

##### Funding Opportunity

Applications Due: **Monday, September 14, 2020, by 11:59 pm**

Application Q&A Webinar: **Wednesday, August 5, 2020, from 10-11 am**

|  |
| --- |
| Concurrent Enrollment Expansion and InnovationGrant Program Pursuant to 22-35-114, C.R.S. |



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# Concurrent Enrollment Expansion and Innovation Grant

**Applications Due: Monday, September 14, 2020, by 11:59 pm**

# Purpose

The purpose of the Concurrent Enrollment Expansion and Innovation Grant Program is to provide grants to partnering local education providers and institutions of higher education that seek to begin offering, or to expand their capacity to offer, concurrent enrollment opportunities to qualified students.

# Eligible Applicants

Partnering Local Education Providers (LEPs) and Institutions of Higher Education (IHEs) are eligible to apply for this opportunity.

An eligible LEP is:

* A School District;
* A Board of Cooperative Services (BOCES);
* A Charter School authorized by a School District; or
* A Charter School authorized by the Charter School Institute.

An eligible IHE is:

* A state university or college, community college, junior college, local district college, or area vocational school described in title 23, C.R.S.;
* A postsecondary career and technical education program; or
* An educational institution operating in Colorado that:
  + Does not receive state general fund moneys in support of its operating costs;
  + Admits as regular students only persons having a high school diploma or the recognized equivalent of such a certificate;
  + Is accredited by a regional accrediting agency or association;
  + Provides an educational program for which it awards a bachelor’s degree or a graduate degree;
  + Is authorized by the Colorado Department of Higher Education to do business in Colorado pursuant to section 23-2-103.3, C.R.S.;
  + Maintains a physical campus or instructional facility in Colorado; and
  + Has been determined by the United States Department of Education to be eligible to administer federal financial aid programs pursuant to title IV of the federal “Higher Education Act of 1965”, as amended.

**LEPs must apply in partnership with an IHE (or multiple IHEs). A single partnership may include multiple local education providers and multiple institutions of higher education.**

**Note:** A charter school’s authorizer will be the fiscal agent, if funded.

Priority will be given to applicants that currently do not provide Concurrent Enrollment or concurrently enroll few qualified students at the time of application.

# Available Funds

Approximately $1.45 million is available for the 2020-2021 school year for approximately 25-30 awards. Applicants may apply for up to $50,000.

# Allowable Use of Funds

Funds may be used to **supplement and not supplant** any moneys currently being used to provide concurrent enrollment activities.

**Allowable activities include**:

* Assisting one or more teachers with the cost of obtaining a graduate degree in a specific subject so that the teacher may be certified to teach a postsecondary course at a high school;
* Removing barriers to concurrent enrollment for qualified students, which may include paying the costs of books, supplies, fees, or transportation;
* Sharing data between the members of the partnership, which may include purchasing technology software and equipment to assist in the student enrollment process;
* Providing services, support, and coordination resources for concurrent enrollment for either or both members of the partnership

**Funds may not be used for**:

* Capital equipment;
* Building improvements, construction, or maintenance; or
* Incentives, such as gift cards; or
* Student tuition.

# Duration of Grant

Grants will be awarded for a 1-year term beginning in November of the 2020-2021 school year. Funds must be expended by November 30, 2021.

# Evaluation and Reporting

Each education provider that receives a grant through the program will be required to report, at a minimum, the following information to the Department on or before November 30, 2021.

* The manner in which the grant recipient used the grant money received;
* The number and demographics of the qualified students concurrently enrolled in postsecondary courses in the school years before, during and after the grant recipient received the grant;
* The number of teachers who received a credential using assistance received from a grant;
* The types of postsecondary courses, including career and technical education courses and any course work related to apprenticeship programs and internship programs, in which qualified students enrolled in the school years before, during and after the grant recipient received the grant;
* The number and transferability of the postsecondary credits earned through concurrent enrollment in the school years before, during and after the grant recipient received the grant; and
* The number of students who participated in concurrent enrollment who completed an associate degree or a certificate from a postsecondary career and technical education program, in total and disaggregated by student group.

