**Colorado’s Computer Science Education Grants for Teachers Program**

**Due by: Wednesday, February 28, 2018 by 11:59 pm**

**Part IA: Cover Page – Applicant Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | |
| **Recipient Schools**  (list all schools impacted by this funding – additional rows may be added) | | | | | | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | | |
| **Authorized Representative Information** | | | | | | | | | |
| **Name:** |  | | | **Title:** | |  | | | |
| **Telephone:** |  | | | **E-mail:** | |  | | | |
| **Signature:** |  | | | | | | | | |
| **Program Contact Information** | | | | | | | | | |
| **Name:** |  | | | **Title:** | |  | | | |
| **Telephone:** |  | | | **E-mail:** | |  | | | |
| **Signature:** |  | | | | | | | | |
| **Fiscal Manager Information** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Telephone:** |  | | | **E-mail:** | |  | | | |
| **Signature:** |  | | | | | | | | |
|  | | | | | | | | | |
| **Amount of Funding Requested:** | | |  | | | | | | |

**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.

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

**Part IB: Signature Page** *(Complete and attach after cover page. If necessary, additional copies of this page may be attached.)*

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

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

**Part IC: Assurances Form** *(Complete and attach after cover page)*

# Colorado’s Computer Science Education Grants for Teachers Program

*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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| On | (date) , | 2018, | the Board of |  |

hereby applies for and, if awarded, accepts the state funds requested in this application. In consideration of the receipt of these grant funds, the Board agrees that the General Assurances form for all state funds and the terms therein are specifically incorporated by reference in this application. The Board also certifies that all program and pertinent administrative requirements will be met. In addition, grantees that accept **Colorado’s Computer Science Education Grants for Teachers Program** funding agree 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 End-of-Year Report (Appendix B) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the Grant Program within the timeframes specified.
3. The school will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. Funded projects will maintain appropriate fiscal and program records and fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
5. All records of the program will be retained for five years and access to those records will be available for the purposes of review and audit.
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.

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