

AUTHORITY: P.L. 107-110; State School Aid Act, Section 41, as amended.

COMPLETION: VOLUNTARY. (Failure to file consolidated application will result in loss of funding.)

Direct questions regarding this form to (517) 373-3921.

FAX NUMBER: (517) 335-2886.

2009-2010 CONSOLIDATED APPLICATION

APPLICANT	LEGAL NAME OF DISTRICT		DISTRICT CODE
	ADDRESS OF DISTRICT		
	CITY and ZIP CODE		NAME OF COUNTY
CONTACT PERSON	Name of Contact Person	Title	Telephone
	Address	City	Zip Code
	E-Mail Address	Facsimile	Summer Telephone (Optional)

1. PROGRAMS INCLUDED:

AT THIS TIME	WILL SUBMIT LATER	
<input type="checkbox"/>	<input type="checkbox"/>	TITLE I, PART A - Improving Basic Programs
<input type="checkbox"/>	<input type="checkbox"/>	American Recovery and Reinvestment Act (ARRA) TITLE I, PART A - Improving Basic Programs
<input type="checkbox"/>	<input type="checkbox"/>	TITLE I, PART C - Migrant Education (Regular School Year)
<input type="checkbox"/>	<input type="checkbox"/>	TITLE I, PART D - N or D Prevention/Intervention
<input type="checkbox"/>	<input type="checkbox"/>	American Recovery and Reinvestment Act (ARRA) TITLE I, PART D - N or D Prevention/Intervention
<input type="checkbox"/>	<input type="checkbox"/>	TITLE II, PART A - Teacher/Principal Training and Recruiting
<input type="checkbox"/>	<input type="checkbox"/>	American Recovery and Reinvestment Act (ARRA) TITLE II, PART D - Enhancing Education Through Technology
<input type="checkbox"/>	<input type="checkbox"/>	TITLE II, PART D Carryover - Enhancing Education Through Technology
<input type="checkbox"/>	<input type="checkbox"/>	TITLE III - Limited English Proficient Students
<input type="checkbox"/>	<input type="checkbox"/>	TITLE III - Immigrant Students
<input type="checkbox"/>	<input type="checkbox"/>	TITLE VI, PART B, Subpart 2 - Rural and Low-Income Grant

2. CERTIFICATION:

- _____ a) the information submitted in this application is true and correct to the best of my knowledge; and
b) the applicant will comply with the assurances and certifications of this application.

DATE _____ SUPERINTENDENT OR AUTHORIZED OFFICIAL _____ TELEPHONE _____

**2009-2010 CONSOLIDATED APPLICATION
DESCRIPTION OF EQUITABLE ACCESS**

I. Do the programs included in the Consolidated Application include services to students? Yes No

If **YES**, please respond to the following items:

1. Are there any barriers that prevent equitable access to services for students (gender, race, national origin, color, disability, or age)? Yes No

2. If there are barriers, state the barriers and provide a description of how the local educational agency (LEA) is addressing those barriers. (See the HELP screen for assistance)

3. Please describe the criteria used to provide instructional services to students to ensure equitable participation, i.e., For targeted assistance Title I programs, state the specific criteria used to select students for Title I services. For schoolwide schools, describe the basis for providing timely additional assistance to students. (See the HELP screen for additional examples of services to students)

**2009-2010 CONSOLIDATED APPLICATION
DESCRIPTION OF EQUITABLE ACCESS**

II. Do the programs included in the Consolidated Application include services to staff? Yes No

If **YES**, please respond to the following items:

1. Are there any barriers that prevent equitable access to services for staff (gender, race, national origin, color, disability, or age)? Yes No

2. If there are barriers, state the barriers and provide a description of how the local educational agency (LEA) is addressing those barriers. (See the HELP screen for assistance)

3. Please describe the criteria used to select staff in a fair and equitable manner to participate in federally-funded professional development activities.

**2009-2010 CONSOLIDATED APPLICATION
DESCRIPTION OF EQUITABLE ACCESS**

III. Parent Involvement – The programs included in the Consolidated Application require parent involvement.

All LEAs must respond to each of the items below:

1. Are there any barriers that prevent equitable access to services for parents (gender, race, national origin, color, disability, or age)? Yes No

2. If there are barriers, state the barriers and provide a description of how the local educational agency (LEA) is addressing those barriers. (See the HELP screen for assistance)

3. Please describe the methods used to communicate with parents to ensure fair and equitable opportunities to participate in **planning, implementing and evaluation** of the Title I program as well as Title I parent involvement activities, and any other federally-funded programs requiring parent involvement.