# Data Privacy

CDE takes seriously its obligation to protect the privacy of student and educator Personally Identifiable Information (PII) collected, used, shared, and stored. PII will not be collected through Concurrent Enrollment Expansion and Innovation Grant. All program evaluation data will be collected in the aggregate and will be used, shared, and stored in compliance with CDE’s privacy and security policies and procedures.

**Note:** Documents submitted must not contain any personally identifiable student or educator information including names, identification numbers, or anything that could identify an individual. All data should be referenced/included in the aggregate and the aggregate counts should be redacted to remove small numbers under n=16 for students or n=5 for educators.

# Application Technical Assistance

Application Q&A Webinar: An application Q&A webinar will be held on **Wednesday, August 5, 2020, from 10-11 am.** Access the webinar at <https://us02web.zoom.us/j/83260965828>.

# Review Process and Timeline

Applications will be reviewed by CDE staff and peer reviewers to ensure they contain all required components. Applicants will be notified of final award status no later than **Friday, November 20, 2020.**

**Note:** This is a competitive process – applicants must score at least 54 points out of the 77 possible points to be approved for funding. Applications that score below 54 points may be asked to submit revisions that would bring the application up to a fundable level. There is no guarantee that submitting an application will result in funding or funding at the requested level. All award decisions are final. Applicants that do not meet the qualifications may reapply for future grant opportunities.

# Submission Process and Deadline

An electronic copy of the application (in PDF format) and electronic budget (in Excel format) must be submitted to [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us) by **Monday, September 14, 2020, by 11:59 pm**. The electronic version should include all required components of the application as one document, excluding the budget workbook. Attach the electronic budget workbook in Excel format as a separate document. Faxes will not be accepted. Incomplete or late applications will not be considered. If you do not receive an email confirmation of receipt of your application within 24 hours after the deadline, e-mail [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us). Application materials and budget are available for download on the CDE website at [www.cde.state.co.us/postsecondary/ceexpansiongrant](https://www.cde.state.co.us/postsecondary/ceexpansiongrant).

|  |
| --- |
| Submit the electronic copy of the application and electronic budget to  [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us)  By: **Monday, September 14, 2020, by 11:59 pm** |

# Application Format

* The total narrative (Sections A-B) of the application cannot exceed eight pages, including template. See below for the required elements of the application. **Note:** Applications that exceed eight pages will not be reviewed.
* All pages must be standard letter size, 8-1/2” x 11”, using no smaller than 11-point font, with numbered pages.
* The signature page must include original signatures of the lead organization/fiscal agent.

# Required Elements

The format outlined below must be followed to assure consistent application of the evaluation criteria. See evaluation rubric (pages 14-16) for specific selection criteria needed in Part IV.

Part I: Application Introduction [Not Scored]

Part IA: Lead Applicant Information

Part IB: Partnership Information

Part IC: Recipient School Information

**Part II: Program Assurances** [Not Scored]

**Part III: Applicant Participation Information** [Not Scored]

**Part IV: Application Narrative and Budget** [77 Points]

Section A: Needs Assessment and Program Description

Section B: Budget Narrative and Excel Budget Workbook

Attachment: Excel Budget Workbook

# Concurrent Enrollment Expansion and Innovation Grant

**Applications Due: Monday, September 14, 2020, by 11:59 pm**

# Part IA: Cover Page - Applicant Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lead Local Education Provider Information** | | | | | | | | | |
| **Lead LEP Name:** | |  | | | | | | **LEP Code:** |  |
| **Mailing Address:** | |  | | | | | | | |
| **Type of Education Provider**  Check box below that best describes your organization or authorizer. | | | | | | | | | |
| School District  BOCES  District Charter  Institute Charter | | | | | | | | | |
| **Region**  Indicate region of Colorado this program will directly impact. | | | | | | | | | |
| Metro  Pikes Peak  North Central  Northwest  West Central  Southwest  Southeast  Northeast | | | | | | | | | |
| **Participating Schools (or LEPs if multiple LEPs are applying in partnership)**  List all schools impacted by this funding – additional rows may be added as needed. | | | | | | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
| **Partnering Institution(s) of Higher Education (IHEs)**  List all partnering IHEs – additional rows may be added as needed. | | | | | | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
| Authorized Representative Information | | | | | | | | | |
| **Name:** |  | | | **Title:** | |  | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | |
| **Program Contact Information** | | | | | | | | | |
| **Name:** |  | | | **Title:** | |  | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | |
| **Fiscal Manager Information** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | |
| **Funding Requested** | | | | | | | | | |
| **Funding Requested for 2020-2021 Program Year:** | | | $ | | | | | | |

