**FORM #1**

**Application Forms**

**CTE DEMONSTRATION PROJECT GRANT APPLICATION COVERSHEET**

**2012-2014**

**APPLICANT INFORMATION**

**School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT COORDINATOR INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT INFORMATION**

**Grant Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Funding Category: \_\_\_\_\_\_\_\_\_\_ Existing \_\_\_\_\_\_\_\_\_\_ New**

**CORE PROJECT PARTNERS**

**1. College (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Business or Industry: (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Other School Districts (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Other (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FORM #2**

**ASSURANCES**

**If the proposal is selected for funding as a 2012-2014 CTE demonstration project grant, the project partners will:**

1. **Abide by all district, state and federal laws applicable to the proposal.**
2. **Comply with all project guidelines and meet all reporting requirements.**
3. **Provide documentation, evaluations, and data as requested by the WDE Project Manager.**
4. **Support and assist monitoring by the WDE Project Manager.**
5. **Allow project staff to present at national, state or local level workshops at the request of the WDE to promote the demonstration site model.**
6. **Provide school and partnership facilities that appropriately accommodate the demonstration project.**
7. **Allow access to those outside the partnership and provide technical assistance about the project.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District Superintendent Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College/University President Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business or Industry Representative Date**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FORM #3**  **CTE DEMONSTRATION PROJECT BUDGET ACCOUNTING STRUCTURE**  **2012-2014 CTE DEMONSTRATION PROJECT GRANT PROPOSAL** | | | | | | |
| **Total Amount Requested:** | | | | |  |  |
| **300 SERIES- Purchased Services** | | | | |  |  |
| Identify budget line items under the **300 series—Purchased Services**. Itemize specific expenditures described and justified in the budget narrative below. Identify a date in which to have the expenditure completed by. | | | | **Expenditure Date** | **Year** | **Program Costs** |
| 1 | | | |  | 1 |  |
| 2 | | | |  | 1 |  |
| 3 | | | |  | 1 |  |
| 4 | | | |  | 1 |  |
| 5 | | | |  | 1 |  |
|  |  |  |  | **Year One Total** | |  |
| **Purchased Services** | | | | **Expenditure Date** | **Year** | **Program Costs** |
| 1 | | | |  | 2 |  |
| 2 | | | |  | 2 |  |
| 3 | | | |  | 2 |  |
| 4 | | | |  | 2 |  |
| 5 | | | |  | 2 |  |
|  | | | | **Year Two Total** | |  |
|  | | | |  | |  |
|  | | | | **Series 300 Total** | |  |

**Budget Narrative:** Explain all reasonable and necessary funding requests as outlined above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FORM #3**  **CTE DEMONSTRATION PROJECT BUDGET ACCOUTING STRUCTURE**  **2012-2014 CTE DEMONSTRATION PROJECT GRANT PROPOSAL** | | | | | | |
| **Total Amount Requested:** | | | | |  |  |
| **400 SERIES- Supplies & Materials** | | | | |  |  |
| Identify budget line items under the **400 series—Supplies and Materials.**  Itemize specific expenditures described and justified in the budget narrative below. Identify a date in which to have the expenditure completed by. | | | | **Expenditure Date** | **Year** | **Program Costs** |
| 1 | | | |  | 1 |  |
| 2 | | | |  | 1 |  |
| 3 | | | |  | 1 |  |
| 4 | | | |  | 1 |  |
| 5 | | | |  | 1 |  |
|  |  |  |  | **Year One Total** | |  |
| **Supplies and Materials** | | | | **Expenditure Date** | **Year** | **Program Costs** |
| 1 | | | |  | 2 |  |
| 2 | | | |  | 2 |  |
| 3 | | | |  | 2 |  |
| 4 | | | |  | 2 |  |
| 5 | | | |  | 2 |  |
|  | | | | **Year Two Total** | |  |
|  | | | |  | |  |
|  | | | | **Series 400 Total** | |  |

**Budget Narrative:** Explain all reasonable and necessary funding requests as outlined above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FORM #3**  **CTE DEMONSTRATION PROJECT BUDGET ACCOUTING STRUCTURE**  **2012-2014 CTE DEMONSTRATION PROJECT GRANT PROPOSAL** | | | | | | |
| **Total Amount Requested:** | | | | |  |  |
| **500 SERIES- Equipment** | | | | |  |  |
| Identify budget line items under the **500 series—Equipment**. Itemize specific expenditures described and justified in the budget narrative below. Identify a date in which to have the expenditure completed by. | | | | **Expenditure Date** | **Year** | **Program Costs** |
| 1 | | | |  | 1 |  |
| 2 | | | |  | 1 |  |
| 3 | | | |  | 1 |  |
| 4 | | | |  | 1 |  |
| 5 | | | |  | 1 |  |
|  |  |  |  | **Year One Total** | |  |
| **Equipment** | | | | **Expenditure Date** | **Year** | **Program Costs** |
| 1 | | | |  | 2 |  |
| 2 | | | |  | 2 |  |
| 3 | | | |  | 2 |  |
| 4 | | | |  | 2 |  |
| 5 | | | |  | 2 |  |
|  | | | | **Year Two Total** | |  |
|  | | | |  | |  |
|  | | | | **Series 500 Total** | |  |

**Budget Narrative:** Explain all reasonable and necessary funding requests as outlined above.