



**COLORADO**  
Department of Education

## Funding Opportunity

**Applications Due: Tuesday, January 24, 2017 by 11:59 pm**

***Application Information Webinar: Thursday, December 15, 2016 from 2-3 pm***

***Letter of Intent Due: Friday, December 16, 2016 by 11:59 pm***

### Diagnostic Review and Improvement Planning Grant Fiscal Year 2016-2017

Pursuant to Title I, Part A 1003(a) of the Elementary and Secondary Education Act (ESEA)

**For Program Questions:**

Laura Meushaw, Title I Specialist  
303-866-6618 | [Meushaw\\_L@cde.state.co.us](mailto:Meushaw_L@cde.state.co.us)

**For Budget/Fiscal Questions:**

Evan Davis  
303-866-6129 | [Davis\\_E@cde.state.co.us](mailto:Davis_E@cde.state.co.us)

**For Application Questions:**

Anna Young  
303-866-6250 | [Young\\_A@cde.state.co.us](mailto:Young_A@cde.state.co.us)

## Table of Contents

---

Introduction.....	3
Eligible Applicants .....	3
Available Funds .....	3
Allowable Use of Funds.....	3
Duration of Grant .....	4
Evaluation and Reporting.....	5
Data Privacy.....	5
Technical Assistance .....	5
Review Process and Timeline .....	5
Submission Process and Deadline .....	5
Application Format.....	6
Required Elements .....	6
Part IA: Cover Page – Applicant Information.....	7
Part IB: Retention of Funds for Service Form .....	9
Part IC: Program Assurances Form .....	10
Part ID: District Assignment of Federal Grant Funds and Assurances.....	11
Application Scoring.....	12
Selection Criteria and Evaluation Rubric.....	13
Letter of Intent .....	16

# Diagnostic Review & Improvement Planning Grant

Due: Tuesday, January 24, 2017 by 11:59 pm

## Introduction

---

The No Child Left Behind Act of 2001 requires that states allocate resources for intensive and sustained support to schools designated as in need of improvement.

This grant is made available to Title I schools with an Improvement, Priority Improvement or Turnaround plan type, in order to address the needs identified by a diagnostic review and support a focused approach to improvement and improvement planning.

## Eligible Applicants

---

All Title I schools with Improvement, Priority Improvement or Turnaround plan types are eligible to apply for this funding opportunity.

Proposals that have met the requirements of the grant will be awarded funding based on the following priority:

1. Title I Focus Schools not awarded in 2014-2015 or 2015-2016;
2. Title I schools with Turnaround plan types;
3. Title I schools with Priority Improvement plan types; and
4. Title I schools with Improvement plan types.

Please note: the 2016 SPFs will not be finalized until January 2017. Please contact Laura Meushaw (303-866-6618 or [meushaw\\_l@cde.state.co.us](mailto:meushaw_l@cde.state.co.us)) to confirm eligibility.

Schools who have been awarded this grant in the last two years, and schools currently participating in Tiered Intervention Grant (1003g) and Connect for Success Grant (1003a) are not eligible.

Under Title I, Part A, Boards of Cooperative Services (BOCES) cannot be the fiscal agent for this application. However, the Lead Education Agency (LEA) identified as the fiscal agent for this grant may assign fiscal responsibilities to a BOCES as defined in P.L. 107-110, Sec. 2403 (2). If the LEA would like to assign fiscal responsibilities to a BOCES to apply for and administer the grant on its behalf, funds can be signed over to the BOCES with completion of the District Assignment of Federal Competitive Grant Funds and Assurances form found in Part ID on page 11.

**Note:** Another funding opportunity, Connect for Success, has been released concurrently. Schools eligible for both opportunities may apply for both, but will receive funding for only one of the grant programs.

