**Diagnostic Review and Improvement Planning Grant**

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| **Part IA: Cover Page** *(Complete and attach as the first page of proposal)* | | | | | | | | | |
| **Name of Lead Local Education Agency:** | | | | |  | | | | |
| **District Code (4 digits):** | |  | | | | **DUNS#:** | | | |
| **District Membership:** *Indicate the total number of students within the district* | | | | | | | | |  |
| Mailing Address: | | | | | | | | | |
| **Authorized Representative:** | | | |  | | | | | |
| Telephone: | | | | | | | E-mail: | | |
| **Program Contact Person:** | | |  | | | | | | |
| Mailing Address: | | | | | | | | | |
| Telephone: | | | | | | | E-mail: | | |
| **School Name**  **(if applicable):** |  | | | | | | | **School Code (4 digits):** | |
| Principal Name: | | | | | | | | | |
| Mailing Address: | | | | | | | | | |
| Telephone: | | | | | | E-mail: | | | |
| **Fiscal Manager:** | | |  | | | | | | |
| Telephone: | | | | | | | E-mail: | | |
| **Has the school ever had a diagnostic review?** *Yes or no. If yes, indicate who conducted the review and when that diagnostic review took place.* | | | | | | | | | |
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| **If awarded, when do you plan to have the diagnostic review?** | | | | | | | | | |
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| **Region:** *Indicate the region(s) this proposal will directly impact.* | | | | | | | | | |
| **Metro**  **Pikes Peak**  **North Central**  **Northwest**  **West Central**  **Southwest**  **Southeast**  **Northeast** | | | | | | | | | |
| **Amount Requested:** *Indicate the amount of funding you are*  *requesting up to $50,000 for a Diagnostic Review and Improvement Planning or*  *requesting up to $30,000 for Improvement Planning only.* | | | | | | | | **$** | |

**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 IB:** **Retention of Funds for Service**

**The Colorado Department of Education (CDE) requests your permission to retain 5% of FY 2015 School Improvement Support Grant (1003(a) school improvement distribution funds). These retained funds will allow CDE to administer this and other grants supported by these funds.  This will also enable CDE to provide awardees technical assistance in planning, budgeting and implementation. *There is no need to budget for this amount in this application, as it is budgeted for at the state level.***

**CDE believes that these activities will greatly benefit focus schools and requests the permission of eligible agencies to reserve the funds necessary to carry out this initiative. Please sign this letter to acknowledge that the district supports CDE retaining funds to provide this support.**

**Name of School:**

**Signature of Fiscal Representative:**

**Printed Name of Fiscal Representative:**

**Signature of Authorized Representative:**

**Printed Name of Authorized Representative:**

**Part IC:** **Assurance Form**

*Diagnostic Review & Improvement Planning Grant*

*The Board President and Board- Appointed Authorized Representative 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) , | 2016, | the Board of | (district) |

hereby agrees to the following **Diagnostic Review & Improvement Planning Grant** assurances:

* The applicant will use funds in accordance with the approved grant proposal and provide CDE with a fiscal accounting of the funds.
* The Diagnostic Review will take place on or before October 31, 2016.
* Assure that funds will be used to **supplement** and **not supplant** any money currently used to provide services.
* The improvement planning partner will be present for the diagnostic review debrief.
* The grantee will inform CDE ([cohen\_s@cde.state.co.us](mailto:cohen_s@cde.state.co.us)) of the Diagnostic Review Provider and Improvement Planning Partner prior to the Diagnostic Review.
* The LEA will designate a district-level implementation coach, who will support the school through the diagnostic review and identified improvement planning work and track implementation of grant activities as expected by the approved budget and action plan.
* The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.
* The applicant will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
* The applicant will comply with all relevant state and federal laws.
* Any communication disseminated regarding this grant award must include the following language: “This grant opportunity was made possible by grants from the U.S. Department of Education.”

Funded projects will be required to maintain appropriate fiscal and program records. Fiscal audits of funds under this program are to be conducted by the recipient agencies annually as a part of their regular audit. Auditors should be aware of the Federal audit requirements contained in the Single Audit Act of 1984.

IF ANY FINDINGS OF MISUSE OF FUNDS ARE DISCOVERED, PROJECT FUNDS MUST BE RETURNED TO THE COLORADO DEPARTMENT OF EDUCATION. The Colorado Department of Education may terminate a grant award upon thirty (30) days 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 School Board President |  | Signature of School Board President |
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| Name of District Superintendent |  | Signature of District Superintendent |
|  |  |  |
| Name of District Title I Authorized Representative |  | Signature of District Title I Authorized Representative |
|  |  |  |
| Name of School Principal |  | Signature of School Principal |

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| **Part ID: District Assignment of Federal Grant Funds and Assurances**  ***(****If applicable, complete the information below. Indicate the assignment of the DISTRICT funds to a BOCES/CONSORTIUM and provide all required signatures/initials)* |

**Grant Program:** Diagnostic Review & Improvement Planning Grant Program

The LEA identified as fiscal agent for this grant may assign fiscal responsibilities to a BOCES as defined in P.L. 107-110, Sec. 2403 (2) within the eligible partnership. Complete the form below to indicate who will now become the fiscal agent for this grant award.

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|  | | | **School District** hereby authorizes the | | | | | | | | | **BOCES** | | |
| to act as Fiscal Agent to apply for School Improvement Support grant funding and administer | | | | | | | | | | | | | | | |
| the grant on behalf of | | | |  | | | | | | | | | | | **School District**. |
| **School District Authorized Representative:** | | | | | | | | | |  | | | | | |
| District Name: | | |  | | | | | | | | District Code: | | |  | |
| School District Authorized Rep. Signature: | | | | | | | | |  | | | | | | |
| **Assign these funds to:** | | | | |  | | | | | | | | | | |
| **BOCES Authorized Representative:** | | | | | | |  | | | | | | | | |
| BOCES Authorized Rep. Signature: | | | | | |  | | | | | | | | | |
| Phone: | |  | | | | | | E-mail: | | | |  | | | |

If a consortium of districts, each district Authorized Representative must provide initials of understanding/agreement authorizing the BOCES to act as the fiscal agent to apply for these funds and administer the grant. (Additional rows may be added)

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| --- | --- | --- | --- | --- | --- |
| District: | | |  | Initials: |  |
| District: | |  | | Initials: |  |
| District: |  | | | Initials: |  |

In consideration of the receipt of these grant funds, the LEA agrees that the General Assurances form for all federal funds and the terms therein are specifically incorporated by reference in the forthcoming application. The LEA also certifies that all program and pertinent administrative requirements will be met. This includes the Education Department General Administrative Regulations (EDGAR), the Office of Management and Budget (OMB) Accounting Circulars, and the Department of Education’s General Education Provisions Act (GEPA) requirements. Further, by agreeing to the assignment of any School Improvement funds to a BOCES/Consortium, the LEA(s) will provide relevant information and/or data as requested by the BOCES/Consortium in order for the BOCES/Consortium to fulfill its responsibilities related to the administration and accountability of these funds.

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| Signature of President of Lead LEA District School Board | | | Date |
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| BOCES Authorized Representative Signature of Acceptance | | | Date |