**2009-2010 CONSOLIDATED APPLICATION
PARTICIPATION OF PRIVATE NON-PROFIT SCHOOLS
FEDERAL PROGRAMS**

District Name: _____ **District Code:** _____

Check this box to complete the page if your district has:

- 1) **NO** private non-profit schools within the district boundary AND,
- 2) **NO** resident students attending private schools outside the district boundary.

- If your district has private non-profit schools within or outside the district boundary, but they choose no to participate, complete question 1, then enter “NONE PARTICIPATING FOR 2009-2010” for questions 2 and 3.
- If your district has private non-profit schools within or outside the district boundary that do choose to participate, complete all three questions.

Check this box to provide an assurance that all of the information below applies to both the regular year funds and the ARRA funds.

1. Describe how the district will meet the federal requirements for participation of students, parents and teachers or other educational personnel of private nonprofit schools as required in the programs applied for in this application. Note that the requirements for Title I, Part A apply to participating students, their parents and their teachers, while the requirements for other federal programs in the Consolidated Application apply to participating students and their teachers or other educational personnel. Use the link in the Attachments section of the Application Menu to **attach a copy of a letter sent to a private nonprofit school** as a sample of the notification process.

2. Describe how the district has or will continue to consult with the appropriate representatives of the **students** enrolled in private non-profit schools during all phases of the development and design of the project covered by the application.

**2009-2010 CONSOLIDATED APPLICATION
PARTICIPATION OF PRIVATE NON-PROFIT SCHOOLS
FEDERAL PROGRAMS**

District Name: _____ **District Code:** _____

3. Describe how the district will assure that **programs and services** funded by this grant are equitable for private non-profit school participants. Explain any differences in programs and services offered to private non-profit schools.

2009-10 CONSOLIDATED APPLICATION
 TITLE I, PART A –IMPROVING BASIC PROGRAMS
 BUDGET SUMMARY

BUDGET SUMMARY							
Legal Name of Applicant							
District Code	Grant Number	Project Number	CFDA Number	Project Type	Starting Date	Ending Date	Fiscal Year

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL
110	Instruction – Basic Program							
120	Instruction – Added Needs							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
300	Community Services							
400	Outgoing Transfers & Other Transactions							
	SUB-TOTAL							
	Indirect Costs: \$	Enter dollar amount only, do not enter %. Restricted Rate (Max allowed: %)						
	TOTAL							
	Total Allocation Amount (Estimated):						Allocation Balance:	
	Carryover:							
	Total Availability:						Availability Balance:	

 DATE BUSINESS OFFICE REPRESENTATIVE PHONE

 DATE PROJECT CONTACT PERSON PHONE

2009-10 CONSOLIDATED APPLICATION
ARRA TITLE I, PART A –IMPROVING BASIC PROGRAMS
BUDGET SUMMARY

BUDGET SUMMARY							
Legal Name of Applicant							
District Code	Grant Number	Project Number	CFDA Number	Project Type	Starting Date	Ending Date	Fiscal Year

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL
110	Instruction – Basic Program							
120	Instruction – Added Needs							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
300	Community Services							
400	Outgoing Transfers & Other Transactions							
	SUB-TOTAL							
	Indirect Costs: \$	Enter dollar amount only, do not enter %. Restricted Rate (Max allowed: %)						
	TOTAL							
	Total Allocation Amount (Estimated):					Allocation Balance:		
	Carryover:							
	Total Availability:					Availability Balance:		

DATE BUSINESS OFFICE REPRESENTATIVE PHONE

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2009-2010 CONSOLIDATED APPLICATION
 TITLE I, PART C - MIGRANT EDUCATION (Regular School Year)
 BUDGET SUMMARY

BUDGET SUMMARY							
Legal Name of Applicant							
District Code	Grant Number	Project Number	CFDA Number	Project Type	Starting Date	Ending Date	Fiscal Year

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL
120	Instruction – Added Needs							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
300	Community Services							
400	Outgoing Transfers & Other Transactions							
	SUB-TOTAL							
	Indirect Costs: \$ Enter dollar amount only, do not enter %. Restricted Rate (Max allowed: %)							
	TOTAL							
	Total Allocation Amount (Estimated):					Allocation Balance:		

 DATE BUSINESS OFFICE REPRESENTATIVE PHONE

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2009-2010 CONSOLIDATED APPLICATION
 TITLE II, PART A - TEACHER/PRINCIPAL TRAINING & RECRUITING
 BUDGET SUMMARY

BUDGET SUMMARY							
Legal Name of Applicant							
District Code	Grant Number	Project Number	CFDA Number	Project Type	Starting Date	Ending Date	Fiscal Year

