will be adjusted accordingly.

**2006-2010 STEP Application**

*To be kept on file, subject to review by SED*

**Appendix II**

**page 1 of 2**

REQUIRED STEP STUDENT DATA

Date: \_\_\_\_\_

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(area code)

NYS resident?     Yes     No

Social Security Number: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_

Parent/guardian address(es): \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_  
(area code)

Gender:     Male     Female

Ethnicity:     African-American\*     Hispanic/Latino

Native American Indian/Alaskan Native     White

Asian/Pacific Islander     Other

\*(Includes all individuals of African descent)

Name, address, and telephone number of secondary schools:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student report cards must also be kept on file for all terms that the student participates in STEP.

Student Data

I, \_\_\_\_\_, agree to participate in the Science and Technology Entry Program (STEP)  
Student name

at \_\_\_\_\_ . As a participant, I will attend activities as scheduled, and I  
will

Name of institution

be on time for all activities. I understand that my signature on this document constitutes an agreement between me

and the

Name of Institution or program

Student Signature

Date

I (we) \_\_\_\_\_ give permission for \_\_\_\_\_  
Name of parent(s)/guardian(s) Name of student

to participate in the Science and Technology Entry Program (STEP) at \_\_\_\_\_  
(Name of institution)

I (we) authorize \_\_\_\_\_ to obtain and review school records. I  
Name of institution

(we) understand that all information will be kept confidential.

Parent/guardian signature

Date

Parent/guardian signature

Date

Middle level Language Arts assessment performance \_\_\_\_\_ Middle level Science \_\_\_\_\_

Middle level Mathematics assessment performance \_\_\_\_\_

SAT verbal \_\_\_\_\_ SAT math \_\_\_\_\_ PSAT verbal \_\_\_\_\_ PSAT math \_\_\_\_\_ ACT \_\_\_\_\_

Achievement Tests: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

1. Date of first entry into program: \_\_\_\_\_ Date of Reentry: \_\_\_\_\_

2. At time of entry into program: Math average \_\_\_\_\_ Science average \_\_\_\_\_ School average \_\_\_\_\_

3. At end of program year: Math average \_\_\_\_\_ Science average \_\_\_\_\_ School average \_\_\_\_\_

4. Class rank (12<sup>th</sup> grade/graduates): \_\_\_\_\_

5. Date of high school graduation: \_\_\_\_\_

Type of diploma - Regents \_\_\_\_\_ Local \_\_\_\_\_

6. College admission offer(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

College enrolled in: CSTEP \_\_\_ yes \_\_\_ no

Fall 20 \_\_\_\_\_ at \_\_\_\_\_

Date of leaving STEP program: \_\_\_\_\_

7. Reason(s) for leaving:  graduation  other, explain below

**2006-2010 STEP Application**

**Appendix III**

**SAMPLE ROSTER FORM**

STEP Institution \_\_\_\_\_

**ROSTER OF STEP JUNIORS**

Name of Student	Address	Date of high school graduation: Month/year	Name of high school	Type of diploma Expected

Note: The completed roster should be sent to SED. Individual permission forms should be kept on file at each program office.

**SAMPLE PERMISSION FORM**

I(we), \_\_\_\_\_, give permission for \_\_\_\_\_, to give the New  
Name of Parent/Guardian Name of Institution

York State Education Department contact information on my son/daughter, \_\_\_\_\_.  
Name of Student

This information will be forwarded to \_\_\_\_\_ who will provide the student  
Name of College

information to all of the colleges and universities in the State of New York that administer a

CSTEP project. The students will then receive admission and financial aid information from

these institutions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Note: A permission form must be kept on file at the program office for every student whose name appears on the roster.

**List of Professions Licensed, Registered, or Certified by the Board of Regents**

[Acupuncture](#)

[Architecture](#)

[Athletic Training](#)

[Audiology](#)

[Certified Shorthand Reporting](#)

[Chiropractic](#)

[Clinical Laboratory Practitioners](#)

[Dentistry](#)

- Dentists
- Dental Anesthesia/Sedation
- Dental Hygienists
- Certified Dental Assistants

[Dietetics-Nutrition](#)

[Engineering](#)

[Interior Design](#)

[Land Surveying](#)

[Landscape Architecture](#)

[Massage Therapy](#)

[Medical Physics](#)

[Medicine](#)

- Physicians
- Physicians, 3-year limited license
- Physician Assistants
- Specialist Assistants

[Mental Health Practitioners](#)

- Creative Arts Therapy
- Marriage and Family Therapy
- Mental Health Counseling
- Psychoanalysis

[Midwifery](#)

[Nursing](#)

- Registered Professional Nurses
- Nurse Practitioners
- Licensed Practical Nurses

[Occupational Therapy](#)

- Occupational Therapists
- Occupational Therapy Assistants

[Ophthalmic Dispensing](#)

[Optometry](#)

[Pharmacy](#)

- Pharmacists
- Pharmacy Establishments

[Physical Therapy](#)

- Physical Therapists
- Physical Therapist Assistants

[Podiatry](#)

[Psychology](#)

[Public Accountancy](#)

- Certified Public Accountants
- Public Accountants

[Respiratory Therapy](#)

- Respiratory Therapists
- Respiratory Therapy Technicians

[Social Work](#)

[Speech-Language Pathology](#)

[Veterinary Medicine](#)

- Veterinarian
- Veterinary Technician

Note: Law is also considered an eligible profession for the purposes of STEP.

