

Part 2. APPLICATION
High Quality School Readiness Program Expansion
COVER PAGE

Grant Period: July 1, 2018 – June 30, 2019

Program Title:

Total number of preschool students currently served by the LEA:
Total number of additional TANF eligible children to be served by the grant:

Requested Amount: TANF Per Child Amount

Fiscal Agent:
Address:
Phone:

Applicant Organization:
Applicant Mailing Address:
Federal I.D. Number:

Project Administrator: Implements program, communicates grant changes and provides requested paperwork and data to TANF Preschool Administrator

Name:
Phone:
E-Mail:

District Business Administrator: Oversees district budget

Name:
Phone:
E-Mail:

I have reviewed the renewal application budget and agree it is sufficient to run the program.

BA Signature: _____ **Date:** _____

Geographic Coverage (Population to be served):

County(ies)	
School District(s)	
Local Community(ies)	

ASSURANCE

In compliance with this grant proposal, as published by the Utah State Board of Education, and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services described in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

If successful in securing funds for a High Quality School Readiness Program Expansion Grant, applicant agrees to the following:

1. Must abide by all district rules (if applicable), state, and federal laws applicable to the grant.
2. Must guarantee compliance to federal, state and local fiscal guidelines and reporting requirements applicable to the grant.
3. Provide all students with a unique state student identifier, to enable longitudinal data collection.
4. Provide information for reports to the Utah State Board of Education, including, but not limited to (1) the number of students served by the early childhood program, reported by economically disadvantaged status; (2) average daily attendance over the grant period; (3) the cost of the program per student; and (4) the pre-, mid-, and post-assessment results, meeting all required timelines.
5. Provide the independent evaluator access to students, with parent permission, classroom, and other data as requested to determine the growth of the program.
6. Participate in the Kindergarten Entry Profile Assessment to be administered in Fall 2018.

Authorized Representative (Board Chair, Superintendent)

Name:	
Title:	
Phone:	
Fax:	
E-Mail:	

Signature: _____ **Date:** _____

Note: An authorized representative must be a person who has the authority to enter into contracts with the state and commit the organization's resources to the project.