**Ready Schools Grant Program**

**2016 – 2017**

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| **PART I: Cover Page (Complete and attach as the first page of proposal)** |
| **Name of Applicant:**  |  |
| Mailing Address:  |
| District Code: | DUNS #: |
| **Authorized Representative:**  |  |
| Telephone:  | E-mail: |
| **Program Contact Person:** |  |
| Telephone:  | E-mail: |
| **Fiscal Manager:** |  |
| Mailing Address:  |
| Telephone:  | E-mail: |
| **Type of Local Education Provider:** *Check one box below that best describes your organization.* |
| [ ]  | School District  | [ ]  | BOCES | [ ]  | Charter School Institute |
| **Region:** *Indicate the region(s) this proposal will directly impact* |
| **□ Metro □ Pikes Peak □ North Central □ Northwest □ West Central****□ Southwest □ Southeast □ Northeast** |
| **Recipient School(s):** *Indicate the intended recipient schools (additional rows may be added).* |
|  |  |
| **Grant Information** |
| **Amount Requested:** *Indicate the total amount of funding you are requesting for this grant***.**  |
| **Year 1 (2016-2017): $** |

**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.)*

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

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

**Ready Schools Grant**

**2016-2017**

*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.*

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|  On | (date) , |  2016, | the Board of | (district, BOCES, charter, or facility school) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required on page 5 and in the Annual Performance Report (Attachment A) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the Ready Schools Grant Program within the time frames specified.
3. In addition to the local education provider’s proposed plan for training and resources, the grantee will budget for a team to attend grant trainings during the term of the grant.
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 services currently in place.
6. Funds will be used to supplement and not supplant any moneys currently being used for student re-engagement services and grant dollars will be administered by the appropriate fiscal agent.
7. 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.
8. That if any findings of misuse of these funds are discovered, project funds will be returned to CDE.
9. Grantee will maintain sole responsibility for the project even though contractors 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 Colorado Department of Education before modifications are made to the expenditures. Please contact Marti Rodriguez (rodriguez\_m@cde.state.co.us or 303-866-6769) of CDE’s Grants Fiscal Management for any modifications.

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

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