

Appendix B– Cover Page

**APPENDIX B
FY2017 GRANT APPLICATION COVER SHEET**

1. Project Title		
2. Submitting Institution		
3. Federal Congressional District # (1-4)		
4. Registered DUNS Name and #		
5. Total Amount Requested	\$	
6. Project Director: Name, Title, Phone, Email, Mailing Address		
7. Co-Director (if any): Name, Title, Phone, Email, Mailing Address		
8. Statutory Partners:	IHE Teacher Education:	
	IHE College of Arts/Sciences:	
	High-Need LEA:	
9. Recommended Partners: (Community College and/or Technical School)		
10. Additional Partners: Organizational names only; (please mark high- need LEAs with an asterisk [*])		

Signatures:	PROJECT DIRECTOR:	DATE
	AUTHORIZED INSTITUTIONAL AGENT:	DATE

Appendix C– Partners

Please use this space (and additional copies if necessary) to provide the requested information for the LEA partners. Indicate whether the partner is a “high-need” LEA as defined in Appendix A. If a partner is not an LEA, please provide the city and county where the partner is located and its federal congressional district number.

Technical School Name:	KSBE District # (1-9):
LEA District #:	Federal Congressional District # (1-4):
City & County:	

Community College Name:	KSBE District # (1-9):
LEA District #:	Federal Congressional District # (1-4):
City & County:	

LEA District Name:	KSBE District # (1-9):
LEA District #:	Federal Congressional District # (1-4):
LEA City & County:	High-Need LEA?

LEA District Name:	KSBE District # (1-9):
LEA District #:	Federal Congressional District # (1-4):
LEA City & County:	High-Need LEA?

LEA District Name:	KSBE District # (1-9):
LEA District #:	Federal Congressional District # (1-4):
LEA City & County:	High-Need LEA?

LEA District Name:	KSBE District # (1-9):
LEA District #:	Federal Congressional District # (1-4):
LEA City & County:	High-Need LEA?

LEA District Name:	KSBE District # (1-9):
LEA District #:	Federal Congressional District # (1-4):
LEA City & County:	High-Need LEA?

Appendix D– Private Schools
Inclusion of Private Schools:

Please list the private schools within your participating LEA boundaries and describe the steps your project team has taken to assure that they have been offered the opportunity to participate in this project. Please describe the results of these measures.

Appendix F– Consolidated Project Budget

CONSOLIDATED PROJECT BUDGET

Elementary and Secondary Education Act (ESEA) Grant	
Institution:	
Program:	
Personnel	
Salary for Faculty/Administrators	
Faculty/Administrators Fringe Benefits	
Support Staff Salary/Wages	\$ -
Support Staff Fringe Benefits	\$ -
Participant Costs	
Tuition	\$ -
Books/Materials	\$ -
Participant Travel - Mileage	\$ -
Room	\$ -
Stipends	\$ -
Substitute Teacher Costs	\$ -
Other Participant Support (list)	\$ -
Other Travel	
Instructional In-State Travel	\$
Equipment	
	\$ -
Supplies	-
Consumable Materials	\$ -
Other (list)	\$
Contractual	
Other	
Printing/Postage/Telephone	\$ -
	\$ -
Indirect Costs	\$ -
Limited to no more than 8%	\$
TOTAL REQUESTED	\$

PROPOSAL CHECKLIST

Introductory Materials:

- Cover Page (Appendix B)
- Project Summary (250-word limit)
- Partner Information (Appendix C)
- Private School Statement (Appendix D)
- Table of Contents

Project Narrative (up to 10 pages):

- Identify Local Needs
- Select Approach
- Plan
- Implement
- Examine and Reflect

Budget Documents:

- Consolidated Project Budget (Appendix F)
- Budget Justification (3-page limit)

Additional Items:

- Curriculum Vita for key personnel (maximum 1 page each)
- Certification Regarding Government Wide Debarment, Suspension (non-procurement), and other Responsibility Matters

Please do not submit any attachments other than those that have been specifically required in this RFP.

Please do not include this checklist with your grant application.