#### APPENDIX A. COVER PAGE

Arkansas Department of Higher Education Grant Competition - FY2017

No Child Left Behind: Improving Teacher Quality: P-16 Education Partnerships

**DO NOT USE AN OLD FORM**

|  |  |  |
| --- | --- | --- |
| PROJECT TITLE | DISCIPLINE:Math/Science | GRANT NO. |
| 1. LEGAL APPLICANT/RECIPIENT
 |
| a. Institution: |  DUNS NO. |  |
| b. Street/P.O. Box: |  | c. City: |  |  |
| d. County: |  | e. State: |  | f. Zip Code: |  |  |
| g. PROJECT DIRECTOR’s Name |  |  |
| Email: |  | Department: |  |  |
|  Work Phone: |  | Fax: |  |  |
| Cell Phone: |  | University address: |  |  |
| h. **Project Evaluator’s Name** |  | Department |  |  |
|  Email: |  | Fax: |  |  |
|  Work phone : |  | Cell Phone : |  |  |
|  |  |  |
| 2. FACULTY WHO WILL PROVIDE INSTRUCTION (name, email and department, school or college) |
| 1  |  |
| 2. |  |
| 3. PROPOSED FUNDINGa. Grant Requestb. Applicant Matchc. Cooperating School Districts’ Match D. TOTAL | $\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_ | 4a. FEDERAL CONGRESSIONAL DISTRICT (#) OF APPLICANT INSTITUTION(S): | 4b. FEDERAL CONGRESSIONAL DISTRICT (#) OF SCHOOL DISTRICTS SERVED: |
| 5a. PROJECT START**March 1, 2016** | 5b. PROJECT DURATION**10 MONTHS** |
| 6. PROJECT DIRECTOR | NAME (Print): |   | TITLE: |  |
| Signature |  | DATE: |  |
|  |  |  |  |
| 7.  HIGHER EDUCATION AUTHORITY RESPONSIBLE FOR GRANT | NAME (Print): |   | TITLE: |  |
| Signature |  | DATE: |  |
|  |  |  |  |
| **8. LIST ACTUAL DATES YOU EXPECT TO HOST YOUR NCLB WORKSHOP.** | For ADHE use only9. FUNDINGa. Grant Award $ \_\_\_\_\_\_\_\_\_\_\_\_\_b. Applicant Match $ \_\_\_\_\_\_\_\_\_\_\_\_\_c. Cooperating School $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Districts’ Matchd. Total Award $ \_\_\_\_\_\_\_\_\_\_\_\_\_ | For ADHE use only10. ACTION TAKENa. Awarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_b. Rejected \_\_\_\_\_\_\_\_\_\_\_\_\_\_c. Return for  amendment \_\_\_\_\_\_\_\_\_\_\_\_d. Withdrawn \_\_\_\_\_\_\_\_\_\_\_\_\_ |