**Colorado School Counselor Corps Grant**

**2016 – 2017**

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| **Part I: Cover Page** *(Complete and attach as the first page of proposal)* | | | | | | | | | | | | | | | |
| **Name of Education Provider:** | | | | | |  | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | |
| **Authorized Representative:** | | | | | | |  | | | | | | | | |
| Telephone: | | | | | | | | Fax: | | | | | | | |
| Email: | | | | | | | | | | | | District Code: | | | |
| **Program Contact Person:** | | | | |  | | | | | | | | | | |
| Telephone: | | | | | | | | Fax: | | | | | | | |
| Email: | | | | | | | | | | | | | | | |
| **Fiscal Manager:** | |  | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | Fax: | | | | | | | |
| Email: | | | | | | | | | | | | | | | |
| **Type of Education Provider:** *Check one box below that best describes your organization.* | | | | | | | | | | | | | | | |
|  | School District | |  | Board of Cooperative Educational Services (BOCES) | | | | | |  | Charter School | |  | Institute Charter School | |
| **Region:** *Indicate the region(s) this proposal will directly impact* | | | | | | | | | | | | | | | |
| **□ Metro □ Pikes Peak □ North Central □ Northwest □ West Central**  **□ Southwest □ Southeast □ Northeast** | | | | | | | | | | | | | | | |
| **Recipient Schools:** *Indicate the intended recipient schools and districts (additional rows may be added).* | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| **Previous Grant Information**  ***The following information will be verified by CDE and considered in the funding decision:*** | | | | | | | | | | | | | | | |
| **Has the applicant previously received a School Counselor Corps Grant?** | | | | | | | | | | | | | | **Yes  No** | |
| **Have any of the schools above previously received a SCC Grant?** | | | | | | | | | | | | | | **Yes  No** | |
| **If *Yes*, please specify which schools:** | | | | | | | | | | | | | | | |
| **If previously funded, were licensed counselor positions sustained?** | | | | | | | | | | | | | | **Yes  No** | |
| **If previously funded, were any unspent funds reverted back to CDE?** | | | | | | | | | | | | | | **Yes  No** | |
| **If *Yes*, please enter the year(s) and amount(s) below:** | | | | | | | | | | | | | | | |
| **Year(s):** | | | | | | | | | **Amount:** | | | | | | |
| **Current number of licensed secondary school counselors employed by provider:** | | | | | | | | | | | | | | |  |

**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: Recipient District/School Information and Signature Page***(Complete and attach after cover page. If necessary, additional copies of this page may be attached in order to include each participating school.)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Intended Recipient Secondary School Information and Signature**  *(Copy and complete this page for each intended recipient secondary school)* | | | | | | | | | | | | |
| School Name: | |  | | | | | | | | | | |
| Principal Name: | | |  | | | | | | | | | |
| Principal Signature: | | | |  | | | | | | | | |
| School Address: | | |  | | | | | | | | | |
| Phone: |  | | | | Email: | |  | | | | | |
|  |  | | | |  | |  | | | | | |
| Please answer the following for the Intended Recipient Secondary School: | | | | | | | | | | | | |
| Current Student to Secondary School Counselor Ratio: | | | | | | | | | |  | | |
| Percentage of students with Individual Career and Academic Plans (ICAP): | | | | | | | | |  | | | |
| Percentage of students with an ACT composite score greater than 19: | | | | | | | | | | | |  |
| Postsecondary remediation rate: | | | | | |  | | | | | | |
| Percentage of students participating in concurrent enrollment: | | | | | | | | | | |  | |
| Postsecondary enrollment (matriculation) rate: | | | | | | | |  | | | | |

**The following links will assist in retrieving these data as well as any additional data needed in order to respond to the application narrative *(i.e., dropout rates, percentage of students eligible for Free or Reduced Lunch, and graduation rates)*:**

[**http://highered.colorado.gov/Data/DistrictHSSummary.aspx**](http://highered.colorado.gov/Data/DistrictHSSummary.aspx)

[**http://www.cde.state.co.us/dropoutprevention**](http://www.cde.state.co.us/dropoutprevention)

[**http://www.cde.state.co.us/cdereval/pupilcurrentschool**](http://www.cde.state.co.us/cdereval/pupilcurrentschool)

[**http://www.cde.state.co.us/schoolview**](http://www.cde.state.co.us/schoolview)

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| Part IB: Assurances  *(Complete and attach after signature page)* |

2016-17 School Counselor Corps Grant

*The School Board President and District or CSI 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 or charter) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required on page 4 and in the Progress Report (attachment B) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the School Counselor Corps Grant Program within the time frames specified.
3. During year one, a mandatory one-day review of grant goals will be required for grant managers and counselor supervisors of School Counselor Corps counselors in addition to monthly webinars during year one. It is an expectation during years two, three, and four that in addition to counselors funded through the grant, that at least one school leadership member (principal or assistant principal) must attend a CDE sponsored School Counselor Corps training. Counseling teams are strongly encouraged to attend.
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 moneys currently being used to provide secondary school counseling activities and grant dollars will be administered by the appropriate fiscal agent.
6. That 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.
7. That 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.
9. Grant and counselor supervisors will attend two, one-day overview, goal review and planning session in addition to the spring and fall training days.
10. Principals of funded schools must annually attend a one-day training in the Denver metro area prior to the beginning of the school year.
11. School counseling positions and successful programs initiated under the grant shall be sustained by the grantee in order to potentially be considered for future Colorado School Counselor Corps grant funding.

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 Eve Pugh (pugh\_e@cde.state.co.us / 303-866-4123) for any modifications.

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

*\*Please note: Individual charter school applicants must obtain signatures from their authorizing district or the Charter School Institute.*