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Office of Innovation and Improvement i3 Applicant Information Sheet FY 2014 Scale-up

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 are asked to fill out this form electronically. Once completed, "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 and identify the subpart under the chosen priority. Applicants applying under AP5 Serving Rural Communities must select an absolute priority and subpart from the dropdown in addition to indicating that they will address the rural priority.

I intend to apply under AP5 Serving Rural Communities.

- Yes
- No

Select the 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 that fails to clearly identify the competitive preference priority or priorities the applicant wishes the Department to consider for purposes of earning competitive preference priority points.

<input type="checkbox"/> Improving Cost-Effectiveness and Productivity (zero or 3 points)	<input type="checkbox"/> Enabling Broad Adoption of Effective Practices (zero or 5 points)	<input type="checkbox"/> Supporting Novice i3 Applicants (zero or 3 points)	<input type="checkbox"/> None
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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, along with any special project features.

School District/LEA Implementation Sites:

School District/LEA	Two letter state	Check if rural site
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

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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	Two letter state	Budget Amount (numeric only)
1.	-	\$ _
2.	-	\$ _
3.	-	\$ _
4.	-	\$ _
5.	-	\$ _
6.	-	\$ _
7.	-	\$ _
8.	-	\$ _
9.	-	\$ _
10.	-	\$ _

If you have more than 10 partners, please list them here with a semicolon separating 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.

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. Public reporting burden for this collection of information is estimated to average 120 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Section 14007 of the American Recovery and Reinvestment Act of 2009 (ARRA)) and voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1855-0021. Note: Please do not return the completed 1855-0021 i3 application to this address.