# Part IB: Partnership Information

Complete and attach after Part IA. If needed, additional copies of this page should be attached to include each participating entity.

**Partnering Local Education Providers (if applicable)**

Provide the contact information for any additional Local Education Providers participating in this application (additional tables may be added as needed).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Partnering Local Education Provider Information** | | | | | | |
| **LEP Name:** | |  | | | **LEP Code:** |  |
| **Mailing Address:** | |  | | | | |
| Authorized Representative Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Partnering Local Education Provider Information** | | | | | | |
| **LEP Name:** | |  | | | **LEP Code:** |  |
| **Mailing Address:** | |  | | | | |
| Authorized Representative Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

**Partnering IHEs**

Provide the contact information for the IHE partners for in this application (additional tables may be added as needed). An existing partnership is one in which the partnering organizations (LEP and IHE) have a current relationship outside of the programming proposed in this application. A new partnership is one proposed and created through this program to expand concurrent enrollment opportunities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Partnering Institution of Higher Education Information** | | | | | | |
| **IHE Name:** | |  | | | **Partnership**  **Type:** | Existing Partnership  New Partnership |
| **Mailing Address:** | |  | | |
| **Authorized Representative Information** | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Partnering Institution of Higher Education Information** | | | | | | |
| **IHE Name:** | |  | | | **Partnership**  **Type:** | Existing Partnership  New Partnership |
| **Mailing Address:** | |  | | |
| **Authorized Representative Information** | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Partnering Institution of Higher Education Information** | | | | | | |
| **IHE Name:** | |  | | | **Partnership**  **Type:** | Existing Partnership  New Partnership |
| **Mailing Address:** | |  | | |
| **Authorized Representative Information** | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

# Part IC: Participating School Information

Complete and attach after Part IA and Part IB. If needed, additional copies of this page should be attached to include each participating school.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participating School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | **Charter School:** | Yes  No |
| Principal Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participating School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | **Charter School:** | Yes  No |
| Principal Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participating School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | **Charter School:** | Yes  No |
| Principal Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participating School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | **Charter School:** | Yes  No |
| Principal Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participating School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | **Charter School:** | Yes  No |
| Principal Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |

# Part II: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application for Concurrent Enrollment Expansion and Innovation Grant Program, and the receipt of program funds.

|  |  |  |  |
| --- | --- | --- | --- |
| On | (date) | , 2020, the Board of | (district) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation and reporting information required in Evaluation and Reporting section of this document before July 1 of each year during the term of the grant.
2. The grantee will work with and provide requested data to CDE for the Concurrent Enrollment Expansion and Innovation Grant Program within the periods specified.
3. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. Funds will be used to supplement and not supplant any funds currently being used to provide concurrent enrollment services and grant dollars will be administered by the appropriate fiscal agent.
5. Funded projects will maintain appropriate fiscal and program records and that fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
6. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
7. 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 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 CDE before modifications are made to the expenditures. Contact Steven Kaleda ([Kaleda\_S@cde.state.co.us](mailto:Kaleda_S@cde.state.co.us), 303-866-6724) and Michelle Romero ([Romero\_M@cde.state.co.us](mailto:Romero_M@cde.state.co.us), 303-866-6609) for any modifications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Organization Board President  (School Board, BOCES, Charter School) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of Organization Authorized Representative  (Superintendent, Charter School Institute, BOCES Executive Director) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of LEP Program Contact |  | Signature |  | Date |

