**Colorado Multi-Tiered System of Supports (CO-MTSS) Implementation Grant**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Part IA: Cover Page(complete and attach as the first page of application) | | | | | | | | |
| **Education Provider Information** | | | | | | | | |
| **BOCES/District Name:** | | |  | | | **LEA Code:** | |  |
| **Mailing Address:** | |  | | | | **DUNS #:** |  | |
| **Type of Education Provider**  (check box below that best describes your organization) | | | | | | | | |
| School District  BOCES  Charter School Institute  Charter School | | | | | | | | |
| **Region**  (indicate region of Colorado this program will directly impact) | | | | | | | | |
| Metro  Pikes Peak  North Central  Northwest  West Central  Southwest  Southeast  Northeast | | | | | | | | |
| **Authorized Representative Information** | | | | | | | | |
| **Name:** |  | | | **Title:** |  | | | |
| **Telephone:** |  | | | **E-mail:** |  | | | |
| **Signature:** |  | | | | | | | |
| **Primary Contact Information** | | | | | | | | |
| **Name:** |  | | | **Title:** |  | | | |
| **Telephone:** |  | | | **E-mail:** |  | | | |
| **Signature:** |  | | | | | | | |
| **Data Contact Information** | | | | | | | | |
| **Name:** |  | | | **Title:** |  | | | |
| **Telephone:** |  | | | **E-mail:** |  | | | |
| **Signature:** |  | | | | | | | |
| **Fiscal Manager Information** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Telephone:** |  | | | **E-mail:** |  | | | |
| **Signature:** |  | | | | | | | |

**Please 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.

# Application Part IB: Assurances Form

# (complete and attach after Cover page)

**Colorado Multi-Tiered System of Supports (CO-MTSS)**

**Implementation Grant**

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

|  |  |  |  |
| --- | --- | --- | --- |
| On |  | , 2017, the Board of |  |

hereby agrees to the following assurances:

LEA Commitments

Project applicants will designate an **MTSS Leadership Team (MLT)**, to work with and coordinate with CDE **OLS staff** regarding technical assistance for implementation efforts. The MLT will:

* Include at least one member of cabinet administration, who will attend at least 75% of monthly meetings.
* Attend a full-day, yearly CO-MTSS kickoff.
* Attend monthly meetings with the CO-MTSS ICs and other CO-MTSS staff to complete various activities, including infrastructure evaluation, implementation plan development, initiative inventory completion, and professional development planning.
* Ensure that district and building leadership possess the qualifications and have committed the time necessary to accomplish grant activities to lead to student achievement gains.
* Conduct action planning-related professional development and technical assistance with participating Building Leadership Teams (with the support of CO-MTSS staff).
* Foster principal leadership in the schools 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 MLT and OLS staff will mutually decide upon, record and monitor data throughout the grant. This may include data such as student outcome data, teacher input and evaluation data, fidelity data, questionnaires, self-assessments, and participant reflections.
* Provide student, school, and MLT-related data to CDE for the CO-MTSS funding opportunity within the time frames specified.

School Commitments:

Participating schools will implement a CO-MTSS Building Leadership Team (BLT). Each BLT will:

* Provide CDE with evaluation information required by the MLT and CDE.
* Attend online and face-to-face state-sponsored professional development opportunities.
* Budget sufficient funds and time to participate in required grant activities.

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.

MLTs 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. 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. If any findings of misuse of funds are discovered, project funds will be returned to CDE. Finally, the grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

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| Name of School Board President/BOCES President/Charter School Board President *(If Applicable)* |  | Signature |
|  |  |  |
| Name of District Superintendent/BOCES Executive Director/CSI Authorized Representative\* |  | Signature |
|  |  |  |
| Name of CO-MTSS Point of Contact |  | Signature |
|  |  |  |
| Name of Data Contact |  | Signature |
|  |  |  |
| Name of Fiscal Contact |  | Signature |

*\*Please note: Individual charter school applicants must obtain signatures from their authorizing district or the Charter School Institute.*

# Application Part IC: Team Membership Signature Form

# (Complete and attach after Part IB Assurances)

Participation requires the commitment of an MTSS Leadership Team (MLT). Requirements for representation on the MLT include: (1) A point of contact (must be a member of cabinet-level administration), (2) general education representation, (3) special education representation, (4) early childhood representation, (5) family/community representation, and (6) representation from the other initiatives overseen by the BOCES/district. Suggested representation includes: Superintendent or Assistant Superintendent, Curriculum Director, Assessment/Accountability Director, Special Education Director, Culture & Equity Director, Professional Development Director, Title I Director, Student Services Director, Parent Representative Co-Chair of District Accountability Committee, BOCES Director, school-level leadership, and district-­level coaches. The purpose of the MLT is to support local Building Leadership Teams (BLTs) through professional development, technical assistance, alignment, curriculum, funding, visibility, and political support.

Responsibilities/Functions of this MLT include:

* Meet at least monthly with an Implementation Consultant (IC) and other CO-MTSS Staff, and complete tasks throughout the month
* Complete assessments and action planning that best support local schools
* Facilitate professional development and technical assistance for local schools related to CO-MTSS implementation
* Attend trainings provided by CO-MTSS Staff

**Please provide the names, titles, and signatures of those who will serve on your MLT.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Point of Contact (cabinet level administration):** | | | | |  | | | **Title/Role:** | | |  |
| **Signature:** |  | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| **General Education Representative:** | | |  | | | | | **Title/Role:** | |  | |
| **Signature:** |  | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| **Special Education Representative:** | | |  | | | | | **Title/Role:** |  | | |
| **Signature:** |  | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| **Early Childhood Representative:** | |  | | | | | | **Title/Role:** |  | | |
| **Signature:** |  | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| **Family/Community Representative:** | | | |  | | | | **Title/Role:** |  | | |
| **Signature:** |  | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| **Representative from other BOCES/district initiative(s):** | | | | | | |  | **Title/Role:** |  | | |
| **Signature:** |  | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| **Other:** |  | | | | | | | **Title/Role:** |  | | |
| **Signature:** |  | | | | | | | | | | |

# Application Part ID: District Coaching and Training

# (Complete and attach after Part IC: Team Membership Signature Form)

**Roles Defined:**

CO-MTSS Staff will provide support to district/BOCES/CSI trainers and coaches in an effort to build capacity, and support implementation and sustainability.

District or BOCES trainers will provide training to Building Leadership Teams (BLTs) and school faculty.

District or BOCES coaches will provide coaching and ongoing support to school leadership teams to adapt training to site needs, problem solve around implementation, and evaluate outcomes.

|  |  |  |
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| **Does the district/BOCES/CSI have the capacity to support trainer(s) for:** | | |
| Behavior:  Yes  No | Academics:  Yes  No | Other (describe):  Yes  No |
| **Does the district/BOCES/CSI have the capacity to support district-­‐level coach(es) for:** | | |
| Behavior:  Yes  No | Academics:  Yes  No | Other (describe):  Yes  No |

|  |  |
| --- | --- |
| **If your district/BOCES currently has designated FTE for district- level coaches or trainers, provide their names, FTE for training/coaching, and duties.** | |
| **Name:** | FTE: |
| Duties: | |
| **Name:** | FTE: |
| Duties: | |
| **Name:** | FTE: |
| Duties: | |
| **Name:** | FTE: |
| Duties: | |