## Available Funds

---

Approximately **\$1 million** is available for awards. LEAs may apply on behalf of eligible schools for up to **\$50,000 for a diagnostic review and improvement planning support, or up to \$30,000 for improvement planning support only.**

## Allowable Use of Funds

---

A Local Education Agency that receives a grant under the program shall use the funds for the following activities:

**Diagnostic Review by an External Provider**, in which CDE will collaborate with districts to select a provider that has established that it has the capacity to provide the following services:

- Comprehensive, evidence-based review of how the school is functioning in the following areas\*:
  - Standard 1: Standards and Instructional Planning
  - Standard 2: Best First Instruction
  - Standard 3: Assessment of & for Learning
  - Standard 4: Tiered Support
  - Standard 5: Leadership
  - Standard 6: Culture and Climate
  - Standard 7: Educator Effectiveness
  - Standard 8: Continuous Improvement
- Final report;
- Staff debrief including, key findings from the review (approximately two to four hours).

\*Note: See the “CDE Standards and Indicators for Continuous Improvement” at <http://www.cde.state.co.us/sites/default/files/Colorado%20Standards%20%20Indicators%20for%20Continuou%20School%20Improvement.pdf>

**Improvement Planning Support**, through the Unified Improvement Planning (UIP) process, which may include costs associated with:

- Support for data gathering and organizing (pre-planning for data analysis)
- Review of student performance data;
- Identification of trends and performance challenges;
- Prioritization of performance challenges;
- Root cause analysis;
- Target setting;
- Improvement planning; and
- Costs associated with involving relevant stakeholders (e.g., staff, parents) in data analysis and improvement planning.

Districts may select their own improvement planning support partner. However, all planning partners must be trained by CDE and demonstrate knowledge and understanding of Colorado’s UIP process before funds can be released. CDE will offer trainings for planning partners and provide certification of participation in this training. CDE highly recommends that districts/schools identify their planning support partner before the Diagnostic Review. This partner should be present at the post-review debrief.

Funds from this opportunity received by Local Education Agencies must be used to **supplement and not supplant** any federal, state, and local funds currently being used to provide activities.

## **Duration of Grant**

---

Grants will be awarded for a one-year term. Funds must be obligated **June 30, 2017** and requested by **September 30, 2017**. Diagnostic Reviews funded in this award cycle must be scheduled to take place by **June 30, 2017**. Follow-up improvement planning should be completed by **September 30, 2017**. There will be no carryover of funds.

## Evaluation and Reporting

---

Schools receiving funds under this grant opportunity are required to:

- Submit the Unified Improvement Plan (UIP) that has been updated based on the results of the Diagnostic Review and/or improvement planning support for review by CDE. The school's UIP will be reviewed during the January or April submission timelines, depending on school's status on the state Accountability Clock and on the timing of the Diagnostic Review;
- Use the findings of the Diagnostic Review to inform the comprehensive needs assessment as part of the Title I Schoolwide Plan; and
- Submit the closeout Annual Financial Report to CDE no later than September 30, 2017.

Diagnostic Review providers are required to submit the final report, within 30 days of the review date, to CDE and prior to presenting the final report to the grantee. CDE staff who work directly with the grantee will have access to the report to ensure a comprehensive and streamlined system of support.

Please note that the final report is paid with public funds and must be shared with the public, if requested.

## Data Privacy

---

CDE takes seriously its obligation to protect the privacy of student and educator Personally Identifiable Information (PII) collected, used, shared, and stored. PII will not be collected through the Diagnostic Review and Improvement Planning Grant. All program evaluation data will be collected in the aggregate and will be used, shared, and stored in compliance with applicable laws and CDE's privacy and security policies and procedures.

## Technical Assistance

---

An application training webinar will be held on **Thursday, December 15, 2016 from 2-3 pm**. Register for this technical assistance via Eventbrite at <https://dr1718.eventbrite.com>. If you have questions or issues regarding registration, please email [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us).

If interested in applying for this funding opportunity, please submit the Letter of Intent (see **Attachment A**) via SurveyMonkey at <https://www.surveymonkey.com/r/dr1718> by **Friday, December 16, 2016 by 11:59 pm**.

## Review Process and Timeline

---

Applications will be reviewed by CDE staff and peer reviewers to ensure they contain all required components. Applicants will be notified of final award status no later than **February 28, 2017**.

**Note:** This is a competitive process – to be considered for funding applicants must meet all the requirements listed in the Required Elements section (page 6 of the Request for Proposal). Applications that do not meet all requirements may be asked to submit revisions that would bring the application to a fundable level. There is no guarantee that submitting an application will result in funding or funding at the requested level. All award decisions are final. Applicants that do not meet the qualifications may reapply for future grant opportunities.