**Partnering Institution(s) of Higher Education** *(additional signature lines on following page, if needed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of IHE Authorized Representative |  | Signature |  | Date |
|  |  |  |  |  |
| Name of IHE Authorized Representative |  | Signature |  | Date |
|  |  |  |  |  |
| Name of IHE Authorized Representative |  | Signature |  | Date |

**Partner Signatures Continued on Next Page**

**Partnering Institution(s) of Higher Education (continued)** *(additional signature lines may be added as needed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of IHE Authorized Representative |  | Signature |  | Date |
|  |  |  |  |  |
| Name of IHE Authorized Representative |  | Signature |  | Date |
|  |  |  |  |  |
| Name of IHE Authorized Representative |  | Signature |  | Date |

**Partnering Local Education Providers** *(if applicable - additional signature lines may be added)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Organization Authorized Representative  (Superintendent, Charter School Institute, BOCES Executive Director) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of Organization Authorized Representative  (Superintendent, Charter School Institute, BOCES Executive Director) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of Organization Authorized Representative  (Superintendent, Charter School Institute, BOCES Executive Director) |  | Signature |  | Date |

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

# Part III: Applicant Participation Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** | In the left side of the table below, provide the following information for your qualified high school students (grades 9-12) who participated in the Concurrent Enrollment Program during the preceding five school years (2015-2016 through 2019-2020). | | | | In the right side of the table below, indicate the number of qualified students who applied for Concurrent Enrollment in each of the preceding five school years but were denied. | | | |
|  | **Total number of participating students.** | | | | **Total number of qualified students who applied for Concurrent Enrollment but were denied.** | | | |
|  | **Grand Total** |  | | | **Grand Total** |  | | |
|  | 2015-2016 |  | | | 2015-2016 |  | | |
|  | 2016-2017 |  | | | 2016-2017 |  | | |
|  | 2017-2018 |  | | | 2017-2018 |  | | |
|  | 2018-2019 |  | | | 2018-2019 |  | | |
|  | 2019-2020 |  | | | 2019-2020 |  | | |
| **B.** | Below, indicate the number of **participating** students you reported in A that are classified in the following student groups: | | | | Below, indicate the number of **denied** students you reported in A that are classified in the following student groups: | | | |
|  | **Male** | | 15-16 |  | **Male** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Female** | | 15-16 |  | **Female** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Free and Reduced Lunch Eligible** | | 15-16 |  | **Free and Reduced Lunch Eligible** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Race and Ethnicity** | | | | | | | |
|  | **American Indian or Alaska Native** | | 15-16 |  | **American Indian or Alaska Native** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Asian** | | 15-16 |  | **Asian** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Black or African American** | | 15-16 |  | **Black or African American** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **White** | | 15-16 |  | **White** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Native Hawaiian or other Pacific Islander** | | 15-16 |  | **Native Hawaiian or other Pacific Islander** | | 14-15 |  |
|  |  | | 16-17 |  |  | | 15-16 |  |
|  |  | | 17-18 |  |  | | 16-17 |  |
|  |  | | 18-19 |  |  | | 17-18 |  |
|  |  | | 19-20 |  |  | | 18-19 |  |
|  | **Hispanic or Latino** | | 15-16 |  | **Hispanic or Latino** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Two or more races** | | 15-16 |  | **Two or more races** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Qualify for an IEP or 504 Plan** | | 15-16 |  | **Qualify for an IEP or 504 Plan** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Identified as an English Learner** | | 15-16 |  | **Identified as an English Learner** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
|  | **Identified as Gifted and Talented** | | 15-16 |  | **Identified as Gifted and Talented** | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  |  | | 19-20 |  |  | | 19-20 |  |
| **C.** | List the types of postsecondary courses (academic and CTE) in which **participating** students that you reported in A were enrolled. | | | | | | | |
|  | Courses that are part of an approved CTE program  gtPathway courses  Courses that are part of an AA/AS  Courses that are part of a Degree with Designation or other statewide articulation agreement  Other: Describe. Click here to enter text. | | | | | | | |
| **D.** | Total number of postsecondary credit hours that were earned: | | | | | |  | |
| **E.** | Were the total number of postsecondary credits earned (as reported in D) generally transferable (>75%) to IHEs throughout Colorado? | | | | | | Yes  No | |
| **F.** | List the reasons for denial into the Concurrent Enrollment program, as reported above in A. | | | | | | | |
|  | Click here to enter text. | | | | | | | |

