

##### Funding Opportunity

Applications Due: **Monday, November 4, 2019, by 11:59 pm**

Application Information Webinar: **Wednesday, October 2, 2019, from 1-2 pm**

Letter of Intent Due: **Friday, October 11, 2019, at 3 pm**

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

**For Program Questions:**

Michelle Romero, Office of Postsecondary Readiness

(303) 877-4155 | [Romero\_M@cde.state.co.us](mailto:Romero_M@cde.state.co.us)

For Budget/Fiscal Questions:

Steven Kaleda, Office of Grants Fiscal

(303) 866-6724 | [Kaleda\_S@cde.state.co.us](mailto:Kaleda_S@cde.state.co.us)

For Application Questions:

Mandy Christensen, Office of Competitive Grants and Awards

(303) 866-6250 | [Christensen\_A@cde.state.co.us](mailto:Christensen_A@cde.state.co.us)

Table of Contents

[Purpose 3](#_Toc18958225)

[Eligible Applicants 3](#_Toc18958226)

[Available Funds 3](#_Toc18958227)

[Allowable Use of Funds 4](#_Toc18958228)

[Duration of Grant 4](#_Toc18958229)

[Evaluation and Reporting 4](#_Toc18958230)

[Data Privacy 4](#_Toc18958231)

[Technical Assistance 5](#_Toc18958232)

[Review Process and Timeline 5](#_Toc18958233)

[Submission Process and Deadline 5](#_Toc18958234)

[Application Format 5](#_Toc18958235)

[Required Elements 5](#_Toc18958236)

[Part IA: Cover Page - Applicant Information 6](#_Toc18958238)

[Part IB: Partnership Information 7](#_Toc18958239)

[Part II: Applicant Participation Information 8](#_Toc18958240)

[Part III: Program Assurances Form 11](#_Toc18958241)

[Application Scoring 13](#_Toc18958243)

[Selection Criteria and Evaluation Rubric 14](#_Toc18958244)

[Letter of Intent 15](#_Toc18958245)

[End of Year Reporting 16](#_Toc18958246)

# Concurrent Enrollment Expansion and Innovation Grant

**Due by: Monday, November 4, 2019, 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 $1.48 million is available for the 2019-2020 school year for approximately 20-25 awards. Applicants may apply for up to $50,000. Funding in subsequent years for grantees is contingent upon continued appropriations and upon grantees meeting all grant, fiscal, and reporting requirements.

# 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.

# Duration of Grant

Grants will be awarded for a 1-year term beginning in January of the 2019-2020 school year. Funds may be used for programming through November 30, 2020.

# 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 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.

# 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.

Please 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.

# Technical Assistance

Application Webinar: An application training webinar will be held on **Wednesday, October 2, 2019, from 1-2 pm.** Access the webinar at <https://zoom.us/j/174321189>.

Letter of Intent: If interested in applying for this funding opportunity, please submit the Letter of Intent by **Friday, October 11, 2019, at 3 pm,** at [www.surveymonkey.com/r/6LM92SW](https://www.surveymonkey.com/r/6LM92SW). This allows CDE to plan for the review process and communicate with prospective applicants should a need arise.

# 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, January 17, 2020.**

**Note:** This is a competitive process – applicants must score at least 25 points out of the 42 possible points to be approved for funding. Applications that score below 25 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, November 4, 2019, by 11:59 pm**. The electronic version should include all required components of the application as one document. Please 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, please email [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, November 4, 2019, by 11:59 pm**

# Application Format

* The total narrative (Sections 2-7) of the application cannot exceed five pages. Please see below for the required elements of the application. Note: Applications that exceed five pages will not be reviewed.
* All pages must be standard letter size, 8-1/2” x 11”, using 12-point font, and single-spaced with 1-inch margins and numbered pages.
* The signature page must include original signatures of the lead organization/fiscal agent.

# Required Elements

The format outlined below must be followed in order to assure consistent application of the evaluation criteria. See evaluation rubric (page 14) for specific selection criteria needed in Part II.

