##### **APPENDIX A**

##### **FY19 DISTRICT COVER PAGE**

Provide the requested information within this template using Arial font 12-pt. An electronic version can be found at: https://webnew.ped.state.nm.us/information/rfps-rfis-rfas/

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| **School District and/or Charter School** | | | |
| **Name** |  | | |
|  | | | |
| **Superintendent or Administrator** | | | |
| **Name** |  | | |
| **Phone** |  | **e-mail** |  |
| **Mailing Address** |  | | |
|  | | | |
| **Principal** | | | |
| **Name** |  | | |
| **Phone** |  | **e-mail** |  |
| **Mailing Address** |  | | |
|  | | | |
| **Business Manager** | | | |
| **Name** |  | | |
| **Phone** |  | **e-mail** |  |
| **Mailing Address** |  | | |
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| **District Information** | |
| Total District Enrollment (use SY2017-18, 80D) |  |
| District American Indian Enrollment |  |
| Anticipated number of American Indian students to be served |  |
| Total number of schools in District |  |
| Number of schools to be served |  |

##### **APPENDIX B**

##### **INDIAN EDUCATION DISTRICT AND CULTURAL INCLUSION SUPPORT**

##### **FY19 APPLICATION**

Provide the requested information within this template using Arial font 12-pt. An electronic version can be found at

https://webnew.ped.state.nm.us/information/rfps-rfis-rfas/

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| **PROJECT DESIGN (30 points)** | | | |
| In narrative format, provide a detailed description of the proposed quality program/project to be funded by this grant. Respond to each of the following items:   1. Indicate the Level of project funding requested (choose from one of three Levels explained under the *Award Amounts* section of the RFA). 2. Indicate the Priority Area(s) to be addressed (choose one to three Priority Areas from the *Priorities* section of the RFA). 3. Provide a detailed and clear description of the proposed program or project to be funded by this grant and the mid-/high-impact and/or cultural- and/or -based strategies to be implemented. Provide support when linking non-academic indicators and academic indicators, i.e., language committee, cultural, health, behavior, etc. impact on academic outcomes. 4. Describe how this program/project works within the larger Indian Education program administered by the applicant. Tier 3 proposals must demonstrate how the grant will be used to supplement, not supplant, current district programs and educational activities including Tribal heritage language program activities. Please include a strategic direction the school district supports to include the success of American Indian students. 5. Provide the data on which the need for this program/project is based, including the following data for American Indian students:  * PARCC Assessment * Attendance data * In-School and Out-of-School Suspension data * School Climate and Safety data * Tribal and Community data  1. Describe the consultation with local Tribes and other American Indian stakeholders, such as parents, teachers and students, that took place in preparation of this application. | | | |
| This response section needs several pages, or one box per item (a-f) can be provided | | | |
| **MEASURABLE OBJECTIVES AND EVALUATION PLAN (25 points)** | | | |
| Complete this section if applying for Level 2 or 3 funding.   * Write 2-3 measurable objectives that follow the SMART format (Specific, Measurable, Achievable, Relevant and Time Limited) for each Priority Area indicated in the Program/Project Design section of this application. * For each Objective, list the activities from the Program/Project Design that will lead to the outcome. * For each Objective, indicate the data tool and process that will be used to measure progress towards the Objective. If applying for Level 3 funding, there must be both qualitative and quantitative measurements. * Objectives must be for the application year, FY19, but preference will be given to those programs with designs that span 2-3 years with measurable objectives for that time period as well.   Example of SMART Objective:  Need space for a maximum of 9 objectives | | | |
| Priority:  Objective:  Activities:  Measurement Tools and Process: | | | |
| Priority:  Objective:  Activities:  Measurement Tools and Process: | | | |
| Priority:  Objective:  Activities:  Measurement Tools and Process: | | | |
| **WORK PLAN (30 points)** | | | |
| State the positions of the individuals who will comprise the Indian Education Leadership Team responsible for development and implementation of the project Work Plan. The following representation is recommended: an administrator with decision-making authority, the Indian Education Program Coordinator, a teacher, and a mental/behavioral health expert.  Indicate the major activities that need to be conducted in order to implement the programs/strategies indicated in the Program/Project Design and to meet the Objectives described in this application. For each major activity, indicate the person(s) responsible for conducting the activity, the partner agency(s) on this activity if any, and the timeline to ensure that the activity is completed within the July 1, 2018 to June 30, 2019 grant year. | | | |
| **Program/Project Team Members:** | | | |
| **Major Activities** | **Person(s) Responsible** | **Partner Agencies**  **(if applicable)** | **Timeline** |
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| *(Add more lines if necessary)* |  |  |  |

