#### 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 FUNDING  a. Grant Request  b. Applicant Match  c. 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 only  9. FUNDING  a. Grant Award $ \_\_\_\_\_\_\_\_\_\_\_\_\_  b. Applicant Match $ \_\_\_\_\_\_\_\_\_\_\_\_\_  c. Cooperating School $ \_\_\_\_\_\_\_\_\_\_\_\_\_  Districts’ Match  d. Total Award $ \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | For ADHE use only  10. ACTION TAKEN  a. Awarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_  b. Rejected \_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. Return for  amendment \_\_\_\_\_\_\_\_\_\_\_\_  d. Withdrawn \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |