# Connect for Success

# Part I: 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 | | | | | | | | | | | | | | | | |
| **Recipient Schools**  (list all schools impacted by this funding – additional rows may be added) | | | | | | | | | | | | | | | | |
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| Authorized Representative Name and Title: | | | | | | | | | | | | | | | | |
| **Telephone:** | | |  | | | | | **E-mail:** | |  | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | |
| Program Contact Name and Title: | | | | | | | | | | | | | | | | |
| **Telephone:** | | |  | | | | | **E-mail:** | |  | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | |
| **Title I Director Name:** | | | | | | | | | | | | | | | | |
| **Telephone:** | | |  | | | | | **E-mail:** | |  | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | |
| **Special Education Director Name:** | | | | | | | | | | | | | | | | |
| **Telephone:** | |  | | | | | **Email:** | | |  | | | | | | |
| **Signature:** | |  | | | | | | | | | | | | | | |
| **Fiscal Manager Name:** | | | | | | | | | | | | | | | | |
| **Telephone:** | | |  | | | | | **E-mail:** | |  | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | |
| Indicate any dates in March and April 2017  in which a Connect for Success Review  could NOT take place. | | | | |  | | | | | | | | | | | |
| **Funding Amount Requested** *(Indicate the total amount of funding you are requesting for this grant)* | | | | | | | | | | | | | | | | |
| **Year 1:** :  **January 1, 2017** – **June 30, 2017** | | | | |  | | | | | | | | | | | | |
| **Year 2: July 1, 2017 – June 30, 2018** | | | | |  | | | | | | | | | | | | |
| **Year 3: July 1, 2018 – June 30, 2019** | | | | |  | | | | | | | | | | | | |
| Previous Grant Information The following information will be verified by CDE and considered in the funding decision: | | | | | | | | | | | | | | | |
| **Has the applicant previously received a Connect for Success 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.

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

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| **Education Provider Information** | | | | | | |
| **LEA/BOCES Name:** | |  | | | | |
| **Recipient School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | | |
| Principal Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |
| **Signature:** |  | | | | | |

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| **Education Provider Information** | | | | | | |
| **LEA/BOCES Name:** | |  | | | | |
| **Recipient School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | | |
| Principal Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |
| **Signature:** |  | | | | | |

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| **Education Provider Information** | | | | | | |
| **LEA/BOCES Name:** | |  | | | | |
| **Recipient School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | | |
| Principal Information | | | | | | |
| **Name:** |  | | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |
| **Signature:** |  | | | | | |

# Part IA: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the Connect for Success grant application, and the receipt of program funds.

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

hereby agrees to the following assurances:

Teacher Commitments:

* Rethink current practices and modify those that are ineffective based on examination of student data.
* Develop a theoretical and practical knowledge of best practice.
* Administer screening, diagnostic, and classroom progress monitoring assessments to inform instructional practice.
* Design appropriate interventions for minority students, students experiencing poverty, students with disabilities and English Learners.
* Help shape the culture of the school in a positive way.

School Commitments:

* Provide the Colorado Department of Education with the annual evaluation information required on page 5 and in the **Progress Report** (Attachment B) of the Request for Proposal.
* School leadership team with district representation will attend the state sponsored professional development opportunities (see timeline on page 3).
* School Leadership will:

Conduct regular instructional walkthroughs.

Perform ongoing performance monitoring of instructional staff and provide timely feedback to teachers.

Ensure ongoing data analyses and participating in data meetings.

Ensure that time for data meetings, analysis, and use is protected.

Ensure time for collaboration is created and protected.

Make student-centered decisions (including grouping of students, class schedules, etc.).

Set high expectations of staff, families, and students.

* Budget sufficient funds and time to participate in required grant activities.
* Address issues of teacher stability and training.
* Exercise leveraging of Title I, IDEA, and other funding sources.
* Evaluate the impact of these funds on student achievement and participate in the external evaluation of the initiative.
* Reevaluate use of Title I and IDEA funds (e.g., Coordinated Early Intervening Services - CEI) to meet needs of minority students; students experiencing poverty; students with disabilities; and English Learners.

District/Administrative Unit Commitments:

* Hire or designate an Implementation Coach that meets the minimum competencies outlined in this RFP.
* Ensure both district and building leadership possess the qualifications and have committed the time necessary to accomplish grant activities to lead to student achievement gains.
* Allow flexibility for school to adjust for mid-course corrections if data does not indicate progress toward increasing achievement.
* Support school in using data to monitor student progress to inform instructional practice to accelerate performance.
* Conduct monthly instructional rounds at school site (district/school/implementation coach, if applicable).
* Foster principal’s leadership in the school and support leadership growth opportunities.
* Ensure that funds are being leveraged with other local, state, and federal funds (e.g., Titles I, II, III, V and IDEA) and that accountability for cost-effective management is provided.
* The grantee will work with and provide requested data to CDE for the Connect for Success funding opportunity within the time frames specified.
* The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
* Funds are used to supplement and not supplant any moneys currently being used to provide services and grant dollars will be administered by the appropriate fiscal agent.
* 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.
* That if any findings of misuse of these funds are discovered, project funds will be returned to CDE.
* 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 (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

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

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| Name of School Board/BOCES/Charter School Board President  (if applicable) |  | Signature |
|  |  |  |
| Name of District Superintendent/BOCES Executive Director/ CSI Authorized Rep |  | Signature |
|  |  |  |
| Name of Title I Director  (if applicable) |  | Signature |
|  |  |  |
| Name of Special Education Director  (if applicable) |  | Signature |

Colorado Department of Education (Federal Programs Unit, ESSU) Commitments:

* Work with principals in high achieving schools to make the best use of “what works” in order to implement best practices;
* Apply accountability through 1) the state’s policy infrastructure, 2) monitoring, 3) implementation requirements to secure continuation funding, and 4) evaluation of the initiative.
* Disseminate what works – both to help mentored sites succeed, and to share the work of sites with other districts and schools in the state.
* Provide quality training and technical assistance to build the capacity of mentored sites to develop and implement an effective Title I plan that addresses the needs for minority students, students experiencing poverty students with disabilities, and English Learners;
* Provide guidance around early intervening and coordinating services; and
* Meet with school regularly to provide support in implementation changes.

**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: