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Office of Innovation and Improvement i3 Applicant Information Sheet FY 2011

Instructions: Eligible applicants must complete and submit this information sheet with each application submitted. Completing this sheet will assist ED staff in assessing the needs of the i3 competition and provide staff with a better sense of the applicant pool. Applicants must fill out this form electronically, "Save As" a .PDF, and upload the generated .PDF into Appendix H on Grants.gov.

PLEASE NOTE: Information included in this form may be made broadly and publicly available. Applicants should not include proprietary information.

Applicant Info

Lead Applicant Name:

Lead Applicant City:

Lead Applicant State:

Eligible Applicant Type:

Have you applied for more than one i3 grant? Yes No

Project Info

Project Title:

Type of Grant Requested:

Length of Requested Grant Award:

Select the ONE Absolute Priority (AP) that you are addressing in your application.

Select **up to two Competitive Preference Priorities (CPP)** that you are addressing in your application.

Note: The Department will not review or award points under any competitive preference priority for an application that (1) fails to clearly identify the competitive preference priorities it wishes the Department to consider for the purposes of earning the competitive preference priority points, or (2) identifies more than two competitive preference priorities for purposes of earning the competitive preference priority points.

<input type="checkbox"/> CPP 6: <u>Innovations for Improving Early Learning Outcomes (zero or one point)</u>	<input type="checkbox"/> CPP 7: <u>Innovations that Support College Access and Success (zero or one point)</u>	<input type="checkbox"/> CPP 8: <u>Innovations to Address the Unique Learning Needs of Students with Disabilities and Limited English Proficient Students (zero or one point)</u>	<input type="checkbox"/> CPP 9: <u>Improving Productivity (zero or one point)</u>	<input type="checkbox"/> CPP10: <u>Technology (zero or one point)</u>
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Total number of students to be served by the proposed project:

Student grade levels to be served by the proposed project:

- | | | | | |
|--------------------------------------|---------------------------------------|-----------------------------|-----------------------------|---|
| <input type="checkbox"/> Birth-Pre K | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> Post-Secondary |

Project Description:

In 2000 characters or less, please provide a brief description of the project you wish to propose. Be sure to include a summary of project objectives and expected outcomes

School District/LEA Implementation Sites:

School District/LEA	State	Check if rural LEA
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>
7.		<input type="checkbox"/>
8.		<input type="checkbox"/>
9.		<input type="checkbox"/>
10.		<input type="checkbox"/>

If you have more than 10 implementation sites, please list them here with a semicolon separating each location:

Project Partners:

Please list all organizations partnering with this project and the amount of Federal funds requested for each as part of your overall budget.

Partner Name	State	Budget Amount (numeric only)	Partner Type
1.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
2.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
3.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
4.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
5.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
6.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
7.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
8.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
9.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other
10.		\$	<input type="checkbox"/> Official <input type="checkbox"/> Other

If you have more than 10 partners, please list them here with a semicolon between each location:

Private Sector Matching Requirement

Have you secured the private sector match? YES NO

If YES, list the organization(s) that are providing the matching funds.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

If you have more than 10 entities helping to provide your match, please list them here with a semicolon separating each location:

Are you requesting a waiver for the private sector match? YES NO

If, YES, please attach the necessary justification under Appendix E at the time of submission

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ⁱ Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1855-0021. The time required to complete this information collection is estimated to average 120 hours per response, including the time to review instructions, search existing data sources, gather the data needed and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Ms. Thelma Leenhouts, Investing in Innovation Fund, Office of Innovation and Improvement, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.