## Submission Process and Deadline

---

An electronic copy of the application (in PDF format) and electronic budget (in Excel format) must be submitted to [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us) by **Tuesday, January 24, 2017 by 11:59 pm**. The electronic version must

include all required components of the application as one document. Please attach the electronic budget workbook in Excel format as a separate document. Faxes will not be accepted. Incomplete or late applications will not be considered. If you do not receive an email confirmation of receipt of your application within 24 hours of the deadline, please email [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us). Application materials and budget are available for download on the CDE website at <http://www.cde.state.co.us/fedprograms/ti/sitig>.

Submit the electronic copy of the application and electronic budget to:

[CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us)

By: **Tuesday, January 24, 2017 by 11:59 pm**

## Application Format

---

- The total narrative (Parts II-IV) of the application cannot exceed five (5) pages. Please see below for the required elements of the application. Note: Applications that exceed five (5) pages will not be reviewed.
- All pages must be standard letter size, 8-1/2" x 11" using 12-point font and single-spaced with 1-inch margins and numbered pages.
- The signature page must include original signatures of the lead organization/fiscal agent.

## Required Elements

---

The format outlined below must be followed in order to assure consistent application of the evaluation criteria. See evaluation rubric for specific selection criteria needed in Parts II-IV (pages 13-15).

**Part I: Application Introduction (not scored)**

Part IA: Cover Page – Applicant Information

Part IB: Retention of Funds for Service Form

Part IC: Program Assurances Form

Part ID: District Assignment of Federal Grant Funds and Assurances Form (*if applicable*)

Project Abstract

**Part II: Needs Assessment**

**Part III: Action Plan for Grant Activities (*use the table provided in rubric*)**

**Part IV: Budget Narrative and Electronic Budget**

# Diagnostic Review and Improvement Planning Grant

## Part IA: Cover Page – Applicant Information

Lead Local Education Agency (LEA)/BOCES Information			
<b>LEA/BOCES Name:</b>		<b>LEA/BOCES Code:</b>	
<b>Mailing Address:</b>		<b>DUNS #:</b>	
Type of Education Provider			
(check box below that best describes your organization or authorizer)			
<input type="checkbox"/> School District <input type="checkbox"/> BOCES <input type="checkbox"/> Facility School <input type="checkbox"/> Charter School Institute			
Region			
(indicate region of Colorado this program will directly impact)			
<input type="checkbox"/> Metro <input type="checkbox"/> Pikes Peak <input type="checkbox"/> North Central <input type="checkbox"/> Northwest <input type="checkbox"/> West Central <input type="checkbox"/> Southwest <input type="checkbox"/> Southeast <input type="checkbox"/> Northeast			
District Membership			
(indicate the total number of students within the district)			
Recipient School Information			
<b>School Name:</b>		<b>School Code (4 digits):</b>	
<b>Mailing Address:</b>			
<b>Principal Name:</b>			
<b>Telephone:</b>		<b>E-mail:</b>	
<b>Signature:</b>			
Has the school ever had a diagnostic review? <i>Yes or no. If yes, indicate who conducted the review and when that diagnostic review took place.</i>			
If awarded, when do you plan to have the diagnostic review?			
Authorized Representative Information			
<b>Name:</b>		<b>Title:</b>	
<b>Telephone:</b>		<b>E-mail:</b>	
<b>Signature:</b>			
Program Contact Information			
<b>Name:</b>		<b>Title:</b>	
<b>Mailing Address:</b>			
<b>Telephone:</b>		<b>E-mail:</b>	
<b>Signature:</b>			
Fiscal Manager Information			
<b>Name:</b>			
<b>Telephone:</b>		<b>E-mail:</b>	
<b>Signature:</b>			

<b>Amount of Funding Requested:</b>	<input type="checkbox"/> <i>requesting up to \$50,000 for a Diagnostic Review and Improvement Planning</i>	<input type="checkbox"/> <i>requesting up to \$30,000 for Improvement Planning only</i>
\$		
<b>Previous Grant Information</b>		
The following information will be verified by CDE and considered in the funding decision:		
<b>Has the applicant previously received a Diagnostic Review and Improvement Planning Grant?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>If previously funded, were funds expended in a timely manner?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>If previously funded, were any unspent funds reverted back to CDE?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>If Yes, please enter the year(s) and amount(s) below:</b>		
<b>Year(s):</b>		<b>Amount(s):</b>

