**Educator Effectiveness Liaison Application**

**2014 – 2015**

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| PART I: Cover Page (Complete and attach as the first page of proposal) |
| **Name of Lead LEA:**  |  |
| Mailing Address:  |
| **Authorized Representative:**  |  |
| Telephone:  | Fax:  |
| Email:  | District Code: | DUNS #: |
| **Signature:**  |
| **Program Contact Person:** |  |
| Telephone:  | Fax:  |
| Email:  |
| **Signature:**  |
| **Type of Education Provider:** *Check one box below that best describes your organization.* |
| [ ]  | School District  | [ ]  | Board of Cooperative Educational Services (BOCES) |  |  |  |  |
| **Region:** *Indicate the region(s) this proposal will directly impact* |
| **□ Metro □ Pikes Peak □ North Central □ Northwest □ West Central****□ Southwest □ Southeast □ Northeast** |
| **Recipient Schools or Districts:** *Indicate the intended recipient schools (for districts) or districts (for BOCES) (additional rows may be added).* |
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| **Educator Effectiveness Liaison Information:** |
| Name of the individual who will serve as the Educator Effectiveness Liaison: |  |
| Would the Educator Effectiveness Liaison be a new hire? □ Yes □ No |
| What role does this individual currently serve at the district/BOCES?  |

**Please note:** If grant is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.

## Part IA: Recipient District Information and Signature Page

*(Complete and attach after cover page. If necessary, additional copies of this page may be attached in order to include each participating district.)*

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| **Intended Recipient District Information and Signature***(Copy and complete the following for* **each** *intended recipient district)* |
| District Name: |  |  | District Code: |
| Superintendent Name: |  |
| Superintendent Signature: |  |
| Mailing Address:  |  |
| Phone: |  | Email:  |  |
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| --- | --- | --- | --- |
| District Name: |  |  | District Code: |
| Superintendent Name: |  |
| Superintendent Signature: |  |
| Mailing Address:  |  |
| Phone: |  | Email:  |  |

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| --- | --- | --- | --- |
| District Name: |  |  | District Code: |
| Superintendent Name: |  |
| Superintendent Signature: |  |
| Mailing Address:  |  |
| Phone: |  | Email:  |  |

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| Part IB: Assurances*(Complete and attach after signature page)* |

**Educator Effectiveness Liaison Application**

**2014-2015**

*The School District or BOCES must sign below to indicate their approval of the contents of the application, and the receipt of program funds.*

|  |  |  |  |  |
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|  On | (date) , |  2014, | the  | (district or BOCES) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required on page 3 and in the Progress Report (Attachment A) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the Educator Effectiveness Liaison funding opportunity within the time frames specified.
3. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. That funds will be used to supplement and not supplant any moneys currently being used to provide Educator Effectiveness Liaison services and grant dollars will be administered by the appropriate fiscal agent.
5. That 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.
6. That if any findings of misuse of these funds are discovered, project funds will be returned to CDE.
7. 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.

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| Name of District Superintendent/BOCES Executive Director |  | Signature of District Superintendent/BOCES Executive Director |
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| Name of Program Contact |  | Signature of Program Contact |

***(Note: additional signatures may be added for multiple districts)***

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| **Part II: Educator Effectiveness Liaison Application Questions** |
| Please address the questions below and attach after Part IB Assurances. Please note: Part II may not exceed 2 pages. Reviewers will score the response to each question with the following key: *1: Does not show necessary need/impact* *2: Shows minimal need/impact* *3: Shows adequate need/impact* *4: Shows high need/impact*  |
| 1. Briefly describe the current processes and support the district(s)/BOCES provides for principals and principal managers around evaluation skills (including observation and feedback).
 | **Score:**  | **1 2 3 4** |
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| 1. Briefly explain how you plan to use your Educator Effectiveness Liaison should the district/BOCES receive the requested funding.
 | **Score:** | **1 2 3 4** |
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| 1. Briefly describe the impact your Liaison could bring to your district/BOCES and the breadth and depth of support you would hope to create.
 | **Score:** | **1 2 3 4** |
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| 1. List the number of schools and /or districts Liaison would support.
 | **Score:** | **1 2 3 4** |
|  |
| 1. List the number of principals/evaluators in those schools that the Liaison would support.
 | **Score:** | **1 2 3 4** |
|  |
| Total Points | **/20** |