**Colorado K-5 Social-Emotional Health Pilot Program**

# Applications Due: Friday, December 13, 2019, by 11:59 pm

# Part IA: Cover Page - Applicant Information

Complete and attach as the first page of application.

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| **Local Education Provider Information** | | | | | | | | | | | |
| **LEP Name:** | |  | | | | | | | **LEP/BOCES Code:** | |  |
| **Mailing Address:** | |  | | | | | | | | | |
| **Type of Education Provider**  Check box below that best describes your organization. | | | | | | | | | | | |
| ☐ School District ☐ Board of Cooperative Educational Services (BOCES) ☐ Charter School Institute | | | | | | | | | | | |
| **Region**  Indicate region of Colorado this program will directly impact. | | | | | | | | | | | |
| ☐ Metro ☐ Pikes Peak ☐ North Central ☐ Northwest  ☐ West Central ☐ Southwest ☐ Southeast ☐ Northeast | | | | | | | | | | | |
| **Pilot School(s)**  List all schools impacted by this funding. Additional rows may be added. | | | | | | | | | | | |
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| **Authorized Representative Information** | | | | | | | | | | | |
| **Name:** |  | | | | **Title:** | |  | | | | |
| **Telephone:** |  | | | | **E-mail:** | |  | | | | |
| **Program Contact Information** | | | | | | | | | | | |
| **Name:** |  | | | | **Title:** | |  | | | | |
| **Telephone:** |  | | | | **E-mail:** | |  | | | | |
| **Fiscal Manager Information** | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | |
| **Telephone:** |  | | | | **E-mail:** | |  | | | | |
| **Amount Requested**  (i*ndicate the total amount of funding you are requesting for participation in the pilot*) | | | | | | | | | | | |
| **Year 1 (2020-2021)** | | | $ | **Year 2 (2021-2022)** | | $ | | **Year 3 (2022-2023)** | | $ | |

# Part IB: Participating Pilot School Information and Signature Page

Complete the requested information for each school participating in the pilot program and attach after the Cover Page. If necessary, additional copies of this page may 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:** |  | | |
| **Principal Signature:** |  | | | | |

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

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

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

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

# Part IC: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application K-5 Social-Emotional Health 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 and the End-of-Year Report (**Attachment A**) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the K-5 Social-Emotional Health Pilot within the time frames specified.
3. Prior to a selected school implementing the pilot program, the school must notify all parents or legal guardians of students at the school of the school's selection as a pilot school.
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 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 the CDE before modifications are made to the expenditures. Please contact Marti Rodriguez, Office of Grants Fiscal Management ([Rodriguez\_M@cde.state.co.us](mailto:Rodriguez_M@cde.state.co.us) | 303-866-6769) and Sarah Mathew ([Mathew\_S@cde.state.co.us](mailto:Mathew_S@cde.state.co.us)) for any modifications.

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| Name of School Board President/BOCES President  (if applicable) |  | Signature |
|  |  |  |
| Name of District Superintendent or  Charter School/BOCES Executive Director (if applicable) |  | Signature |
|  |  |  |
| Name of Charter School Board President  (if applicable) |  | Signature |
|  |  |  |
| Name of Charter School Institute Authorized Representative  (if applicable) |  | Signature |