**Note:** If grant is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.



## Part IB: Retention of Funds for Service Form

---

The Colorado Department of Education (CDE) requests your permission to retain 10% of FY 2016 School Improvement Support Grant (1003(a) school improvement distribution funds). These retained funds will enable CDE to provide support to districts and their eligible schools in comprehensive needs assessment, improvement plan development, professional learning experiences, leadership development, performance management practices, district system planning and consultation, plan implementation and evaluation of the impact of its improvement strategies. ***There is no need to budget for this amount in this application, as it is budgeted for at the state level.***

CDE believes that this technical assistance in the area of school improvement and school turnaround is beneficial to school districts and requests the permission of eligible agencies to reserve the funds necessary to carry out this initiative. Please sign this letter acknowledging that the district releases funds to CDE to provide this support.

Name of School: \_\_\_\_\_

Signature of Fiscal Representative: \_\_\_\_\_

Printed Name of Fiscal Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Printed Name of Authorized Representative: \_\_\_\_\_

---

## Part IC: Program Assurances Form

---

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application for the Diagnostic Review and Improvement Planning Grant, and the receipt of program funds.

On \_\_\_\_\_ (date) \_\_\_\_\_, 2017, the Board of \_\_\_\_\_ (district) \_\_\_\_\_  
hereby agrees to the following assurances:

- 1) The grantee will annually provide the Colorado Department of Education (CDE) the evaluation information required on pages 4-5 of the Request for Proposal.
- 2) The grantee will work with and provide requested data to CDE for this grant within the timeframes specified.
- 3) The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
- 4) That funds will be used to supplement and not supplant any funds currently being used to provide Diagnostic Review and Improvement Planning services and grant dollars will be administered by the appropriate fiscal agent.
- 5) That funded projects will maintain appropriate fiscal and program records and that fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
- 6) That if any findings of misuse of these funds are discovered, project funds will be returned to CDE.
- 7) The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The CDE may terminate a grant award upon thirty (30) days' notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the CDE before modifications are made to the expenditures. Please contact Evan Davis ([Davis\\_E@cde.state.co.us](mailto:Davis_E@cde.state.co.us) | 303-866-6129) and Laura Meushaw ([Meushaw\\_L@cde.state.co.us](mailto:Meushaw_L@cde.state.co.us) | 303-866-6618) for any modifications.

Name of School Board President/BOCES President/Charter School Board President (if applicable)	Signature
Name of District Superintendent or CSI Authorized Representative/BOCES Executive Director (if applicable)	Signature

## Part ID: District Assignment of Federal Grant Funds and Assurances

---

*(If applicable, complete the information below. Indicate the assignment of the DISTRICT funds to a BOCES/CONSORTIUM and provide all required signatures/initials)*

### Grant Program: Diagnostic Review & Improvement Planning Grant Program

The LEA identified as fiscal agent for this grant may assign fiscal responsibilities to a BOCES as defined in P.L. 107-110, Sec. 2403 (2) within the eligible partnership. Complete the form below to indicate who will now become the fiscal agent for this grant award.

\_\_\_\_\_ **School District** hereby authorizes the \_\_\_\_\_ **BOCES**  
to act as Fiscal Agent to apply for School Improvement Support grant funding and administer  
the grant on behalf of \_\_\_\_\_ **School District.**

**School District Authorized Representative:**

District Name: \_\_\_\_\_ District Code: \_\_\_\_\_

**School District Authorized Rep. Signature:**

Assign these funds to: \_\_\_\_\_

**BOCES Authorized Representative:**

**BOCES Authorized Rep. Signature:**

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If a consortium of districts, each district Authorized Representative must provide initials of understanding/agreement authorizing the BOCES to act as the fiscal agent to apply for these funds and administer the grant. (Additional rows may be added)

District: _____	Initials: _____
District: _____	Initials: _____
District: _____	Initials: _____

In consideration of the receipt of these grant funds, the LEA agrees that the General Assurances form for all federal funds and the terms therein are specifically incorporated by reference in the forthcoming application. The LEA also certifies that all program and pertinent administrative requirements will be met. This includes the Education Department General Administrative Regulations (EDGAR), the Office of Management and Budget (OMB) Accounting Circulars, and the Department of Education's General Education Provisions Act (GEPA) requirements. Further, by agreeing to the assignment of any School Improvement funds to a BOCES/Consortium, the LEA(s) will provide relevant information and/or data as requested by the BOCES/Consortium in order for the BOCES/Consortium to fulfill its responsibilities related to the administration and accountability of these funds.

