

**2024-25 ESSA Title II, Part A  
Consolidated Application  
Charter School Worksheet**

**Section 1**

District Charter Name: \_\_\_\_\_

Does your District Charter accept Title II funds? YES ☐ NO ☐

\_\_\_\_\_  
Head Administrator

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Title II-A Federal Program Director

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
RfR Submitter

\_\_\_\_\_  
Contact Phone #

**Section 2**

Was this charter offered Title II funds? YES ☐ NO ☐

Did this charter school decline Title II funds? YES ☐ NO ☐

**Enrollment**

Total Public \_\_\_\_\_ Total Private \_\_\_\_\_ Total Charter \_\_\_\_\_ = **LEA Total Enrollment** \_\_\_\_\_

LEA Preliminary Allocation \_\_\_\_\_ Indirect Costs \_\_\_\_\_

**LEA Total Allocation** \_\_\_\_\_ Per Pupil Amount \_\_\_\_\_

**LEA Total Allocation** = LEA Preliminary Allocation - Indirect Costs

**LEA Total Enrollment** = Total Public + Total Private + Total Local Charter Enrollment

**Per Pupil Amount** = LEA Total Allocation / LEA Total Enrollment

**Allocation**

**Charter School Enrollment** \_\_\_\_\_ **Charter School Allocation** \_\_\_\_\_

Charter School Allocation = Charter School Enrollment \* Per Pupil Amount

### **Section 3**

#### **Plan of Action to Increase Equity**

How will your school use Title II-A funds to increase the percentage of economically disadvantaged, minority, students with disabilities, American Indians, and EL students served by a high-quality teacher? Please use the text box below to detail your plan.

**Total Amount Budgeted:** \_\_\_\_\_

### **Section 4**

#### **Mentorship Support to Teachers**

Please include a list of mentors, their license #'s, license level (2/3A), name and license number of the educator/s they are supporting, and a brief description of the support that they will provide:

**Mentorship Support Budgeted Funds:** \_\_\_\_\_

### **Section 5**

#### **Professional Development by Domains**

Domain(s) that will be targeted:

Type of professional development:

How will the LEA measure the success of the professional development?

Provide a list of each educator participating (*name, license number, and role*):

**Professional Development Budgeted Funds:** \_\_\_\_\_

## **Section 6**

### **Additional Professional Development Activities Planned**

List the type of PD and how it aligns with Title II-A:

How will the LEA measure the success of the professional development?

Provide a list of each educator participating (*name, license number, and role*):

**Additional Professional Development Funds:** \_\_\_\_\_

**Section 7**  
**Other Salaries**

Please list the name, license number, and role for each salary to be paid out of Title II-A.  
Please include a description of how this allocation aligns with Title II-A.

**Other Salary Funds:** \_\_\_\_\_

**Section 8**  
**Funds Transferred to Other Federal Programs**

Are you Transferring/REAP Title II-A Funds? YES ☐ NO ☐

Transferring to:

Title I A ☐

Title I C ☐

Title I D ☐

Title III ☐

Title IV A ☐

RLIS ☐

**Amount to be transferred to Title I, Part A:** \_\_\_\_\_

**Amount that will be transferred to other than Title I, Part A:** \_\_\_\_\_

State the name of the fund the Title II-A funds will be transferred to and how the funds will be used:

## 2024-25 ESSA Title II, Part A Consolidated Application Charter School Worksheet

The Title II, Part A program is designed to:

- improve the quality and effectiveness of teachers, principals, and other school leaders,
- increase the number of teachers, principals, and other school leaders who are effective at improving student outcomes,
- provide students from low-income families and minority students greater access to effective educators, and
- meaningfully support educators so they can help their students for success in college and careers.

Title II, Part A investments should align with an LEA's overall strategy to support effective instruction in order to improve student academic outcomes.

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that I am authorized to submit this application. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable state laws and regulations, application guidelines, and instructions. It is understood that this application constitutes a proposal and, if accepted by the New Mexico Public Education Department or renegotiated to acceptance, will form a binding agreement.

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Printed Name of Superintendent or Charter School Director

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Signature of Superintendent or Charter School Director

Date \_\_\_\_\_

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