

For Planning Purposes ONLY

Applications Due: **Friday, December 15, 2023, by 11:59 pm**

Application Information Webinar: **Thursday, September 28, 2023, at 2:00 pm**

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| Stronger Connections Grant  Pursuant to the Bipartisan Safer Communities Act, Public Law 117-159 (2022) |



**Program or Eligibility Questions:**

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Tammy Giessinger, Title IV-A State Coordinator and Supervisor of Program Monitoring

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**Eligibility Data Questions:**

Tina Negley, Supervisor of Program Effectiveness

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**Budget/Fiscal Questions:**

Robert Hawkins, Lead Grants Fiscal Analyst

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**Application Process Questions:**

DeLilah Collins, Director of Grants Program Administration Office

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**Stronger Connections Grant**

**Applications Due: Friday, December 15, 2023, by 11:59 pm**

**Applications for the** [**Stronger Connections Grant**](https://www.cde.state.co.us/fedprograms/stronger_connections_grant) **must be submitted through the** [**online application form**](https://app.smartsheet.com/b/form/729bffc0789f423698c2a3710f392cf2)**.**

This template is being provided as a resource for applicants. Submission of application materials either in hard copy or via email will not be accepted.

# Required Elements

The format outlined below must be followed in order to assure consistent application of the evaluation criteria. See the evaluation rubric for specific selection criteria needed in Part V.

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| --- |
| **Complete responses in the** [**online application form**](https://app.smartsheet.com/b/form/729bffc0789f423698c2a3710f392cf2)**:** |
| These sections do not count toward the 10-page limit for the application narratives.  **Part I: Applicant Information**  **Part II: Eligibility**  **Part III: Equitable Services (Table)** |
| **Upload these documents in the** [**online application form**](https://app.smartsheet.com/b/form/729bffc0789f423698c2a3710f392cf2)**:** |
| **Part III: Equitable Services Form(s) – Attachment A**  **Part IV: Program Assurances Form**  **Part V: Application Narrative**  Application Narrative [cannot exceed 10 pages]  Section A: Demonstration of Need  Section B: Stakeholder Engagement  Section C: Program Goals, Evaluation, and Timeline  Section D: Budget  Section E: Evaluation and Sustainability Plan  **Part VI: Budget Workbook**  Submit in Excel format in original CDE template.  Does not count towards page limit.  **Attachment B: Financial Management Risk Assessment** |
| **Please ensure that the applicant’s name is present in the title of all documents to be uploaded into the online form.**  For example: “DistrictName\_Narrative” |

**Stronger Connections Grant**

**Applications Due: Friday, December 15, 2023, by 11:59 pm**

# Part I: Applicant Information

Part I will be completed using the online application form. **The online system does not save works in progress** so applicants may wish to complete their information in a separate document and copy responses into the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lead Applicant** | | | | | | | | | | | | | |
| **LEA Name:** | |  | | | | | | | | [**LEA/BOCES Code**](https://www.cde.state.co.us/datapipeline/org_orgcodes)**:** | | |  |
| **Mailing Address:** | |  | | | | | | | | [**UEI #**](https://sam.gov/content/duns-uei)**:** |  | | |
| **UEI # Expiration:** | |  | | **Are there** [**exclusions**](https://www.fsd.gov/gsafsd_sp?id=gsafsd_kb_articles&sys_id=a98eb3091bf111540944ece0f54bcbfe) **associated with this UEI?** | | | | ☐ No ☐ Yes (please provide details) | | | | | |
| **Type of Education Provider**  Check the box below that best describes your organization or authorizer. | | | | | | | | | | | | | |
| ☐ School District ☐ Board of Cooperative Educational Services (BOCES) ☐ The Charter School Institute (CSI)  ☐ The Colorado School for the Deaf and the Blind ☐ Charter School Authorized by a District or CSI | | | | | | | | | | | | | |
| **Region**  Indicate the region of Colorado this program will directly impact. | | | | | | | | | | | | | |
| ☐ Metro ☐ Pikes Peak ☐ North Central ☐ Northwest  ☐ West Central ☐ Southwest ☐ Southeast ☐ Northeast | | | | | | | | | | | | | |
| **Requested Funding**  Ensure that these amounts match the submitted Budget Workbook. | | | | | | | | | | | | | |
| **Requesting indirect costs based on the Federally Negotiated Indirect Cost Rate?** | | | | | | | | | | | | ☐ Yes ☐ No | |
| **Year 1**  [07/01/23 – 06/30/24] | | | $ | | | **Year 2**  [07/01/24 – 06/30/25] | | | $ | | | | |
| **Authorized Representative Information**  For Charter School applicants, the Authorized Representative and Fiscal Manager will be contacts from your authorizing district/CSI. | | | | | | | | | | | | | |
| **Name:** |  | | | | **Title:** | |  | | | | | | |
| **Telephone:** |  | | | | **Email:** | |  | | | | | | |
| **Program Contact Information** | | | | | | | | | | | | | |
| **Name:** |  | | | | **Title:** | |  | | | | | | |
| **Telephone:** |  | | | | **Email:** | |  | | | | | | |
| **Fiscal Manager Information** | | | | | | | | | | | | | |
| **Name:** |  | | | | **Title:** | |  | | | | | | |
| **Telephone:** |  | | | | **Email:** | |  | | | | | | |
| **Executive Summary** | | | | | | | | | | | | | |
| Provide a brief description of the program to be supported by this funding. May not exceed 500 words. Does not count towards 10-page limit for narrative responses. The Executive Summary is not a scored component of the application. | | | | | | | | | | | | | |
| Enter a narrative response here. | | | | | | | | | | | | | |

