

**Program Office:** Office for Safe Schools (OSS)  
Pennsylvania Department of Education (PDE)

**Program Name:** 2024 Student Assistance Program (SAP)  
School Team Members Training Opportunity

**Application Period:** October 24, 2024 – November 25, 2024

**Solicitation Number:** 6100062204

**Applicant Contact Information:**

Name:  
  
Mailing Address:  
  
E-Mail Address:  
  
Phone Number:

<b>PA Approved SAP Training Provider (PASTP)</b>	<b>Lead Trainer</b>

**PASTP Training. The SAP rate not to exceed \$350/person.**

**Reimbursement for substitute cost paid to school entities not to exceed \$150 per person per day.** The applicant agrees to reimburse substitute costs within 15 days of receiving payment from PDE.

**The Budget should be accurate and be itemized using a per unit cost and total expenditures.**

<b>Date(s) of Training</b>	<b>District</b>	<b>Number Participants</b>	<b>Substitute Cost</b>	<b>SAP Rate</b>	<b>Total</b>

### **Statement of Work**

#### **Summary of SAP Training to be provided:**

Please provide a brief description of the training(s) and services to be provided through this program.

**The cost for SAP training (Up to \$350/person.):** \$ \_\_\_\_\_

**The reimbursement of substitute cost (up to \$150 per person per day):** \$ \_\_\_\_\_

**Total cost:** \$ \_\_\_\_\_

X \_\_\_\_\_

Applicant Signature - Title

X \_\_\_\_\_

Date

*Please note: Application must be signed by personnel who can legally bind/authorize the execution of this agreement.*

Completed, signed applications are to be submitted as an attachment via email to [ra-edgrantsfirst@pa.gov](mailto:ra-edgrantsfirst@pa.gov) no later than 11/25/2024.