# Colorado Comprehensive Quality Physical Education Instruction Pilot Program

# Due by: Sunday, December 1, 2019, by 11:59 pm

# Part IA: Cover Page - Applicant Information

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| **Lead Local Education Agency (LEA)/BOCES Information** |
| **LEP/BOCES Name:** |  | **LEA/BOCES Code:** |  |
| **Mailing Address:** |  |
| **Type of Education Provider**(check box below that best describes your organization or authorizer) |
| [ ]  School District [ ]  BOCES [ ]  District Charter School [ ]  CSI Charter School |
| **Region**(indicate region of Colorado this program will directly impact) |
| [ ]  Metro [ ]  Pikes Peak [ ]  North Central [ ]  Northwest[ ]  West Central [ ]  Southwest [ ]  Southeast [ ]  Northeast |
| **School/District Type**(view CDE designation at [www.cde.state.co.us/cdeedserv/may2019ruraldesignationlist](https://www.cde.state.co.us/cdeedserv/may2019ruraldesignationlist)) |
| [ ]  Small Rural [ ]  Rural [ ]  Suburban [ ]  Urban |
| **Currently Receiving Title I Funding**(view current recipients at [www.cde.state.co.us/fedprograms/dper/tiaschlst](https://www.cde.state.co.us/fedprograms/dper/tiaschlst)) |
| [ ]  Yes [ ]  No |
| Authorized Representative Information |
| **Name:** |  | **Title:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Program Contact Information** |
| **Name:** |  | **Title:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Fiscal Manager Information** |
| **Name:** |  |
| **Telephone:** |  | **E-mail:** |  |
|  |
| **Amount of Funding Requested:**  | $ |

# Part IB: Recipient Schools Information

Complete and attach after Cover Page. If needed, additional copies of this page should be attached in order to include each participating school.

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| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |

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| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |

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| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |

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| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |

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| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |

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| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **Telephone:** |  | **E-mail:** |  |

# Part IC: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of this application for the Colorado Comprehensive Quality Physical Education Instruction Pilot Program, and the receipt of program funds.

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| On | (date) | , 2019, the Board of | (district/BOCES/CSI) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required in the Mid-Year Report (**Attachment C**) and the End-of-Year Report (**Attachment D**) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the Comprehensive Quality Physical Education Instruction Pilot Program within the time frames specified.
3. The grantee will be required to attend up to two, one-day training meetings in the Denver metro area.
4. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
5. Funds will be used to supplement and not supplant any funds currently being used to provide services for students in schools and grant dollars will be administered by the appropriate fiscal agent.
6. Funded projects will maintain appropriate fiscal and program records and that fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
7. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
8. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The Colorado Department of Education may terminate a grant award upon thirty (30) days’ notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by CDE **before** modifications are made to the expenditures. Please contact Marti Rodriguez, Office of Grants Fiscal Management (Rodriguez\_M@cde.state.co.us | 303- 866-6769) and Shannon Milliken (Milliken\_S@cde.state.co.us | 303-866-6458) for any modifications.

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| Name of Organization Board President(School Board, BOCES, Charter School) |  | Signature |
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| Name of Organization Authorized Representative(Superintendent, Charter School Institute, BOCES Executive Director) |  | Signature |
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| Name of Principal of Participating School |  | Signature |
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| Name of Principal of Participating School(if applicable) |  | Signature |
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| Name of Principal of Participating School(if applicable) |  | Signature |

**Note:** If grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application. Additional signatures pages can be added as needed.