**COVER PAGE**

|  |
| --- |
| **Name(s) of Submitting Institution:** |
| **Address of Institution (Dept/Unit, Street Address/P.O. Box Number, City, State, Zip Code):** |
| **Title of Proposed Project:** |
| **Funds being requested for each funding cycle:** |
| Cycle 1: June 22, 2017 - September 30, 2017 |  |
| Cycle 2: October 1, 2017 – September 30, 2018 |  |
| ***The signatories certify that the institution and the proposed project are in compliance with all applicable Federal and State laws and regulations.*** |
| **PRINCIPAL INVESTIGATOR** | **Name:** |  |
| **Name of Institution:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **E-mail Address:** |  |
| **SIGNATURE:** |  |
| **CO-PRINCIPAL INVESTIGATOR** | **Name:** |  |
| **Name of Institution:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **E-mail Address:** |  |
| **SIGNATURE:** |  |
| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE, if applicable** | **Name:** |  |
| **Name of Institution:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **E-mail Address:** |  |
| **SIGNATURE:** |  |

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| --- | --- | --- |
| **DEAN/DIRECTOR, COLLEGE/SCHOOL OF EDUCATION** | **Name:** |  |
| **Name of Institution:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **E-mail Address:** |  |
| **SIGNATURE:** |  |
| **DEAN, COLLEGE OF ARTS**  | **Name:** |  |
| **Name of Institution:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **E-mail Address:** |  |
| **SIGNATURE:** |  |
| **DEAN, COLLEGE OF SCIENCE** | **Name:** |  |
| **Name of Institution:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **E-mail Address:** |  |
| **SIGNATURE:** |  |
| **AUTHORIZED FISCAL AGENT** | **Name:** |  |
| **Name of Institution:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **E-mail Address:** |  |
| **SIGNATURE:** |  |

**NARRATIVE**

The narrative section of the proposal is limited to a maximum of 5 double-spaced pages. The narrative must include the headings shown below, in the order given below.

**(1) Rationale**

Briefly describe the data-driven needs of the partner school systems. Proposals should include the following types of information which specifically support one or more priorities of the grant:

* Detailed profile of students and schools to be served, including demographic information.
* Specific certification and academic needs to be addressed in this project, including appropriate documentation from [district and school student achievement data](http://www.louisianabelieves.com/assessment) and [regional workforce reports](http://www.louisianabelieves.com/resources/library/workforce).
* Other needs to be addressed, accompanied by specific, related data.
* Description of how all partners have worked together to assess district/school needs, recruit participating school sites, and determine objectives for the project.

**(2) Program Design**

Describe the proposed program and explain how the program addresses one or more of the grant priorities.

**(3) Collaborative Partnerships and Participant Recruitment**

Describe the process of collaboration between the school system(s) and the provider in determining the needs of the school system(s) and creating the proposal and program plan.

* Include a description of how project staff will recruit participants and interact with teachers, administrators, and program faculty to ensure effective implementation of the program.
* Provide specific details regarding the oversight of partnerships with the districts/schools.
* In addition, letter(s) of support from partnering district(s) must be included in the appendices of the proposal.

**(4) Measurable Objectives**

Objectives must be specific, measurable, attainable, results-focused, and timely. Objectives will guide the review team in understanding the project’s expected outcomes as a result of the partnerships and funds requested.

* Identify at least two measureable objectives that are **clearly tied to one or more of the priorities identified in the RFA** and indicators of attainment.
* Objectives must define the specific focus of change and the degree of change expected and may involve changes in teacher candidates’ content knowledge and mastery of applicable [teacher preparation competencies](http://www.louisianabelieves.com/docs/default-source/teaching/teacher-preparation-competencies.pdf?sfvrsn=4).

**PROJECT PROGRESSION TIMELINE**

Provide a timeline of events that includes details about planning and recruitment, implementation of activities, and expected progress toward fulfilling measureable objectives documented in the proposal. (Limit to 2 pages.)

**MEMORANDUM OF AGREEMENT AMONG PARTNERS**

|  |  |
| --- | --- |
| (Sponsoring Institution) | (Project Title) |
| (Principal Investigator) | ­­­­­­­­­­­­­ (Co- Principal Investigator)  |

This cooperative agreement reflects the overall commitment as well as the specific responsibilities and the roles of each of the partners listed below. This MOA documents the actual working partners who are responsible for contributing to the writing of the proposal, collecting and reporting data, and for the day-to-day success of the project.

|  |
| --- |
| **Teacher Preparation Program *(Required)****Faculty members from partnering colleges/schools within an institution are required if the lead applicant is a university. Add rows as needed.* |
| **Name of Individual** | **Title** | **Role** | **Signature** |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Local Education Agency/Agencies *(Required)****Add rows as needed.* |
| **Name of LEA** | **Name of Individual** | **Title** | **Role** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Additional Targeted Partners***Add rows as needed.* |
| **Name of Institution or Organization** | **Name of Individual** | **Title** | **Role** | **Signature** |
|  |  |  |  |  |

**BUDGET**

Complete the budget form and narrative for each funding cycle. *Indirect costs are allowable up to 10.5%. Grant funding may not be used to pay teacher candidate or mentor tuition or fees to a preparation program.*

**Cycle 1 Budget Form (June 2017-September 2017)**

|  |  |
| --- | --- |
| **Expenditure Category** | **AMOUNT** |
| Salaries  |  |
| Stipends |  |
| Purchased Professional/Technical Services (e.g., professional development services) |  |
| Purchased Property Services (equipment rental) |  |
| Other Purchased Services (travel, printing, etc.) |  |
| Program Supplies |  |
| Property (hardware) |  |
| Other Objects (fees, dues, etc.) |  |
| **TOTAL** |  |

**Cycle 1 Budget Narrative (June 2017 – September 2017)**

Describe how the funds will be spent for each of the categories identified above.

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Description** | **Total Allocation** |
| **Salaries** |  |  |
| **Employee Benefits** |  |  |
| **Purchased Professional/Technical Services** |  |  |
| **Purchased Property Services** |  |  |
| **Other Purchased Services** |  |  |
| **Supplies** |  |  |
| **Other Objects** |  |  |

**Cycle 2 Budget Form (October 2017-September 2018)**

|  |  |
| --- | --- |
| **Expenditure Category** | **AMOUNT** |
| Salaries  |  |
| Stipends |  |
| Purchased Professional/Technical Services (e.g., professional development services) |  |
| Purchased Property Services (equipment rental) |  |
| Other Purchased Services (travel, printing, etc.) |  |
| Program Supplies |  |
| Property (hardware) |  |
| Other Objects (fees, dues, etc.) |  |
| **TOTAL** |  |

**Cycle 2 Budget Narrative (October 2017 – September 2018)**

Describe how the funds will be spent for each of the categories identified above.

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Description** | **Total Allocation** |
| **Salaries** |  |  |
| **Employee Benefits** |  |  |
| **Purchased Professional/Technical Services** |  |  |
| **Purchased Property Services** |  |  |
| **Other Purchased Services** |  |  |
| **Supplies** |  |  |
| **Other Objects** |  |  |