For updates, contact [www.op.nysed.gov/proflist.htm](http://www.op.nysed.gov/proflist.htm)

**Performance Measures for STEP**

The following set of performance measures and goals will be used to determine the success of STEP projects and students:

Performance Objectives	Measures of Positive Performance	
A. Percentage of STEP students that earn Advanced Regents diplomas compared to New York State graduates.	New indicators+	
B. Percentage of 8 <sup>th</sup> grade STEP students scoring in levels 3 and 4 for mathematics and science versus statewide level 3 and 4 results for all students.	75%	
C. Percentage of students taking Advanced Placement (AP), honors, and/or college level math and science coursework at rates higher than the New York State average.	75%	
D. Average of STEP students SAT scores compared to New York State student average.	<u>Prior to</u> <u>March</u> <u>2006</u> 500 Math 500 Verbal	<u>Beginning</u> <u>March 2006</u> 500 Verbal 500 Math 500 Written
E. College-going rate of STEP students compared to New York State average.	90%	
F. STEP students matriculation rate into STEP-targeted fields.	75%	
G. Maintenance of at least 90% of agreed upon program enrollment.	New Indicator	
H. Maintenance of agreed upon staffing level(s)	New Indicator	
I. Timely and accurate submission of required reports	New Indicator	

**Upon review of required program reports, institutions not meeting performance measures may be placed on probation. Institutions identified as not meeting performance measures will be given an opportunity to present evidence that they are in compliance. An institution on probation must**

**submit, in writing to the Pre-Collegiate Preparation Programs Unit a plan which outlines steps that will result in bringing the project back into compliance with the program requirements. Failure to bring a project on probation back into compliance with program requirements may result in the reduction of future funding for that project.**

### **STEP Objectives**

All STEP projects should conduct activities and services that will provide students with academic instruction and enrichment that are aligned with the following objectives. This document provides examples of activities that can be used to achieve these objectives.

#### **Objective 1**

**Provide program activities to assist students in acquiring the skills and attitude necessary to pursue postsecondary education leading to careers in scientific, technical or health-related fields, or the licensed professions.**

##### Examples

- Implement pre and post test career assessments to help identify students' interest in and goals toward pursuing careers in M.S & T, health, and the licensed professions.
- Provide services and activities that inform students about the requirements regarding their high school curriculum, standardized testing (SAT, ACT), and the post secondary degree(s) necessary to pursue their career choice.

#### **Objective 2**

**Provide program services to enhance and increase students' mathematical skills, experiences in laboratory sciences, and understanding of fundamental concepts in mathematics and science.**

##### Examples

- Provide courses and tutoring in mathematics, science, and technology and Regents examination preparation for required courses.
- Provide hands on laboratory and research opportunities for students.

#### **Objective 3**

**Provide evidence of formal collaborations between the proposing institution and local education agencies such as local schools or school districts, professional organizations, and/or other agencies that will be involved in the project.**

##### Examples

- Describe the collaborations that exist among the STEP project, business and industry, professional associations, other campus programs, and any other entities that support the purpose of STEP.
- Indicate how the program collaborates with the Collegiate Science and Technology Entry Program (CSTEP) at your and/other institutions.

**Objective 4**

**Describe the roles and responsibilities of the parent component. Discuss how the parent component assists the program by outlining activities that the parent group will participate in or that the parent group will coordinate**

Examples

- Describe parents' roles in supporting programmatic initiatives.
- Outline how parental involvement affects student participation and retention.
- Discuss how parents fund raise, mentor, and/or provide leadership in other ways to the project.

**STEP EQUIPMENT INVENTORY**

**Please complete a separate form for each piece of equipment purchased with STEP funds. Equipment is defined as items with a unit value of \$5,000 or more and having a useful life of more than one year. All equipment purchased with STEP funds is subject to prior approval from the New York State Education Department.**

**PLEASE NOTE: All equipment purchased with STEP Program funds is the property of the State Education Department and shall be returned to the Department if the STEP Program is discontinued. (See Program Guidelines: Section X, B.4).**

Type of equipment: \_\_\_\_\_

Make/model: \_\_\_\_\_ Serial number: \_\_\_\_\_

Vendor: \_\_\_\_\_ Invoice number: \_\_\_\_\_

Total cost: \_\_\_\_\_ STEP funds: \_\_\_\_\_ Institution funds: \_\_\_\_\_ Other sources: \_\_\_\_\_

Current location of equipment: \_\_\_\_\_

Person responsible for overseeing the use of the equipment: \_\_\_\_\_ Title: \_\_\_\_\_

Original purpose of purchase: \_\_\_\_\_

Current major uses of the equipment: \_\_\_\_\_

Indicate the uses group(s) and the percentage of time they use this equipment (e.g., STEP students. 50%: program administrator(s).

25%): \_\_\_\_\_

<b>Name of person completing this form:</b>	<b>Telephone number:</b>
	(    )
<b>Title:</b>	

<b>Signature:</b>	<b>Date:</b>