Part I: Application Introduction (not scored):

Part IA: Cover Page - Applicant Information (page 6)

Part IB: Partnership Information (page 7)

**Part II: Applicant Participation Information** (pages 8-9)

**Attachment: Excel Budget Workbook**

# Concurrent Enrollment Expansion and Innovation Grant

**Due by: Monday, November 4, 2019, by 11:59 pm**

# Part IA: Cover Page - Applicant Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lead Local Education Provider Information** | | | | | | | | | |
| **Lead LEP Name:** | |  | | | | | | **LEA/BOCES 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 LEPs**  (list all schools impacted by this funding – additional rows may be added) | | | | | | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
| **Partnering Institution(s) of Higher Education (IHEs)**  (list all partnering IHEs – additional rows may be added) | | | | | | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
| Authorized Representative Information | | | | | | | | | |
| **Name:** |  | | | **Title:** | |  | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | |
| **Program Contact Information** | | | | | | | | | |
| **Name:** |  | | | **Title:** | |  | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | |
| **Fiscal Manager Information** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | |
|  | | | | | | | | | |
| **Amount of Funding Requested:** | | |  | | | | | | |

**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 IB: Partnership Information

Complete and attach after Cover Page. If needed, additional copies of this page should be attached in order to include each participating entity.

**Local Education Providers**

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 pasted below).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Institution of Higher Education Information** | | | | | |
| **IHE Name:** | |  | | | |
| **Mailing Address:** | |  | | | |
| **Authorized Representative Name:** | | |  | | |
| **Telephone:** |  | | | **E-mail:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Institution of Higher Education Information** | | | | | |
| **IHE Name:** | |  | | | |
| **Mailing Address:** | |  | | | |
| **Authorized Representative Name:** | | |  | | |
| **Telephone:** |  | | | **E-mail:** |  |

# Part II: Applicant Participation Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | In the left side of the table below, please provide the following information for your qualified high school students (grades 9 through 12) who participated in the Concurrent Enrollment Program during the preceding five school years (2014-15 through 2018-19).  In the right side of the table below, please indicate the number of qualified students who applied for Concurrent Enrollment in each of the preceding five school years but were denied. | | | | | | | |
| **A.** |
|  | **Total number of participating students.** | | | | **Total number of qualified students who applied for Concurrent Enrollment but were denied.** | | | |
|  | **Grand Total** |  | | | **Grand Total** |  | | |
|  | 2014-15 |  | | | 2014-15 |  | | |
|  | 2015-16 |  | | | 2015-16 |  | | |
|  | 2016-17 |  | | | 2016-17 |  | | |
|  | 2017-18 |  | | | 2017-18 |  | | |
|  | 2018-19 |  | | | 2018-19 |  | | |
| **B.** | Below, indicate the number of **participating** students you reported in 1A that are classified in the following student groups: | | | | Below, indicate the number of  **denied** students you reported in 1A that are classified in the following student groups: | | | |
|  | **Male** | | 14-15 |  | **Male** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Female** | | 14-15 |  | **Female** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Free and Reduced Lunch Eligible** | | 14-15 |  | **Free and Reduced Lunch Eligible** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Race and Ethnicity** | | | | | | | |
|  | **American Indian or Alaska Native** | | 14-15 |  | **American Indian or Alaska Native** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Asian** | | 14-15 |  | **Asian** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Black or African American** | | 14-15 |  | **Black or African American** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **White** | | 14-15 |  | **White** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Native Hawaiian or other Pacific Islander** | | 14-15 |  | **Native Hawaiian or other Pacific Islander** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Hispanic or Latino** | | 14-15 |  | **Hispanic or Latino** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Two or more races** | | 14-15 |  | **Two or more races** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Qualify for an IEP or 504 Plan** | | 14-15 |  | **Qualify for an IEP or 504 Plan** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Identified as an English Learner** | | 14-15 |  | **Identified as an English Learner** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
|  | **Identified as Gifted and Talented** | | 14-15 |  | **Identified as Gifted and Talented** | | 14-15 |  |
|  |  | | 15-16 |  |  | | 15-16 |  |
|  |  | | 16-17 |  |  | | 16-17 |  |
|  |  | | 17-18 |  |  | | 17-18 |  |
|  |  | | 18-19 |  |  | | 18-19 |  |
| **C.** | List the types of postsecondary courses (academic and CTE) in which **participating** students that you reported in 1A 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: Please 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 1A. | | | | | | | |
|  | Click here to enter text. | | | | | | | |