---

Signature of President of Lead LEA District School Board \_\_\_\_\_ Date \_\_\_\_\_

---

BOCES Authorized Representative Signature of Acceptance \_\_\_\_\_ Date \_\_\_\_\_

# Diagnostic Review and Improvement Planning Grant

## Application Scoring

---

*CDE Use Only*

		Not Addressed or Did Not Meet Criteria	Met All Criteria
Part I:	Proposal Introduction	<input type="checkbox"/>	<input type="checkbox"/>
Part II:	Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Part III:	Action Plan for Grant Activities	<input type="checkbox"/>	<input type="checkbox"/>
Part IV:	Budget Narrative and Electronic Budget	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL COMMENTS:** Please indicate support for scoring by including overall strengths and weaknesses. These comments will be provided to applicants with their final scores.

**Strengths:**

- 
- 

**Weaknesses:**

- 
- 

**Required Changes:**

- 
- 

**RECOMMENDATION:** Funded \_\_\_\_\_ Funded with Changes \_\_\_\_\_ Not Funded \_\_\_\_\_

## Selection Criteria and Evaluation Rubric

### Part I: Application Introduction (No Points)

#### Cover Pages and Assurances

Complete applicant information and program assurances and include as the first pages of the application.

#### Project Abstract

Provide a brief description (no more than one page) of the applicant's program to be funded by the Diagnostic Review & Improvement Planning Grant. This summary does not count toward the five-page narrative page limit.

### Parts II-IV: Application Narrative

The following criteria will be used by reviewers to evaluate the application as a whole. Applications will be reviewed by CDE staff to ensure they contain all required components.

There is no guarantee that submitting a proposal will result in funding or funding at the requested level. All application decisions are final. Applicants that do not meet the qualifications will be notified and may reapply in future grant opportunities, if eligible.

**For those applicants that have previously received funding from Diagnostic Review and Improvement Planning Grant, the expectation is that the narrative will include references to that award, where applicable. For example, discuss how the funds contributed to the program and what still needs to be accomplished. In particular, applicants should demonstrate ongoing and improved capacity in the program and a well-developed plan for sustainability.**

Note: Documents submitted must not contain any personally identifiable student or educator information including names, identification numbers, or anything that could identify an individual. All data should be referenced/included in the aggregate and the aggregate counts should be redacted to remove small numbers under 16 for students or 5 for educators.

<b>Part II: Needs Assessment</b>	<b>Not Addressed or Did Not Meet Criteria</b> <i>(information not provided)</i>	<b>Met All Criteria</b> <i>(concise and thoroughly developed, high quality response)</i>
1. Describe the school and/or district's current improvement planning process (e.g., UIP) and/or needs assessment process.	<input type="checkbox"/>	<input type="checkbox"/>
2. Describe how the school/district consulted with relevant stakeholders in developing this application (e.g., School Board, DAC, SAC, staff).	<input type="checkbox"/>	<input type="checkbox"/>
3. Specifically identify who will serve as the district implementation coach and describe his/her qualifications and expectations for the role. Describe how this person will be responsible for carrying out the activities related to the diagnostic review and/or improvement planning. Identify who will be the main point of contact for ensuring the grant activities are on track.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Comments:</b>		

<b>Part III: Action Plan for Grant Activities</b>	<b>Not Addressed or Did Not Meet Criteria</b> <i>(information not provided)</i>	<b>Met All Criteria</b> <i>(concise and thoroughly developed, high quality response)</i>
---	--	---

*Describe the major activities related to the diagnostic review and improvement planning support. CDE recognizes that the timeline will not be exact, but please provide an estimate of when activities will take place.*