# Concurrent Enrollment Expansion and Innovation Grant

# Application Scoring

***CDE Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| **Parts I-III:** | **Application Introduction** | | Not Scored |
| **Part IV:** | **Narrative and Budget** | |  |
|  | Section A: | Needs Assessment and Program Description | /65 |
|  | Section C: | Budget Narrative and Excel Budget Workbook | /12 |
|  |  | **Subtotal:** | **/77** |
|  |  | Priority Points: |  |
|  |  | **Total:** | **/77** |

**GENERAL COMMENTS:** Indicate support for scoring by including overall strengths and weaknesses. These comments will be provided to applicants with their final scores.

**Strengths:**

**Weaknesses:**

**Required Changes:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECOMMENDATION:** | Funded |  |  | Funded with Changes |  |  | Not Funded |  |

# Part IV: Application Template and Evaluation Rubric

Part I: Application Introduction [Not Scored]

Cover Pages and Assurances

Complete applicant, partnership, and recipient school information, program assurances, and participation information and include as the first pages of the application.

**Part II: Narrative and Budget** [77 Points]

The following criteria will be used by reviewers to evaluate the questions listed on pages 14-16. For the application to be recommended for funding, it must receive at least 54 points out of the 77 possible points and all required elements must be addressed. An application that receives a score of zero on any required elements will not be funded. Please use the template below. Response boxes will expand as you type.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application meets the definition of a Partnership as one or more participating LEPs and one or more participating IHEs. | **Yes** | | **No** | |
|  | |  | |
| **Priority Points** | **Yes** | **No** | | **Total** |
| Current/Prior Concurrent Enrollment Grant Recipient (School-Level Recipient) | -5 | 0 | |  |

**Scoring Definitions**

Minimally Addressed or Does Not Meet Criteria - information not provided

Met Some but Not All Identified Criteria - requires additional clarification

Addressed Criteria but Did Not Provide Thorough Detail - adequate response, but not thoroughly developed or high-quality response

Met All Criteria with High Quality - clear, concise, and well thought out response