# Part II: Eligibility

Part II will be completed in the [online application form](https://app.smartsheet.com/b/form/729bffc0789f423698c2a3710f392cf2). The online system does not save works in progress so applicants may wish to complete their information in this document (or the available planning template) and copy responses into the online application.

|  |  |
| --- | --- |
| **Eligibility for Application** | |
| **Is the LEA automatically eligible to apply based on CDE’s definition of a “high-need” LEA?** | ☐ Yes  ☐ No (additional information required) |
| If the LEA selected “no” in the previous question, a brief description of the data that demonstrates an identified need that aligns with the intent of the SCG must be provided. The rationale for eligibility is a scored component of the application. It should not exceed 500 words and does not count toward the 10-page limit for narrative responses. | |
| Enter a narrative response here. | |

# Part III: Equitable Services

The following table for Part III will be completed in the [online application form](https://app.smartsheet.com/b/form/729bffc0789f423698c2a3710f392cf2). The online system does not save works in progress so applicants may wish to complete their information in this document (or the available planning template) and copy responses into the online application.

|  |
| --- |
| **Non-public School(s) Consultation** |
| **The LEA does not have any non-public schools within its boundaries. OR** |
| **The LEA has conducted timely and meaningful consultation with the non-public schools within its boundaries that align with the activities being provided to public schools.**  For example, if the LEA is applying for funds to support an activity in its middle schools, consultations would need to occur with all non-public schools serving the middle school grade span. |
| **The following non-public schools are participating in the Stronger Connections Grant:**  Please enter the [school code](https://www.cde.state.co.us/datapipeline/org_orgcodes) and school name for each non-public school that is participating. [Ex. 0000 - School ABC] |
| **The following non-public schools are NOT participating in the Stronger Connections Grant:**  Please enter the [school code](https://www.cde.state.co.us/datapipeline/org_orgcodes) and school name for each non-public school that is NOT participating. [Ex. 0000 - School ABC] |

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# Part IV: Program Assurances Form

The appropriate Authorized Representative(s) must sign below to indicate their approval of the contents of the application for the Stronger Connections Grant and the receipt of program funds.

|  |  |  |  |
| --- | --- | --- | --- |
| On | (date) | , 2023, the Board of | (district/BOCES/CSI) |

hereby agrees to the following assurances:

1. The grantee will use SCG funds for activities allowable under section 4108 of the ESEA.
2. The grantee will track the SCG funds separately from its regular allocation under Title IV, Part A of the ESEA.
3. The grantee will follow the supplement, not supplant requirements in section 4110 of the ESEA.
4. The grantee will not use funds for the provision to any person of a dangerous weapon or training in the use of a dangerous weapon as prohibited under Section 13401 of the Bipartisan Safer Communities Act, which amends section 8526 of the ESEA.
5. The grantee will provide equitable services to students and teachers in non-public schools as required under section 8501 of the ESEA.
6. The grantee will ensure that a public agency maintains control of funds for the services and assistance provided to a non-public school with SCG funds.
7. The grantee will ensure that a public agency has title to materials, equipment, and property purchased.
8. The grantee will ensure that services to a non-public school with SCG funds are provided by a public agency directly, or through contract with, another public or private entity.
9. The grantee will ensure that equitable services provided with SCG funds are secular, neutral, and non-ideological.
10. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
11. The grantee will maintain appropriate fiscal and program records for funded activities and fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
12. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.
13. The grantee will work with and provide data for the Stronger Connections Grant to CDE and/or the United States Department of Education when requested and within the time frames specified.
14. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.

The Colorado Department of Education may terminate a grant award upon thirty days’ notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by CDE before modifications are made to the expenditures. Contact [Stronger\_Connections@cde.state.co.us](mailto:Stronger_Connections@cde.state.co.us) for any modifications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Organization Board President  (School Board, BOCES, Charter School) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of Organization Authorized Representative  (Superintendent, Charter School Institute, BOCES Executive Director) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of LEP Program Contact |  | Signature |  | Date |

**Note:** If grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.

# Part V: Application Narrative Criteria and Evaluation Rubric

The following criteria will be used by reviewers to evaluate the application. For the application to be recommended for funding, it must receive at least 70 points out of the 110 possible points and all required elements must be addressed. An application that scores below 70 points may be asked to submit revisions that would bring the application up to a fundable level. An application that receives a score of zero on any required elements will not be funded without revisions.

**Scoring Definitions**

Minimally Addressed or Does Not Meet Criteria - information not provided

Met Some but Not All Identified Criteria - requires additional clarification

Addressed Criteria but Did Not Provide Thorough Detail - adequate response, but not thoroughly developed or high-quality response

Met All Criteria with High Quality - clear, concise, and well thought out response

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section A: Demonstration of Need** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **TOTAL** |
| 1. Describe the greatest challenges/needs related to the health and safety of students that will be addressed through the Stronger Connections Grant. | 0 | 1 | 3 | 5 |  |

|  |
| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Describe how the use of Stronger Connections Grant funds will supplement activities currently being carried out with Title IV, Part A funds, if applicable. | 0 | 1 | 3 | 5 |  |

|  |
| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section B: Stakeholder Engagement** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **TOTAL** |
| 1. Provide a description of how the LEA meaningfully consulted with students, parents and families, teachers, principals, and other school leaders, specialized instructional support personnel, community-based organizations, local government representatives (which may include a local law enforcement agency, local juvenile court, local child welfare agency, or local public housing agency), and other organizations or partners with relevant and demonstrated expertise in the programs and activities within the grant application. | 0 | 1 | 3 | 5 |  |

|  |
| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Describe how the LEA will coordinate the implementation of the proposed activities with other programs, strategies, and activities being conducted in the community. | 0 | 1 | 3 | 5 |  |

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| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Provide a description of how the LEA will use ongoing consultation with stakeholders to evaluate and improve, if needed, the implementation of the proposed activities. | 0 | 1 | 3 | 5 |  |

|  |
| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section C: Program Goals, Evaluation, and Timeline** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **TOTAL** |
| 1. Outline a comprehensive plan that will meet the identified social, emotional, physical, mental, or overall well-being needs of students through integrated student services and/or reduce chronic absenteeism, if applicable. The plan should include evidence-based strategies and activities.   Note: Proposed activities and plans should align with and address needs related to the reasons for eligibility for this grant. | 0 | 3 | 7 | 10 |  |

|  |
| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Describe clear, detailed, and attainable goals (desired outcomes) for the proposed activities that will have a direct impact on students and are aligned toESEA Section 4108, Safe and Healthy Students.   Note: The LEA may identify a target population (e.g., schools, grade levels, student demographic). LEAs are encouraged to consider including a logic model, which might be helpful in demonstrating the connection between planned activities and desired outcomes. | 0 | 3 | 7 | 10 |  |

|  |
| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Describe the steps being taken to identify and overcome barriers that exist within the LEA related to gender, race, national origin, color, disability, or age, including how the LEA plans to address those barriers that are applicable to the proposed activities within the grant application. (GEPA) | 0 | 1 | 3 | 5 |  |

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| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section D: Budget** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **TOTAL** |
| **Budget Narrative: Counts toward the 10-page limit.** | | | | | |
| 1. Provide an overview of a cost-effective budget that clearly aligns to the action plan and identified needs and includes the cost of resources, tools, and other supports that will be needed. | 0 | 1 | 3 | 5 |  |

|  |
| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Assessment and Excel Budget Workbook: Do not count toward the 10-page limit.** | | | | | |
| 1. Complete the Financial Management Risk Assessment (**Attachment B**). This assessment is intended to collect information about the capacity and ability of the applicant to manage federal and/or state grant funds.   **Risk Assessment Results for RFA Rubric Scoring:**   * Low Risk Score = 10 points * Medium Risk Score = 5 points * High Risk Score = 3 points * Risk Assessment not fully completed or scored = 0 points | 0 | 3 | 5 | 10 |  |
| 1. Complete and submit the Budget Workbook. Include sufficient detail to demonstrate that the costs are reasonable, necessary, and will support the objectives, design, scope, and sustainability of the proposed activities. | 0 | 4 | 7 | 10 |  |
| 1. Activities are included in the budget for participating non-public schools that align to those identified on the consultation forms.   Note: If the LEA does not have any non-public schools, the LEA should receive a score of 5 points. | 0 | 1 | 3 | 5 |  |

