**Colorado’s Mathematics and Science Partnership Program**

**2016 – 2017**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I: Cover Page** *(Complete and attach as the first page of proposal)* | | | | | | | | | | | |
| **Name of Lead Local Education Agency (LEA)/Organization:** | | | | | | | |  | | | |
| Mailing Address: | | | | | | | | | | | |
| **Title II, B Authorized Representative:** | | | | | |  | | | | | |
| Telephone: | | | | | E-mail: | | | | | | |
| **Program Contact Person:** | | | |  | | | | | | | |
| Mailing Address: | | | | | | | | | | | |
| Telephone: | | | | | E-mail: | | | | | | |
| **Fiscal Manager:** | | |  | | | | | | | | |
| Telephone: | | | | | E-mail: | | | | | | |
| **Estimated # of professional development contact hours (per teacher, per year):** | | | | | | | | | | |  |
| **Estimated # of teachers to be served:** |  | | | | **Estimated # of schools to be served:** | | | |  | | |
| **Check the eligibility conditions that apply:**  *Schools in district with School Performance Framework (SPF) rating of:*  “Does Not Meet” on the Math Academic Achievement Indicator  “Approaching” on the Math Academic Achievement Indicator  “Does Not Meet” on the Math Academic Growth Indicator  “Approaching” on the Math Academic Growth Indicator  “Does Not Meet” on the Science Academic Achievement Indicator  “Approaching” on the Science Academic Achievement Indicator | | | | | | | | | | | |
| **Proposed activities (check all that apply):**  Recruitment of teacher candidates who have demonstrated subject matter competency in math or science but may not have completed a teacher preparation program  Providing support and assistance to licensed teachers to obtain a secondary mathematics or science endorsement  Upgrading induction programs for math and/or science teachers  Providing specialized training and support for experienced teachers to serve as mentors to novice math and/or science teachers  Innovative strategies for retaining effective math and/or science teachers | | | | | | | | | | | |
| **Amount Requested:** *Indicate the amount of funding you are requesting.* | | | | | | | | | | | |
| **January 1-June 30, 2017:** | | **$** | | | | | **July 1, 2017-June 30, 2018** | | | **$** | | |
| **Total** | |  | | | | | | | | | | |

**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: Signature Page** *(Complete and attach after cover page. If necessary, additional copies of this page may be attached.)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Information and Signatures** | | | | | | | | | | |
| School Name: | |  | | | | | | | |
| Principal Name: | | |  | | | | | | |
| **Principal Signature:** | | | | | | |  | | |
| Contact Person: | | | |  | | | | | | |
| Mailing Address: | | | | |  | | | | | |
| Phone: |  | | | | | | | Email: |  | |
| **Contact Signature:** | | | | | |  | | | | |

Part IB: Partner Information *(Complete and attach after signature page.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Partner Information**  *Provide contact information and signatures for Lead Partner, Institution of Higher Education and additional partners (if applicable) that are involved in the proposed program. Note: Copy this form as needed.* | | | | | | |
| **Lead Partner:** | |  | | | | |
| **Contact Person:** |  | | | | | |
| Mailing Address: | | | | | | |
| Telephone: | | | | | E-mail Address: | |
| **Contact Signature:** | | | | | | |
| **Institution of Higher Education:** | | | |  | | |
| **Contact Person:** | |  | | | | |
| Mailing Address: | | | | | | |
| Telephone: | | | | | E-mail Address: | |
| **Contact Signature:** | | | | | | |
| **Additional Partner:** | | |  | | | |
| **Contact Person:** | | |  | | | |
| Mailing Address: | | | | | | |
| Telephone: | | | | | | E-mail Address: |
| **Contact Signature:** | | | | | | |
| **Additional Partner:** | | |  | | | |
| **Contact Person:** | | |  | | | |
| Mailing Address: | | | | | | |
| Telephone: | | | | | | E-mail Address: |
| **Contact Signature:** | | | | | | |

Part IC: Assurances Form *(Complete and attach after cover page)*

**Colorado’s Mathematics and Science Partnership Program**

*The School 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On | (date) , | 2016, | the Board of | (district) |

hereby applies for and, if awarded, accepts the state funds requested in this application.  In consideration of the receipt of these grant funds, the Board agrees that the General Assurances form for all state funds and the terms therein are specifically incorporated by reference in this application.  The Board also certifies that all program and pertinent administrative requirements will be met.  These include the Office of Management and Budget Accounting Circulars, and the Department of Education’s General Education Provisions Act (GEPA) requirement.  In addition, the Board certifies that the district is in compliance with the requirements of the federal Children’s Internet Protection Act (CIPA), and that no policy of the local educational agency prevents or otherwise denies participation in constitutionally protected prayer in public schools. In addition, school districts that accept the **Colorado’s Mathematics and Science Partnership Program Grant** funding agree to the following assurances:

