Gifted Education Universal Screening and Qualified Personnel Grant

First Submission Window: Thursday, April 15, 2021, from 12 am - 11:59 pm Second Submission Window: Friday, April 16, 12 am - Monday, April 19, 2021, 11:59 pm

Part IA: Cover Page - Applicant Information and Multi-District AU Signatures

Administrative Unit Information								
AU Name:					AU Code:			
Mailing Address:								
		☐ Universal Screening K-2						
Application Type		☐ Universal Screening Middle School						
[Select all that apply]		☐ Middle School Measure for Already Identified Students						
		☐ Qualified Personnel						
Requested Funding:		\$						
AU Superintendent/BOCES Executive Director Information								
Name:			Title:					
Telephone:		E-mail:						
AU Gifted Education Director/Coordinator Information								
Name:			Title:					
Telephone:		E-mail:						
Fiscal Manager Information								
Name:								
Telephone:			E-mail:			·		

Multi-District AUs [For multi-district AUs, include all superintendents' signatures. Please add lines as needed to the table.]						
District	Superintendent Name	Superintendent Signature	Date			

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 IB: Program Assurances Form

(date)			(Administrative Unit)			
On		, 2021, the Board of				
hereby	y agrees to the following a	ssurances:				
1)	The AU will annually pro page 6 of the application	vide the Colorado Department of .	Education the evaluation informa	ation required on		
2)	money received for othe	es state or local funds to fulfill the r costs incurred in implementing t	he AU's gifted education progran			
3) 4)	•	Program Plan is current and has be of Plan (UIP) gifted education requ CDE.		cts in the AU and		
5) 6)	Funded projects will mai	riminate against anyone regarding ntain appropriate fiscal and progr ntees as a part of their regular aud	am records and that fiscal audits			
7)		of these funds are discovered, pro		E.		
8)	The grantee will maintai certain services.	n sole responsibility for the projec	t even though subcontractors ma	ay be used to perform		
that th applica Projec	ne applicant is not fulfilling ation, or if the program is	traction may terminate a grant aw the requirements of the funded patenerating less than satisfactory reallocation due to a pro rata distrib	program as specified in the appro esults.	oved project		
N	lame of AU Superintendent o	r BOCES Executive Director	Signature	Date		

Note: Funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.

Name of Gifted Education Director/Coordinator

Signature

Date