|  |  |
| --- | --- |
| **Please answer the following questions in the space provided below. The boxes will expand as text is entered.**  *Note that the total narrative for sections 2-7 cannot exceed five pages. Responses longer than five pages will not be reviewed.* | |
| **2** | Explain the financial terms of the cooperative agreement between the LEP(s) and the IHE(s). |
| Click here to enter text. | |
| **3** | Explain how the LEP and IHE partners publicize the availability and associated costs of Concurrent Enrollment to students and parents/legal guardians. If appropriate, please describe how publicity of Concurrent Enrollment opportunities may change if awarded this grant. |
| Click here to enter text. | |
| **4** | Describe the 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. |
| Click here to enter text. | |
| **5** | Describe how the LEP/IHE partnership plans to use the grant money to expand the number of qualified students concurrently enrolled in postsecondary courses. (Examples: 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).  In addition to the Narrative response below, please 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.  **Item Description Example:**  .X FTE for [role or title] at $xxxxx per [hour or month or year] times [x per hours or months or year] |
| Click here to enter text. | |
| **6** | Explain why the partnership needs financial support for Concurrent Enrollment. |
| Click here to enter text. | |
| **7** | Explain the likelihood that use of grant funding will increase the participation of low-income, first-generation, and/or other traditionally under-represented qualified students in Concurrent Enrollment. |
| Click here to enter text. | |

# Part III: 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) | , 2019, 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. Please 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), 303-866-6528) for any modifications.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of School Board President/BOCES President |  | Signature |
|  |  |  |
| Name of District Superintendent or  BOCES/CSI Executive Director |  | Signature |
|  |  |  |
| Name of Fiscal Manager |  | Signature |
|  |  |  |
| Name of Program Contact |  | Signature |

**Partner Signatures Continued on Next Page**

**Participating Local Education Providers** *(additional signature lines may be added)*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of LEP Superintendent or  BOCES/CSI Executive Director |  | LEP Name |
|  |  |  |
| Signature of LEP Superintendent or  BOCES/CSI Executive Director |  | LEP Name |
|  |  |  |
| Signature of LEP Superintendent or  BOCES/CSI Executive Director |  | LEP Name |

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

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

**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.

# Concurrent Enrollment Expansion and Innovation Grant

# Application Scoring

***CDE Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| **Part I:** | **Application Introduction** | | No Points |
| **Part II:** | **Narrative** | |  |
|  | Section 1: |  | /10 |
|  | Section 2: |  | /5 |
|  | Section 3: |  | /10 |
|  | Section 4: |  | /5 |
|  | Section 5: |  | /2 |
|  | Section 6: |  | /5 |
|  | Section 7: |  | /5 |
| **Total:** | | | **/42** |

**GENERAL COMMENTS:** Please 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 |  |

# Selection Criteria and Evaluation Rubric

Part I: Application Introduction (No Points)

Cover Pages and Assurances

Complete applicant information and program assurances and include as the first pages of the application.