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL	
110	Instruction – Basic Program								
120	Instruction – Added Needs								
210	Pupil Support Services								
220	Instructional Staff Services								
230	General Administration								
240	School Administration								
250	Business Services								
260	Operation and Maintenance								
270	Pupil Transportation Services								
280	Central Support Services								
300	Community Services								
400	Outgoing Transfers & Other Transactions								
	SUB-TOTAL								
	Indirect Costs: \$	Enter dollar amount only, do not enter %. Restricted Rate (Max allowed: %)							
	TOTAL								
	TOTAL Allocation Amount (Estimated):						Allocation Balance		
	Carryover:								
	TOTAL Availability:						Availability Balance		

DATE	BUSINESS OFFICE REPRESENTATIVE	PHONE
DATE	PROJECT CONTACT PERSON	PHONE

2009-2010 CONSOLIDATED APPLICATION
 TITLE III- IMMIGRANT STUDENTS
 BUDGET SUMMARY

BUDGET SUMMARY							
Legal Name of Applicant							
District Code	Grant Number	Project Number	CFDA Number	Project Type	Starting Date	Ending Date	Fiscal Year

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL	
110	Instruction – Basic Program								
120	Instruction – Added Needs								
130	Instruction – Adult Continuing Education								
210	Pupil Support Services								
220	Instructional Staff Services								
230	General Administration								
250	Business Services								
260	Operation and Maintenance								
270	Pupil Transportation Services								
280	Central Support Services								
300	Community Services								
400	Outgoing Transfers & Other Transactions								
	SUB-TOTAL								
	Indirect Costs: \$	Enter dollar amount only, do not enter %. Restricted Rate (Max allowed: %)							
	TOTAL								
	TOTAL Allocation Amount (Estimated):						Allocation Balance		
	Carryover:								
	TOTAL Availability:						Availability Balance		

 DATE BUSINESS OFFICE REPRESENTATIVE PHONE

 DATE PROJECT CONTACT PERSON PHONE

2009-2010 CONSOLIDATED APPLICATION
 TITLE VI, PART B - RURAL AND LOW-INCOME GRANT
 BUDGET SUMMARY

BUDGET SUMMARY							
Legal Name of Applicant							
District Code	Grant Number	Project Number	CFDA Number	Project Type	Starting Date	Ending Date	Fiscal Year

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL	
110	Instruction – Basic Program								
120	Instruction – Added Needs								
130	Instruction – Adult Education								
210	Pupil Support Services								
220	Instructional Staff Services								
230	General Administration								
250	Business Services								
260	Operation and Maintenance								
270	Pupil Transportation Services								
280	Central Support Services								
300	Community Services								
400	Outgoing Transfers & Other Transactions								
	SUB-TOTAL								
	Indirect Costs: \$ Enter dollar amount only, do not enter %. Restricted Rate (Max allowed: %)								
	TOTAL								
	TOTAL Allocation Amount (Estimated):					Allocation Balance			
	Carryover:								
	TOTAL Availability:					Availability Balance			

DATE	BUSINESS OFFICE REPRESENTATIVE	PHONE
DATE	PROJECT CONTACT PERSON	PHONE

**2009-2010 CONSOLIDATED APPLICATION
CARRYOVER INFORMATION FOR
ALL GRANT SOURCES**

Name of District: _____ District Code: _____

Instructions:

- **Read HELP screen before completing this information.**
- **Complete Appropriate Steps.**
- **Click Save.**

The district checks this box if it is **not** applying for carryover funds from **any** grant source at this time.
Click Save.

STEP 1

- Check all grant sources that include carryover amounts in the budget detail.

Title I, Part A
Title I, Part D
Title II, Part A
Title II, Part D
Title III, (Limited English Proficient)
Title III, (Immigrant)
Title VI Part B, Subpart 2

STEP 2

Instructions for Private Non Profit Carryover Distribution Description

- Read **HELP** screen (Step 2) for specific directions on how to complete the text box.
- Click **Save** to save the entered text.

Private Nonprofit Carryover Distribution Description

**2009-2010 CONSOLIDATED APPLICATION
CARRYOVER INFORMATION FOR
ALL GRANT SOURCES**

Name of District: _____ District Code: _____

STEP 3

Instructions for Title I Carryover Distribution: Select the appropriate Option (#1 or #2) below and continue to follow instructions. Click **Save**.

Option#1: District has a total student enrollment of less than 1000 **or** has no schools with overlapping grade levels.

- If Option #1 is checked, click **SAVE**.
- Read **HELP** screen (Step 3) for guidance to determine if providing equitable Title I services to Private Non Profit (PNP) from remaining carryover is applicable.

Option#2: District has a total student enrollment of 1000 or more **and** has schools with overlapping grade levels.