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A: Needs Assessment and Program Description** | **Minimally Addressed or Does Not Meet Criteria** | | **Met Some but Not All Identified Criteria** | | **Addressed Criteria but Did Not Provide Thorough Detail** | | **Met All Criteria with High Quality** | | **Total** |
| 1. **Provide a response to either a or b.**    1. Applicant either does not already provide Concurrent Enrollment or concurrently enrolls few qualified students (less than 10%) at the time of application. Provide 2019-2020 total enrollment numbers of qualified students for grades 9-12, and 2019-2020 total Concurrent Enrollment numbers. Describe current barriers to enrollment. If applicable, describe plan to ensure that course work related to apprenticeship programs and internship programs is eligible to receive transferable postsecondary course credits.   **OR**   * 1. Describe applicant’s demonstrated success in providing concurrent enrollment to a large percentage of the total qualified students enrolled by applicant and the innovations being sought for implementation to expand the number of qualified students concurrently enrolled. If applicable, describe plan to ensure that course work related to apprenticeship programs and internship programs is eligible to receive transferable postsecondary course credits. | 0  (offers CE to significant number of qualified students, little description of barriers) | | 5 | | 10 | | 15  (does not currently offer CE and provides thorough assessment of barriers) | |  |
| 0  (does not currently offer CE) | | 5 | | 10 | | 15  (offers CE to significant percentage of qualified students and provides thorough description of current programming) | |
| Click here to enter text. | | | | | | | | | |
| 1. Describe applicant’s need for financial support to expand Concurrent Enrollment, including need that may arise as a result of a higher-than-anticipated participation rate. | | 0 | | 3 | | 5 | 8 |  | |
| Click here to enter text. | | | | | | | | | |
| 1. Describe the present amount of counseling provided to students and their parents/legal guardians concerning the costs and benefits of Concurrent Enrollment and the transferability of credits obtained through Concurrent Enrollment. If appropriate, describe how counseling services may change if awarded this grant. | | 0 | | 3 | | 5 | 8 |  | |
| Click here to enter text. | | | | | | | | | |
| 1. Describe how the LEP/IHE partnership plans to effectively use the grant money to expand the number of qualified students concurrently enrolled in postsecondary courses, which may include:  * Assisting one or more teachers with the cost of obtaining a graduate degree in a specific subject so that the teacher may be certified to teach a postsecondary course at a high school (include the number of teachers and their content area); * Removing barriers to concurrent enrollment for qualified students, which may include paying the costs of books, supplies, fees, or transportation; * Sharing data between the members of the partnership, which may include purchasing technology software and equipment to assist in the student enrollment process; * Providing services, support, and coordination resources for concurrent enrollment for any or all members of the partnership; using technological strategies; and * Using technological strategies or partnering with the statewide supplemental online and blended learning programs. | | 0 | | 5 | | 10 | 15 |  | |
| Click here to enter text. | | | | | | | | | |
| 1. Describe how proposed programming and use of grant funding will increase the participation of low-income, first-generation, and/or other traditionally under-represented qualified students in Concurrent Enrollment. | | 0 | | 3 | | 5 | 8 |  | |
| Click here to enter text. | | | | | | | | | |
| 1. Provide details on how the LEP and IHE partners publicize the availability of Concurrent Enrollment to students and parents/legal guardians. Describe how publicity of Concurrent Enrollment opportunities may change if awarded this grant. | | 0 | | 3 | | 5 | 8 |  | |
| Click here to enter text. | | | | | | | | | |
| 1. Describe the financial terms of the cooperative agreement between the LEP(s) and the IHE(s). | | 0 | | 1 | | 2 | 3 |  | |
| Click here to enter text. | | | | | | | | | |
| **Total:** | | | | | | | | **/65** | |
| **Reviewer Comments:** | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section C: Budget Narrative and Electronic Budget Workbook** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **Total** |
| 1. In narrative format, provide an explanation that summarizes the proposed uses of grant funds by budget category or proposed program strategies. Explanations should make clear what components from the proposed programming will be paid for by grant funds.  Be sure that all items in the *Grant Budget Detail* worksheet of the Excel file are mentioned somewhere in this narrative to ensure they are all justified uses of funds. | 0 | 2 | 4 | 6 |  |
| Click here to enter text. | | | | | |
| 1. In addition to the narrative response above, complete the Excel Budget Workbook that lists costs of proposed expenses that are reasonable, necessary, and are calculated to show how the amounts are determined.   **Examples: Item Description and Cost Calculation**   * (Salaries) .xx FTE for [role or title] at $xxxxx per [hour or month or year] times [x per hours or months or year] * (Supplies) – workbooks for [program/curriculum/activity] at $xx per workbook for xx number of students | 0 | 2 | 4 | 6 |  |
| **Total:** | | | | | **/12** |
| **Reviewer Comments:** | | | | | |

# Attachment A: End of Year Reporting

Each local education provider that receives a grant through the program will be required to report, at a minimum, the following information to the Department on or before July 1 of each year during the term of the grant.

* The manner in which the grant recipient used the grant money received;
* The number and demographics of the qualified students concurrently enrolled in postsecondary courses in the school years before, during and after the grant recipient received the grant;
* The number of teachers who received a credential using assistance received from a grant;
* The types of postsecondary courses, including career and technical education courses and any course work related to apprenticeship programs and internship programs, in which qualified students enrolled in the school years before, during and after the grant recipient received the grant;
* The number and transferability of the postsecondary credits earned through concurrent enrollment in the school years before, during and after the grant recipient received the grant; and
* The number of students who participated in concurrent enrollment who completed an associate degree or a certificate from a postsecondary career and technical education program, in total and disaggregated by student group.

An end-of-year reporting template will be available on or before February 1 of each grant year at [www.cde.state.co.us/postsecondary/ceexpansiongrant](https://www.cde.state.co.us/postsecondary/ceexpansiongrant).