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| **Budget and Budget Justification (15 points)** |
| This budget is for August 1, 2018 – June 30, 2019. Complete each line item for which funding is requested and a detailed justification for the cost, including how the cost is calculated. Costs must be directly related to the activities included in the proposal and may include personnel, professional development, resource materials, supplies, transportation, lodging and stipends.  Note: Funds made available under this grant shall be used to supplement, and not supplant, any other federal, state or local education funds including Language and Culture program funds. |

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| **Include Function-Object codes**  **(Please work with your business manager for appropriate codes)** | **RFA** |
| **BUDGET AMOUNT** |
| **51300** - **PERSONNEL** Costs of employees’ salary and wages.  *For each staff person, provide: Position Title FTE or PTE, wage rate, and annual salary, grant salary for specified programs and why position was not supported by district.* (For Example: (1) certified Teacher $10.00/hr. for 203 hours = 10.00 X 203 = $2,030) |  |
| **52111** - Ed Ret (%) *Provide actual percentages* |  |
| **52112** - Ret Health (%) *Provide actual percentages* |  |
| **52210** - FICA (%) *Provide actual percentages* |  |
| **52220** - Medicare (%) *Provide actual percentages* |  |
| **56118** - General Supplies and Materials - Instructional *Materials Please justify the need; 1) a description of the equipment/supplies, 2) the cost per unit, 3) the number of units, 4) the total cost, and 5) alignment with program plan*. |  |
| **53330- Travel and training-** Professional development for teachers, staff, employee travel and justification: *Please provide number of teachers including amounts, registrations for how many, and travel*. |  |
| **55817/55818 Travel- Student travel and/or non-employee travel** justification |  |
| **55915 – Contractual Services:** *Specify general categories for professional development, consultants, and trainers. NOTE: a sub-contractor form must be completed prior to initial contract approved by PED.* |  |
| **53711** - **Other purchase Services:** *Specify general categories of space and equipment rentals; printing and publication; computer use; stipends; and student travel. -* | **0.00** |
| **Please add more lines if needed** |  |
| **TOTAL** | **0.00** |
| **Required Approvals for proposed budget:**    **Program Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Business Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**APPENDIX C**

##### **FY19 INDIAN EDUCATION DISTRICT AND CULTURAL INCLUSION SUPPORT**

##### **DISTRICT ASSURANCES**

Required signatures include the contact person and district superintendent in which funds will be utilized. The application will not be considered complete without the required signatures.

The undersigned assures that:

1. The information included in the enclosed Request for Application (RFA) is true and accurate.
2. The monies received as a result of this RFA will be utilized for the 2018-19 Indian Education District and Cultural Inclusion Support.
3. The funding received as a result of this RFA is intended to be **liquidated by June 30, 2019.**
4. The intention of this funding is to fund the Indian Education District Support programs during the 2018-2019 school year to establish effective educational programs and practices that contribute to the cultural and academic success of NM American Indian students.
5. Partnerships with American Indian parents and tribal communities/entities to improve the students’ learning and implementing effective programs and strategies will be promoted and supported.

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| **Contact Name** |  | **Title** |

|  |  |  |
| --- | --- | --- |
| **Signature** |  | **Date** |
|  |  |  |
| **Superintendent/Administrator** |  |  |

If tribe, nation or pueblo is collaborating with a public school district, complete the section below.

Tribe, Pueblo, and/or Nation:

Tribal Signature Date