

***Application Deadline: August 25, 2017 at 5pm***

The high-cost needs application will be submitted via email to [believeandprepare@la.gov](mailto:believeandprepare@la.gov). This application should be submitted by:

1. Preparation providers who did not apply for high-cost needs funding in 2016-17 and would like to submit an application for 2017-18 and/or 2018-19 funding.
2. Preparation providers who submitted an application in January, 2017. These providers are asked to respond to a limited number of questions in the application below to indicate the continued need for these funds, and to submit an updated signed assurances page.

**Any** BESE-approved preparation provider may be eligible for supplemental funding of up to \$20,000 to support the following activities.

- Accelerated design**, approval, and/or launch of aligned programs;
- Essential, unique, high-cost needs** that must be met in order to successfully transition programs and obtain BESE approval.

Requests for supplemental funding will be evaluated based on evidence of the following:

<b>Identified Needs</b>	<ul style="list-style-type: none"> <li>● Uses data to determine specific transition-related needs</li> <li>● Identifies an eligible and essential transition-related need requiring additional funding</li> </ul>
<b>Project Plan</b>	<ul style="list-style-type: none"> <li>● Explains how the initiative or project supports transition</li> <li>● Describes how the initiative or project will be implemented</li> </ul>
<b>Use of Funds</b>	<ul style="list-style-type: none"> <li>● Provides specific, detailed budget expenditures that clearly align to the identified needs</li> <li>● Includes a plan to sustain the efforts beyond the grant period</li> </ul>

The application below should be completed as directed and then sent to [believeandprepare@la.gov](mailto:believeandprepare@la.gov) as a PDF attachment no later than 5:00 pm on Friday, August 25, 2017

<b>Name(s) of Submitting Institution:</b>	
<b>Address of Institution (Dept/Unit, Street Address/P.O. Box Number, City, State, Zip Code):</b> Click here to enter text.	
<b>Funds being requested for each funding cycle:</b>	
<b>FY 2017-18</b>	<input type="checkbox"/>
<b>FY 2018-19</b>	<input type="checkbox"/>
<i>The signatories certify that the institution and the proposed project are in compliance with all applicable Federal and State laws and regulations.</i>	
<b>PRINCIPAL APPLICANT</b>	<b>Name:</b>
	<b>Name of Institution:</b>
	<b>Title:</b>
	<b>Telephone:</b>
	<b>E-mail Address:</b>
	<b>SIGNATURE:</b>
<b>Did you submit a 2016-17 High Cost Needs Application in January 2017?</b>	
<b>Do you need to update or make any changes to your 2016-17 High Cost Needs Application?</b>	
<b>What is the purpose of this request?</b>	<input type="checkbox"/> Accelerated design, approval, or launch of aligned programs <input type="checkbox"/> Specific, extreme, and essential transition-related need
<b>Will these funds increase a teacher candidate's ability to effectively support the needs of students with disabilities in their classrooms? If so, explain.</b>	
<b>Explain how these funds will directly support the development of the knowledge and skills necessary to support students with disabilities in teacher candidates who are</b> <b>1) seeking general education certification and/or</b> <b>2) seeking special education certification.</b>	

If you submitted a high cost needs application in January 2017, you will only need to submit your responses to the questions listed above and submit a signed assurances page (page 4 of this application). If you did not submit an application in January 2017, or would like to amend the application you submitted, please include the narrative and budget components below in your application.

*The narrative and budget section is limited to a maximum of 3 double-spaced pages.*

**Narrative**

**Describe the plan to accelerate the design, approval, and/or launch of aligned programs. Include:**

- A detailed timeline of program design, approval and launch activities, including person(s) responsible
- An explanation of how additional funding will directly support the accelerated transition

**Identify and describe the specific, extreme, and essential transition-related need for which additional funding is required. Include:**

- A detailed description of the specific need, the project plan and timeline for meeting the need, and the person(s) responsible
- An explanation of how the need directly supports programs' transition
- An explanation of how additional funding will directly support the project
- An explanation of how the need will be funded beyond the grant period

**Budget**

**Provide the following budget information for each fiscal year for which funding is requested (2017-18 and/or 2018-19) and identify how the requested funds will be used to support project attainment.**

- For which fiscal years is funding needed?
- Identify specific budget expenditures that clearly align to the identified needs.
- Describe how the proposed expenditure will be used to support identified needs.

**Complete the budget forms below for each funding cycle that funding is being requested.**

2017-2018 Budget		
Category	Description	Allocation
Salaries		
Stipends		
Purchased Professional or Technical Services		
Other Professional Services		
Other Purchased Services (travel, printing, etc.)		
Program Supplies		
Other objects (fees, dues, etc.)		

<b>2018-2019 Budget</b>		
Category	Description	Allocation
Salaries		
Stipends		
Purchased Professional or Technical Services		
Other Professional Services		
Other Purchased Services (travel, printing, etc.)		
Program Supplies		
Other objects (fees, dues, etc.)		

**ASSURANCES**

The signatures on this page certify that the information provided in this application have been approved for submission to the Louisiana Department of Education by the Institution/Organization Head (or designee) and, if applicable, College of Education Dean (or designee). In addition, for university providers, the signature of the dean(s) from other college(s) (e.g., Arts/Sciences/Humanities, Business, etc.) has been provided if minors/concentrations are being offered outside the College of Education.

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Institution/Organization Head or Designee

\_\_\_\_\_

Date

\_\_\_\_\_

College of Education Dean/Program Director or Designee

\_\_\_\_\_

Date

\_\_\_\_\_

Other College Dean or Designee

\_\_\_\_\_

Date

\_\_\_\_\_

Other College Dean or Designee

\_\_\_\_\_

Date