# Diagnostic Review and Improvement Planning Grant

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# Part IA: Cover Page – Applicant Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lead Local Education Agency (LEA)/BOCES Information** | | | | | | | | | | | | | | | | | | |
| **LEA/BOCES Name:** | | |  | | | | | | | | | | | | **LEA/BOCES Code:** | | |  |
| **Mailing Address:** | | |  | | | | | | | | | | | | **DUNS** #: |  | | |
| **Type of Education Provider**  (check box below that best describes your organization or authorizer) | | | | | | | | | | | | | | | | | | |
| School District BOCES Facility School Charter School Institute | | | | | | | | | | | | | | | | | | |
| **Region**  (indicate region of Colorado this program will directly impact) | | | | | | | | | | | | | | | | | | |
| Metro Pikes Peak North Central Northwest  West Central Southwest Southeast Northeast | | | | | | | | | | | | | | | | | | |
| **District Membership** (indicate the total number of students within the district) | | | | | | | | | | | |  | | | | | | |
| **Recipient School Information** | | | | | | | | | | | | | | | | | | |
| **School Name:** | | | |  | | | | | | | **School Code (4 digits):** | | | | | |  | |
| **Mailing Address:** | | | |  | | | | | | | | | | | | | | |
| **Principal Name:** | | | |  | | | | | | | | | | | | | | |
| **Telephone:** | | | |  | | | | **E-mail:** |  | | | | | | | | | |
| **Signature:** | | | |  | | | | | | | | | | | | | | |
| **Has the school ever had a diagnostic review?** *Yes or no. If yes, indicate who conducted the review and when that diagnostic review took place.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **If awarded, when do you plan to have the diagnostic review?** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Authorized Representative Information | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | **Title:** | |  | | | | | | | | | |
| **Telephone:** | |  | | | | | **E-mail:** | |  | | | | | | | | | |
| **Signature:** | |  | | | | | | | | | | | | | | | | |
| **Program Contact Information** | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | **Title:** | |  | | | | | | | | | |
| **Mailing Address:** | | | | |  | | | | | | | | | | | | | |
| **Telephone:** | |  | | | | | **E-mail:** | |  | | | | | | | | | |
| **Signature:** | |  | | | | | | | | | | | | | | | | |
| **Fiscal Manager Information** | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | | | | | |
| **Telephone:** | |  | | | | | **E-mail:** | |  | | | | | | | | | |
| **Signature:** | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Amount of Funding Requested:** | | | | | | *requesting up to $50,000 for a Diagnostic Review and Improvement Planning* | | | | | | | *requesting up to $30,000 for Improvement Planning only* | | | | | |
| **$** | | | | | |
| Previous Grant Information The following information will be verified by CDE and considered in the funding decision: | | | | | | | | | | | | | | | | | | |
| **Has the applicant previously received a Diagnostic Review and Improvement Planning Grant?** | | | | | | | | | | | | | | **Yes  No** | | | | |
| If previously funded, were funds expended in a timely manner? | | | | | | | | | | | | | | **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(s):** | | |  | | | | | | | | |

**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: Retention of Funds for Service Form

The Colorado Department of Education (CDE) requests your permission to retain 10% of FY 2016 School Improvement Support Grant (1003(a) school improvement distribution funds).  These retained funds will enable CDE to provide support to districts and their eligible schools in comprehensive needs assessment, improvement plan development, professional learning experiences, leadership development, performance management practices, district system planning and consultation, plan implementation and evaluation of the impact of its improvement strategies. ***There is no need to budget for this amount in this application, as it is budgeted for at the state level.***

CDE believes that this technical assistance in the area of school improvement and school turnaround is beneficial to school districts and requests the permission of eligible agencies to reserve the funds necessary to carry out this initiative.  Please sign this letter acknowledging that the district releases funds to CDE to provide this support.

Name of School:

Signature of Fiscal Representative:

Printed Name of Fiscal Representative:

Signature of Authorized Representative:

Printed Name of Authorized Representative:

# Part IC: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application for the Diagnostic Review and Improvement Planning Grant, and the receipt of program funds.

|  |  |  |  |
| --- | --- | --- | --- |
| On | (date) | , 2017, the Board of | (district) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education (CDE) the evaluation information required on pages 4-5 of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for this grant within the timeframes specified.
3. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. That funds will be used to supplement and not supplant any funds currently being used to provide Diagnostic Review and Improvement Planning services and grant dollars will be administered by the appropriate fiscal agent.
5. 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.
6. That 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 CDE 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 CDE before modifications are made to the expenditures. Please contact Evan Davis

([Davis\_E@cde.state.co.us](mailto:Davis_E@cde.state.co.us) | 303-866-6129) and Laura Meushaw ([Meushaw\_L@cde.state.co.us](mailto:Meushaw_L@cde.state.co.us) | 303-866-6618) for any modifications.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of School Board President/BOCES President/Charter School Board President  (if applicable) |  | Signature |
|  |  |  |
| Name of District Superintendent or  CSI Authorized Representative/BOCES Executive Director  (if applicable) |  | Signature |

# Part ID: District Assignment of Federal Grant Funds and Assurances

*(If applicable, complete the information below. Indicate the assignment of the DISTRICT funds to a BOCES/CONSORTIUM and provide all required signatures/initials)*

Grant Program: Diagnostic Review & Improvement Planning Grant Program

The LEA identified as fiscal agent for this grant may assign fiscal responsibilities to a BOCES as defined in P.L. 107-110, Sec. 2403 (2) within the eligible partnership. Complete the form below to indicate who will now become the fiscal agent for this grant award.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **School District** hereby authorizes the | | | | | | | | **BOCES** | | |
| to act as Fiscal Agent to apply for School Improvement Support grant funding and administer | | | | | | | | | | | | | | |
| the grant on behalf of | | | |  | | | | | | | | | **School District.** | |
| **School District Authorized Representative:** | | | | | | | | |  | | | | | |
| District Name: | |  | | | | | | | | | District Code: | | |  |
| **School District Authorized Rep. Signature:** | | | | | | | |  | | | | | | |
| Assign these funds to: | | |  | | | | | | | | | | | |
| **BOCES Authorized Representative:** | | | | | |  | | | | | | | | |
| **BOCES Authorized Rep. Signature:** | | | | |  | | | | | | | | | |
| Phone: |  | | | | | | E-mail: | | |  | | | | |

If a consortium of districts, each district Authorized Representative must provide initials of understanding/agreement authorizing the BOCES to act as the fiscal agent to apply for these funds and administer the grant. (Additional rows may be added)

|  |  |  |  |
| --- | --- | --- | --- |
| District: |  | Initials: |  |
| District: |  | Initials: |  |
| District: |  | Initials: |  |

In consideration of the receipt of these grant funds, the LEA agrees that the General Assurances form for all federal funds and the terms therein are specifically incorporated by reference in the forthcoming application. The LEA also certifies that all program and pertinent administrative requirements will be met. This includes the Education Department General Administrative Regulations (EDGAR), the Office of Management and Budget (OMB) Accounting Circulars, and the Department of Education’s General Education Provisions Act (GEPA) requirements. Further, by agreeing to the assignment of any School Improvement funds to a BOCES/Consortium, the LEA(s) will provide relevant information and/or data as requested by the BOCES/Consortium in order for the BOCES/Consortium to fulfill its responsibilities related to the administration and accountability of these funds.

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| --- | --- | --- | --- |
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| Signature of President of Lead LEA District School Board | | | Date |
|  | |  | |
| BOCES Authorized Representative Signature of Acceptance | | | Date |