**Statement of Assurances:** The authorized official of the Institution of Higher Education (IHE) partnering in this grant proposal agrees to work collaboratively with the applying institution to assure that:

1. Title II, Part B funds will be used to supplement and not supplant funds from non-federal sources.
2. Upon request, the CDE will be provided access to records and other sources of information that may be necessary to determine compliance with appropriate federal and state laws and regulations.
3. Education activities funded by the project will be conducted in compliance with the following federal laws: a) Title VI of the Civil Rights Act of 1964; b) Title IX of the Education Amendments of 1972; c) Section 504 of the Rehabilitation Act of 1973; d) Age Discrimination Act of 1975; e) Americans with Disabilities Act of 1990; f) Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g and its regulations (34 C.F.R. Part 99); and Education Department General Administrative Regulations (EDGAR).
4. Education activities funded by the project will be conducted in compliance with the Institution’s own internal review process.
5. The development of programming will take into account the need for greater access to and participation in the targeted disciplines by students from historically underrepresented and underserved groups.
6. All program and evaluation reports will be submitted by all partners, in accordance with stated guidelines required by the United States Department of Education and the Colorado Department of Education.
7. All records of the program will be retained for five years and access to those records will be available for the purposes of review and audit.
8. The applicant will annually provide the Colorado Department of Education such information as may be required to determine if the grantee is making satisfactory progress toward achieving the goals of the grant. This includes participation in evaluations or studies and the submission of an annual progress report demonstrating that the selected program/curriculum is providing satisfactory results, as outlined on pages 5-6 of the RFP.
9. The school will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
10. Funded projects will maintain appropriate fiscal and program records and fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
11. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
12. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.
13. Districts that are partnering on this grant will enter into a data sharing agreement that meets the data sharing and privacy policies of both the lead and partner districts and will allow the lead partner to meet federal reporting requirements and state evaluation reporting requirements.
14. Lead districts will annually submit aggregate data to the USDE on the Annual Performance Report.
15. Lead districts will submit an evaluation report to CDE that meets the criteria identified in this RFP at the end of the grant.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of School Board/BOCES President |  | Signature of School Board/BOCES President |
|  |  |  |
| Name of District Superintendent |  | Signature of District Superintendent |
|  |  |  |
| Name of Lead Partner and/or Institute of Higher Education |  | Signature of Lead Partner and/or Institute of Higher Education |
|  |  |  |

**Please provide names and signatures for any additional partners:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Partner and/or Institute of Higher Education |  | Signature of Partner and/or Institute of Higher Education |
|  |  |  |
| Name of Partner and/or Institute of Higher Education |  | Signature of Partner and/or Institute of Higher Education |
|  |  |  |
| Name of Partner and/or Institute of Higher Education |  | Signature of Partner and/or Institute of Higher Education |
|  |  |  |

**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:** Math and Science Partnerships 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School District** hereby authorizes the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BOCES** to act as Fiscal Agent to apply for Mathematics and Science Partnership funds 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)

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 Mathematics and Science Partnership 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.

Signature of President of Lead LEA District School Board Date

BOCES Authorized Representative Signature of Acceptance Date

**Part IE: Evidence of Consultation with Non-Public Schools**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participating LEAs should notify any nonpublic schools within the LEA’s attendance area of the opportunity to participate in the MSP program. All participating LEAs must submit this completed form. Additional documentation of consultation (e.g., sign-in sheets from meetings) should be kept on file by the LEA.Note: Nonpublic schools must demonstrate need like any other school partner (e.g., evidence of need using student achievement data in math or science). | | | | |
| **Name of Lead Local Education Agency (LEA)/Organization:** | |  | | |
| MSP Contact Name: | | | | |
| Phone: | | | E-mail: | |
| Are any eligible nonpublic schools located within the LEA’s boundaries? **Yes** **□ No** **□** | | | | |
| **Nonpublic School Name** | **The school hasn’t responded to the LEA’s repeated, good-faith attempts for consultation** | | **Interested in participating in MSP?\***  **Y/N** | **High Need?**  **Y/N** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **\*If participating, nonpublic school should be listed as a partner and included in all relevant aspects of the proposal.** | | | | |

The LEA assures that all private schools were given the opportunity to participate in the MSP program and that it engaged in meaningful consultation as required by section 9501(c) of ESEA.

Name and Title of Authorized Official Signature Date