QUALITY TEACHER RECRUITMENT PROGRAM

# Part IA: Cover Page – Applicant Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lead Applicant Information** | | | | | | | | | |
| **Applicant Name:** | |  | | | | | | | |
| **Mailing Address:** | |  | | | | | | **DUNS** #: |  |
| Authorized Representative Information | | | | | | | | | |
| **Name:** |  | | | **Title:** |  | | | | |
| **Telephone:** |  | | | **E-mail:** | |  | | | |
| **Signature:** |  | | | | | | | | |
| **Program Contact Information** | | | | | | | | | |
| **Name:** |  | | | **Title:** |  | | | | |
| **Telephone:** |  | | | **E-mail:** | |  | | | |
| **Signature:** |  | | | | | | | | |
| **Fiscal Manager Information** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Telephone:** |  | | | **E-mail:** | |  | | | |
| **Signature:** |  | | | | | | | | |
| Funding Requested | | | | | | | | | |
| **Year 1 (2017-2018)** | | | **Year 2 (2018-2019)** | | | | **Total Amount Requested** | | |
| $ | | | $ | | | | $ | | |

**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 IB: Partnership Information and Assurances Page

*For each school district or BOCES that will partner with the applicant, please provide the information requested in the boxes below. (Copies of this page may be made if the applicant intends to partner with more than one school district or BOCES.) If the partner is a district, after careful review of each of the requisite assurances listed below, both the district’s superintendent and local school board chair should place a check next to each assurance and sign and date the bottom of the document. If the partner is a BOCES, only the signature of the BOCES president is required.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partner Information** | | | | |
| **Agency Name:** | |  | | |
| **Mailing Address:** | |  | | |
| Partner’s Authorized Representative | | | | |
| **Name:** |  | | | |
| **Telephone:** |  | | **E-mail:** |  |
| **Signature:** |  | | | |

In collaboration with the applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the partner, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby accepts the conditions of the Quality Teacher Recruitment Program and agrees to the following assurances:

* \_\_\_\_\_ The partner is committed to working with the applicant for at least two years to recruit and place highly qualified teachers;
* \_\_\_\_\_ The partner is committed to placing teachers from the applicant’s program only if they are deemed highly qualified, as that term is defined by the federal Elementary and Secondary Education Act (i.e., teachers must have a bachelor’s degree, be fully licensed, and demonstrate subject matter competency) and if the receiving school principal has consented to their placement; and
* \_\_\_\_\_ The partner agrees to provide all data to the grant recipient that is necessary to comply with the reporting requirements and deadlines for this grant program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name of School District Superintendent Signature Date

or BOCES President

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name of Local School Board Chair Signature Date

# Part IC: Program Assurances Form

*Please provide the applicant information requested in the boxes below. After careful review of each of the requisite assurances listed below, the applicant’s authorized representative should place a check next to each assurance and sign and date the bottom of the document.*

The applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby accepts the conditions of the Quality Teacher Recruitment Program and agrees to the following assurances:

* \_\_\_\_\_ The applicant is committed to working with one or more school districts or a BOCES for at least two years to recruit and place highly qualified teachers;
* \_\_\_\_\_ The applicant is committed to placing only teachers who are deemed highly qualified, as that term is defined by the federal Elementary and Secondary Education Act (i.e., teachers must have a bachelor’s degree, be fully licensed, and demonstrate subject matter competency) and whom the receiving school principal has consented to place;
* \_\_\_\_\_ The applicant agrees to comply with the reporting requirements and deadlines for this grant program;
* \_\_\_\_\_ The applicant is committed to matching no less than 100 percent of any funds awarded through the Quality Teacher Recruitment Grant Program, as demonstrated by the attached award letter(s) from one or more private or corporate donors that pledge to make gifts, grants, or donations to the applicant that, in total, equal to at least the same amount that the applicant has requested from CDE in its budget proposal. These award letters also include the date(s) by which the applicant will receive donor funding; and
* \_\_\_\_\_ In the event that the applicant is not able to substantially meet the targets and reporting requirements agreed to in the contract between CDE and the applicant, a portion or all of the funding may need to be repaid to CDE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name of Applicant’s Authorized Representative Signature of Applicant’s Authorized Representative Date