#####  **APPENDIX A**

##### **FY19 STRENGTHENING TRIBAL PROGRAMS**

##### **APPLICATION 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/

|  |
| --- |
| **Contact and Participation Information** |
| 1. **Tribe, Nation or Pueblo:**
 |
| 1. **Mailing and Rural Address:**
 |
| 1. **Telephone number: Fax number:**
 |
| 1. **List Name(s) and Locations of Tribal Language Programs:**
 |
| 1. **Contact Person Regarding Application (this person should be the assigned personnel of the grant and program):**

**Name: Title:****Telephone: Email Address:** |
| 1. **Anticipated targeted population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| 1. **If applicable, anticipated school district partnership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| 1. **Anticipated number of students and/or tribal members participating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| 1. **Anticipated number of teachers \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| **Tribal Authorization** |
| **SIGNATURE OF APPLICANT: I hereby certify that I am authorized to sign this application, that all information contained in this application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge.** |
| **Authorized Tribal Leader’s Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Printed Name (Legible) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****The information on this form must be completely filled out including signature and date.** |
|  |

#####  **APPENDIX B**

##### **FY19 STRENGTHENING TRIBAL PROGRAMS**

##### **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/

|  |
| --- |
| **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 high-impact and/or evidence-based strategies to be implemented. Provide support when linking non-academic indicators and academic indicators, i.e., language committee, cultural, attendance, truancy, health, behavior, impact on learner outcomes or increased collaboration with evidence of agreements, etc..
4. Describe how this program/project works within the larger Indian Education program administered by the applicant or partner school, if applicable. Tier 3 proposals must demonstrate how the grant will be used to supplement, not supplant, current Tribal programs and educational activities.
5. Provide the data on which the need for this program/project is based, including the following data for American Indian students:
* Tribal profile data
* PARCC Assessment
* Attendance data
* In-School and Out-of-School Suspension data
* School Climate and Safety data
* Other Community data
1. Indicate any partner agencies or schools and provide a description of the relationship and the activities that are included in the partnership relative to 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 Director/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 August 1, 2018 to June 30, 2019 grant year. |
| **Program/Project Team Members:** |
| **Major Activities** | **Person(s) Responsible** | **Partner Agencies** **(if applicable)** | **Timeline** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **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 stipend to language committee participants.Note: Funds made available under this grant shall be used to supplement, and not supplant, any other federal, state or local education funds. |
| **Budget and Justification Line Items for Direct Service Funds related to SOW** | **Amount** |
| 1. **PERSONNEL** Costs of employees’ salary and wages.

**For each staff person, provide**: Position title; please indicate if FTE or PTE, wage rate, annual salary, grant salary for specified programs and why position was not supported by Tribe. (For Example: (1) certified language teacher $10.00/hr for 203 hours = 10.00 X 203 = $2,030) |  |
| 1. **FRINGE BENEFITS** List all components of fringe benefits rate.
2. *Title, 2.) rate %, 3) wage, 4) cost (For Example: 6% rate = 6% X 2,030 = $121.8)*
 |  |
| 1. **TRAVEL, TRAINING, & STATE REQUEST:** *Explain need for all travel including required activities by this application. May include conference fees and professional development training costs. Show per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.*
 |  |
| 1. **JUSTIFICATION: Describe the purpose of travel and how costs were determined.** *Costs of project-related travel by employees.  Include required travel expense for year-end presentation to NMPED Indian Education and/or Advisory Council. 1) per diem rates, 2) meal expenses, 3) lodging expenses, and 4) registration fees*.
 |  |
| 1. **EQUIPMENT:** *Explain the need and purpose for Equipment. For each type of equipment requested, provide:  1) a description of the equipment, 2) the cost per unit, 3) the number of units, 4) the total cost, and 5) alignment with program plan.*
 |  |
| 1. **SUPPLIES:**  *Specify general categories of supplies and their costs.  Show computations and provide other information that supports the amount requested.*
 |  |
| 1. **CONTRACTUAL:** *Costs of all contracts for services. Specify general categories for professional development, consultants, and trainers.*
 |  |
| 1. **OTHER PURCHASE SERVICES:** *Specify general categories of space and equipment, e.g. rentals; printing and publication, computer use, stipends, and student travel.*
 |  |
| 1. **INDIRECT CHARGES:** *This category should be used only when the applicant currently has an indirect cost rate approved by the Tribe.* ***Indirect Cost \_\_\_% [Up to 5%]***
 |  |
| **TOTAL PROJECT COST** |  |
| **Note: Add or delete rows and budget line items to table as needed.** |

 **APPENDIX C**

##### **FY19 STRENGTHENING TRIBAL PROGRAMS**

**ASSURANCES**

The application is not complete and will not be considered without all required signatures.

We, the undersigned, assure that the information included in the enclosed application is true and accurate. Monies received as a result of this application will be utilized for implementation of the activities of this application.

Tribe, Nation or Pueblo:

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

School District:

Superintendent Signature Date

If tribe, nation or pueblo is collaborating with a Bureau of Indian Education school, complete the section below.

School:

Principal Signature Date

The tribal financial authorized personnel is consulted and agrees to herein submitted budget for this application, complete the section below.

Tribe, Nation or Pueblo:

Authorized Financial Signature Date