- If Option #2 is checked, determine which Choice(s) will be selected. The district may select Choice 1, 2, or 3 or may select the following combinations: Choice 1 and 2 **or** Choice 1 and 3 **or** Choice 2 and 3.*

CHOICE 1: Title I carryover will be used for additional costs for required and/or optional district set-asides indicated on Screen 5 of the Title I School Selection Application as well as in the Title I regulations, Section 200.77.

CHOICE 2: Title I carryover will be redistributed to Title I schools in accordance with the Title I School Selection per-pupil formula or allocated to schools with the highest concentration of poverty.

CHOICE 3: Title I Carryover will revert back to the budget of each school of origin that did not expend its total school level allocation in the prior project year.

- After selecting the appropriate Choices in Option #2 click **Save**.

*Note: All Option #2 Choices require an amendment to the Title I School Selection application. Read Help screen referencing, "Special Note for Title I, Part A Carryover."

**CONSOLIDATED APPLICATION
DELIVERY SYSTEMS FOR SPECIAL POPULATIONS CHART**

Name of District: _____ District Code: _____

Program Services	Programs					
	Title I Part A (Reg and ARRA)	Title I Part C	Title I Part D (Reg and ARRA)	Title III LEP	Title III Immigrant	Other Programs
Instructional Programs/Services:	(ENTER GRADE LEVELS SERVED)					
Subject Areas:						
• English language arts						
• English for LEP students						
• Social Studies						
• Mathematics						
• Science						
• Vocational/Career Technical						
• Enrichment						
• Other _____						
Delivery Options:	(ENTER GRADE LEVELS SERVED)					
• In Class						
• Pull-out						
• Extended Day						
• Extended School Year						
• Summer						
• Other _____						
Pupil Support Services	(ENTER GRADE LEVELS SERVED)					
• Counseling						
• Social Work Services						
• Mentoring/Coaching						
• Medical Services						
• Dental Services						
• Transportation						
• Parent Outreach/Involvement						
• Other _____						

**2009-2010 CONSOLIDATED APPLICATION
TITLE II, PART A TEACHER AND PRINCIPAL TRAINING AND RECRUITING**

District Name: _____ District Code: _____

Teacher and Principal Training and Recruiting Activities	Title II, Part A
<p>Developing and implementing mechanisms to assist schools in effectively recruiting and retaining:</p> <ul style="list-style-type: none"> • highly qualified teachers • specialists in core academic subjects • principals • pupil services personnel(allowable only if all teachers are highly qualified) 	
<p>Developing and implementing initiatives to assist in recruiting and hiring highly qualified teachers including:</p> <ul style="list-style-type: none"> • providing scholarships, signing bonuses, differential pay in <ul style="list-style-type: none"> ○ academic subjects in which there exists a shortage of highly qualified teachers within a school or within the LEA ○ schools in which there exists a shortage of highly qualified teachers • establishing programs that <ul style="list-style-type: none"> ○ recruit qualified professionals from other fields, including highly qualified paraprofessionals, and provide them with alternative routes to teacher certification ○ provide increased opportunities in the teaching profession for minorities, individuals with disabilities, and other underrepresented individuals 	
<p>Providing professional development activities that improve the knowledge of teachers, principals and, in appropriate cases, paraprofessionals in:</p> <ul style="list-style-type: none"> • core academic subjects • effective instructional strategies • use of state standards and assessments 	
<p>Providing training for teachers, principals and, in appropriate cases, paraprofessionals on how to:</p> <ul style="list-style-type: none"> • address the needs of students with different learning styles and providing early and appropriate interventions • improve student behavior in the classroom • involve parents in their child’s education • understand and use data and assessments to improve teaching and learning • integrate technology into curricula and instruction 	
<p>Professional development activities designed to improve the quality of principals and superintendents, such as management and instructional leadership academies</p>	

**2009-2010 CONSOLIDATED APPLICATION
TITLE II, PART A TEACHER AND PRINCIPAL TRAINING AND RECRUITING**

District Name: _____ District Code: _____

<p>Developing and implementing initiatives to promote retention of highly qualified teachers and principals (particularly within schools with a high percentage of low-achieving students), including:</p> <ul style="list-style-type: none"> • teacher mentoring from exemplary teachers, principals, or superintendents • induction and support for teachers and principals during their first three years of employment as teachers or principals • incentives to retain teachers who have a record of success in helping low-achieving students improve their academic achievement • incentives to principals who have a record of improving academic achievement 	
<p>Carrying out programs and activities that are designed to improve the quality of the LEA's teacher force such as:</p> <ul style="list-style-type: none"> • tenure reform • merit pay programs • testing of teachers to meet highly qualified requirements of new teaching assignments • exemplary teacher programs 	
<p>Provide teacher advancement initiatives emphasizing career paths and pay differentiation</p>	
<p>Hiring highly qualified teachers to reduce class size, particularly in the early grades</p>	