School Professional Grant Program 2019

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| Part IA: Cover Page(complete and attach as the first page of application) |
| **Education Provider Information** |
| **LEA/BOCES Name:** |  | **LEA/BOCES Code:** |  |
| **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:** |  |
| **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 |
| **Recipient Schools**(list all schools impacted by this funding – additional rows may be added) |
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| **Grant Information**The following information will be verified by CDE and considered in the funding decision: |
| **Amount Requested**(i*ndicate the total amount of funding you are requesting for this grant*) | **Amount to Match***(indicate the total amount of funding you will match for this grant)* |
| **Year 1 (2019-2020)** | **$** |  | Year 1 (2019-2020) | **$** |  |

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

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| Part IB: Recipient School Information and Signature Page(complete and attach after the Cover Page for each recipient school participating in the grant program – if necessary, additional copies of this page may be attached in order to include each participating school) |

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| **Education Provider Information** |
| **LEA/BOCES Name:** |  |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

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| **Education Provider Information** |
| **LEA/BOCES Name:** |  |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

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| **Education Provider Information** |
| **LEA/BOCES Name:** |  |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

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| **Education Provider Information** |
| **LEA/BOCES Name:** |  |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  |
| **Principal Name:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Principal Signature:** |  |

# Part IC: Assurances Form

# (complete and attach after Recipient School Information pages)

**School Professional Grant Program 2019**

The appropriate Authorized Representatives 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) | , 2019, the Board of | (district/BOCES/CSI) |

hereby agrees to the following assurances:

The grantee will provide to the Colorado Department of Education the evaluation information required on page 5 and in the mid-year progress and end-of-year program reports (Attachment B) of the Funding Opportunity.

Attendance is required at a training meeting in September 2019, provided by CDE in the Denver metro area, as well as up to two additional training meetings throughout FY2019-20.

The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.

Funds will be used to supplement and not supplant any funds currently being used to provide school health professionals or services for students in secondary schools and grant dollars will be administered by the appropriate fiscal agent.

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.

That if any findings of misuse of these funds are discovered, project funds will be returned to CDE.

The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The grantee will ensure compliance with [Article V, Section 50](https://www.lexisnexis.com/hottopics/colorado?source=COLO;COCNST&tocpath=1OQ7ODJSHNK3QSXYS,2FO0KQR0QSL3ORRS5,38P9IKFL7ZJGGKJ1Q;186JWTSSHY20PSX0M,2HKWK69HP86DATS8Q,3LGMQ47O29IG8DORR;19PK8WP566ZDEP1VJ,2R8WFAL2HIFUV770V,30FWT2RMBNGEKFE82;1MKJDNH42C0EZ85IY,231U4K5DJLADINVDW,392KBLUBDP26WI3WT&shortheader=no) of the Constitution of the State of Colorado.

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 Colorado Department of Education before modifications are made to the expenditures. Please contact Phyllis Reed (Reed\_P@cde.state.co.us | 303-866-6593) and Marti Rodriguez (Rodriguez\_M@cde.state.co.us | 303-866-6769) of CDE’s Grants Fiscal Management for any modifications.

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