Exhibit A

Oklahoma Competitive Grant Pool

Cover Page and Overview

PLEASE RETURN THIS FORM WITH YOUR PROPOSAL AND ALL OTHER REQUIRED FORMS OF THE RFP PACKAGE

Applying Entity:

Contact Person and Job Title:

Address:

Phone Number:

Email Address:

Title of the Program:

Amount of Funds Requested:

Estimated Number of Individuals to be Served Directly:

Cost Per Individual Served Directly:

Program Overview:

1. Please provide a short description of the intended program (1-5 sentences).
2. Please provide a brief analysis of how the program supports student with gaps in learning through practices or models aligned to principles of acceleration (1-5 sentences).
3. Which of the following types of individuals will be directly served by the program? Check all that apply.

|  |  |
| --- | --- |
|  | Students |
|  | Teachers |
|  | Administrators |
|  | Other Educational Staff |

1. Which of the following student groups will the programming impact? Check all that apply.

|  |  |
| --- | --- |
|  | Students from low-income families |
|  | Students from racial or ethnic groups |
|  | Students that represent underserved student groups by gender |
|  | English Learners |
|  | Children with disabilities |
|  | Students experiencing homelessness |
|  | Children and youth in foster care |
|  | Migratory students |
|  | Other groups disproportionately impacted by the pandemic |

1. Has the program been active in the State previously? If so, briefly describe the scope and impact(1-5 sentences).

Certification by Authorized or Institutional Official

The applicant certifies that to the best of their knowledge the information in the proposal is correct and that the filing of this application is duly authorized by the governing body of this organization or institution.

Types or Printed Name of Authorized Official Title

Signature of Authorized Official Date