**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] | | | | | | | | |
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| **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:** |  | | | |