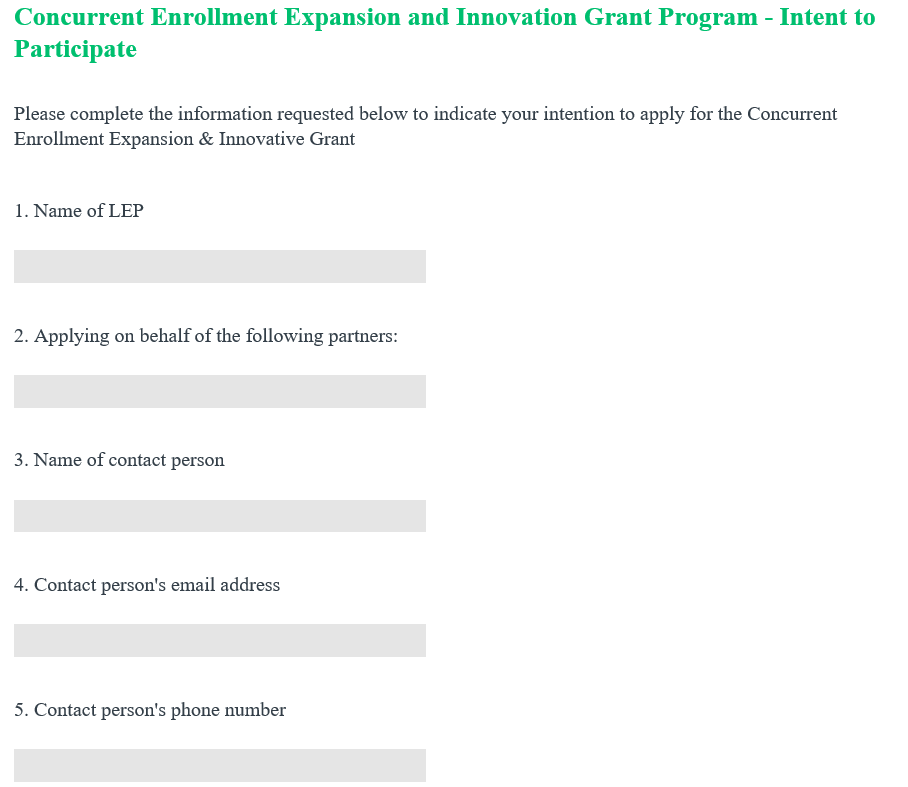
**Part II: Narrative (42 Points)**

The following criteria will be used by reviewers to evaluate the questions listed on pages 8-10. In order for the application to be recommended for funding, it must receive at least 25 points out of the 42 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reviewers will rate each item on the scales below.** | **Inadequate**  *(does not demonstrate criteria)* | **Minimal**  *(requires additional clarification)* | **Fully Demonstrated** *(clear and complete)* | **Score** |
| **1.** Applicant either does not already provide Concurrent Enrollment or concurrently enrolls few qualified students (less than 10%) at the time of application. | **0-2** *(offers CE to significant number of qualified)* | **3-7** *(offers CE to* ***few*** *qualified)* | **8-10** *(****does not*** *currently offer CE)* |  |
| **2.** Has demonstrated success in providing concurrent enrollment to a large percentage of the qualified students enrolled by the LEP and is seeking to implement innovations to expand the number of qualified students concurrently enrolled; **or** has a plan in place to ensure that course work related to apprenticeship programs and internship programs is eligible to receive transferable postsecondary course credits. | **0-1** (does not offer CE) | **2-4** (*has moderate success or already provides credit for WBL)* | **5** *(Meets criteria at highest level)* |  |
| **3.** Demonstrates the most effective use of the grant money to provide the greatest expansion of concurrent enrollment (e.g. using technological strategies; partnering with the statewide supplemental online and blended learning program) **and** expanding the participation of low-income or first-generation qualified students in concurrent enrollment. | **0-2** | **3-7** | **8-10** |  |
| **4.** Demonstrates the greatest degree of need for financial support to expand concurrent enrollment, including need that may arise as a result of a higher-than-anticipated participation rate. | **0-1** | **2-4** | **5** |  |
| **5.** Application meets the definition of a Partnership as one or more LEP and one or more IHE. | **0** | **1** | **2** |  |
| **6.** Describes the current publicity of the availability and associated costs of Concurrent Enrollment **and** how the grant would expand publicity. | **0-1** | **2-4** | **5** |  |
| **7.** Clearly describes the current 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. | **0-1** | **2-4** | **5** |  |
| **Reviewer comments:** | | | | |
| **Total Points** | | | | **/42** |

# Letter of Intent

The Letter of Intent to apply for the Concurrent Enrollment Expansion and Innovation Grant Program is due **Friday, October 11, 2019, at 3 PM** Submit online at [www.surveymonkey.com/r/6LM92SW](https://www.surveymonkey.com/r/6LM92SW). Below is a screenshot of the information requested in the Intent to Participate form.



# 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).