<p>1. Use the table below to organize activities in a timely and efficient manner, identify responsible individuals, develop a timeline, and indicate the resources that will be leveraged. (See example below)</p> <ul style="list-style-type: none"> <li>Identify <b>major grant activities, interim benchmarks, timeline</b>, and the <b>person(s) responsible</b>.</li> <li>Run from date through date.</li> <li>Be aligned with the allowable use of funds listed on pages 4-5 of the Request for Proposal.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

**For example:**

<b>Action</b>	<b>Timeline</b>	<b>Resources</b>	<b>Key Personnel</b>
Select Diagnostic Review Provider & Improvement Planning Partner.	By May 2017	<\$20,000 <i>(recommended budget for on-site review)</i>	Principal Grant implementation coach
Inform CDE ( <a href="mailto:meushaw_l@cde.state.co.us">meushaw_l@cde.state.co.us</a> ) of DR provider and Improvement Planning Partner.	By May 2017	--	Principal Grant implementation coach
Schedule Diagnostic Review on-site dates & all-staff debrief. <i>Note: please remember to include the improvement planning partner in the debrief.</i>	Completed by October 2017	Staff stipends for attendance at after-school debrief: \$4,000	Principal All staff Grant implementation coach Diagnostic Review Provider Improvement Planning Partner
Schedule Improvement Planning Dates: <ul style="list-style-type: none"> <li>Gather and analyze data with principal and leadership team</li> <li>Identify performance challenges with entire staff</li> <li>Root cause analysis, verification of root cause and Diagnostic Review Findings with entire staff</li> <li>Develop Major Improvement Strategies and action steps with principal and leadership team</li> </ul>	October 2017-December 2017	4 sessions: Improvement Planning Facilitator: \$12,000  2 sessions: Staff stipends for stipends for after-school sessions: \$4,000	Principal All staff Grant implementation coach Improvement Planning Partner
Facilitate Improvement Planning sessions with staff	By Jan. 15, 2018		Principal Improvement Planning Partner

**Reviewer Comments:**

<b>Part IV: Budget Narrative and Electronic Budget</b> <i>(Electronic Budget Spreadsheet (Excel file) does not count toward page limit; Budget Narrative included in the five-page limit)</i>	<b>Not Addressed or Did Not Meet Criteria</b> <i>(information not provided)</i>	<b>Met All Criteria</b> <i>(concise and thoroughly developed, high quality response)</i>
<p>1. Complete and attach the <b>Budget Spreadsheet (Excel file)</b>. List costs of the proposed project as presented that are reasonable, necessary and are calculated to show how amounts are determined. The budget should be sufficient in relation to the objectives, design, scope and sustainability of project activities and demonstrate how funds will be used for supplementary services.</p> <p><b>Item Description Example:</b>  .X FTE for [role or title] at \$xxxxx per [hour or month or year] times [x per hours or months or year]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. In addition to submitting the electronic budget, include a <b>Budget Narrative</b> <i>(included in the five-page limit)</i> in a narrative format that addresses the following criteria:</p> <ul style="list-style-type: none"> <li>• Provide an explanation that summarizes the proposed uses of grant funds by budget category and is tied to the Action Plan for Grant Activities (Part III).</li> <li>• Include the cost of the instructional and student support program that the applicant plans to implement using the grant funds.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Comments:</b>		

## Letter of Intent

The Letter of Intent to apply for the Diagnostic Review and Improvement Planning grant is due **Friday, December 16, 2016 by 11:59 pm**. Submit online via SurveyMonkey at <https://www.surveymonkey.com/r/dr1718>. Below is a screenshot of the information requested in the Letter of Intent.

# Diagnostic Review - Letter of Intent

**Letters of Intent due Friday, December 16, 2016, by 11:59 pm.**

Please complete the information requested below to indicate your intention to apply for the **Diagnostic Review and Improvement Planning Grant**.

Name of LEA:

  

Recipient Schools:

  

Name of Authorized Representative:

  

Name of Contact for the Proposal:

  

Contact Telephone Number:

  

Contact E-mail Address

  

I affirm that I am the named authorized representative from the LEA, or that the named authorized representative is aware and has approved of the intent to apply for the grant opportunity.

Yes  
No