**Colorado Student Wellness Grant**

**Applications Due: Friday, April 2, 2021, by 11:59 pm**

**Part IA: Cover Page - Applicant Information**

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| **Lead Local Education Provider (LEP)/BOCES Information**  |
| **LEP/BOCES Name:**  |   | **LEP/BOCES Code:**  |   |
| **Mailing Address:**  |   |
| **Type of Education Provider** [check box below that best describes your organization or authorizer]  |
| ☐ School District(s) ☐ BOCES ☐ Charter School Institute  ☐ Facility Schools  |
| **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]  |
|   |   |
|   |   |
|   |   |
| **Authorized Representative Information** |
| **Name:**  |   | **Title:**  |   |
| **Telephone:**  |   | **E-mail:**  |   |
| **Program Contact Information**  |
| **Name:**  |   | **Title:**  |   |
| **Telephone:**  |   | **E-mail:**  |   |
| **Fiscal Manager Information**  |
| **Name:**  |   |
| **Telephone:**  |   | **E-mail:**  |   |
|   |
| **Amount of Funding Requested:**  |   |

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| **Previous Grant Information**[The following information will be verified by CDE and considered in the funding decision.]  |
| **Has the applicant district or school received previous Student Wellness funding from CDE?**  | ☐ Yes ☐ No  |
| **Did the applicant receive previous Student Wellness funding for the 2015-2018 grant cycle?** | ☐ Yes ☐ No  |
| **Did the applicant receive previous Student Wellness funding for the 2018-2021 grant cycle?** | ☐ 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*, enter the year(s) and amount(s) of reverted funds below:**  |
| **Year(s):**  |   | **Amount(s):**  |   |

**Part IB: Recipient Schools Information**

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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| **Local Education Provider Information**  |
| **LEP/BOCES Name:**  |   | **LEP/BOCES Code:**  |   |
| **Recipient School Information**  |
| **School Name:**  |   | **School Code:**  |   |
| **Mailing Address:**  |   | **Charter School:**  | ☐ Yes ☐ No  |
| **Principal Information** |
| **Name:**  |   |
| **Telephone:**  |   | **E-mail:**  |   |

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| **Local Education Provider Information**  |
| **LEP/BOCES Name:**  |   | **LEP/BOCES Code:**  |   |
| **Recipient School Information**  |
| **School Name:**  |   | **School Code:**  |   |
| **Mailing Address:**  |   | **Charter School:**  | ☐ Yes ☐ No  |
| **Principal Information** |
| **Name:**  |   |
| **Telephone:**  |   | **E-mail:**  |   |

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| **Local Education Provider Information**  |
| **LEP/BOCES Name:**  |   | **LEP/BOCES Code:**  |   |
| **Recipient School Information**  |
| **School Name:**  |   | **School Code:**  |   |
| **Mailing Address:**  |   | **Charter School:**  | ☐ Yes ☐ No  |
| **Principal Information** |
| **Name:**  |   |
| **Telephone:**  |   | **E-mail:**  |   |

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| **Local Education Provider Information**  |
| **LEP/BOCES Name:**  |   | **LEP/BOCES Code:**  |   |
| **Recipient School Information**  |
| **School Name:**  |   | **School Code:**  |   |
| **Mailing Address:**  |   | **Charter School:**  | ☐ Yes ☐ No  |
| **Principal Information** |
| **Name:**  |   |
| **Telephone:**  |   | **E-mail:**  |   |

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| **Local Education Provider Information**  |
| **LEP/BOCES Name:**  |   | **LEP/BOCES Code:**  |   |
| **Recipient School Information**  |
| **School Name:**  |   | **School Code:**  |   |
| **Mailing Address:**  |   | **Charter School:**  | ☐ Yes ☐ No  |
| **Principal Information** |
| **Name:**  |   |
| **Telephone:**  |   | **E-mail:**  |   |