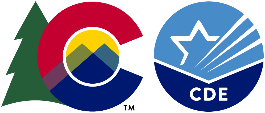
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section E: Evaluation and Sustainability Plan** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **TOTAL** |
| 1. Provide a clear timeline and evaluation plan, including what data will be collected to monitor the implementation and effectiveness of the proposed activities. | 0 | 1 | 3 | 5 |  |

|  |
| --- |
| Enter a narrative response here. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Provide a clear and detailed plan for how the proposed programs and/or activities will be continued beyond the life of the grant. | 0 | 1 | 3 | 5 |  |

|  |
| --- |
| Enter a narrative response here. |

# Attachment A: Equitable Services to Non-public Schools

Equitable Services to Non-public Schools 

**Stronger Connections Grant Consultation Form**

**FAQs**

**Question: What does the LEA need to submit to CDE?**

Answer: The completed consultation form that includes the results of the consultation submitted with the online grant application. LEAs must submit a consultation form for every non-public school, regardless of whether the school chooses to participate.

**Question: Who should I contact for more information regarding the provision of equitable services to students attending a non-public school?**

Answer: For more information, please contact the Ombudsman for Equitable Services, Christina Adeboye Sullivan ([adeboye-sullivan\_c@cde.state.co.us](mailto:adeboye-sullivan_c@cde.state.co.us)), or contact the SCG team at [Stronger\_Connections@cde.state.co.us](mailto:Stronger_Connections@cde.state.co.us).

For more answers to FAQs, please visit the [Stronger Connections Grant webpage](http://www.cde.state.co.us/fedprograms/stronger_connections_grant.).

**Goal of Consultation**

**The goal of consultation is agreement between the LEA and appropriate non-public school officials on how to provide equitable and effective programs for eligible non-public school children.** The “goal of reaching agreement” between an LEA and appropriate non-public school officials is grounded in timely, meaningful, and open communication between the LEA and the non-public school officials on key issues that are relevant to the equitable participation of eligible non-public school students, teachers and other education personnel, and families in ESEA programs, including the Stronger Connections Grant.

Meaningful consultation provides ample time and a genuine opportunity for all parties to express their views, to have their views seriously considered, and to discuss viable options for ensuring equitable participation of eligible non-public school students, teachers and other education personnel, and families. This assumes that the LEA has not made any decisions that will impact the participation of non-public school students and teachers in applicable programs prior to consultation or established a blanket rule that precludes non-public school students and teachers from receiving certain services authorized under applicable programs. An LEA must consult with non-public school officials about the timeline for consultation and provide adequate notice of such consultation to ensure meaningful consultation and the likelihood that those involved will be well prepared with the necessary information and data for decision-making. Successful consultation begins well before the implementation of services, establishes positive and productive working relationships, makes planning effective, continues throughout implementation of equitable services, and serves to ensure that the services provided meet the needs of eligible students and teachers.

**Note: Consultation forms must be included with the Stronger Connections Grant application as an attachment. If a non-public school elects not to participate, select the appropriate option as provided below.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LEA Information** | | | | | | |
| **LEA:** |  | **LEA Representative:** | |  | | |
| **Telephone:** |  | **Email:** |  | | | |
| **Non-Public School Information** | | | | | | |
| **Non-Public School:** |  | | | | [**School Code**](https://www.cde.state.co.us/datapipeline/org_orgcodes)**:** |  |
| **Address:** |  | | | | | |
| **School Administrator:** |  | | | | | |
| **Telephone:** |  | **Email:** |  | | | |

**Date(s) of Consultation**

Please provide the dates that the LEA contacted the non-public school, the method of communication, and, if applicable, the date of the consultation. If the LEA was unable to consult with the non-public school, provide dates of communication attempts and continue to the Signatures section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Initial invitation sent to non-public school:** | |  | **Method of Communication:** |  |
| **Follow-up invitation sent to non-public school:** | |  | **Method of Communication:** |  |
| **Follow-up invitation sent to non-public school:** | |  | **Method of Communication:** |  |
| **Date of Consultation Meeting:** |  | | | |

*Check the applicable box below.*

**Non-public School WILL participate:** The parties below agree that timely and meaningful consultation occurred between the LEA and the non-public school during the design and development of the LEA’s Stronger Connections Grant application, as indicated above. Further, the parties agree that timely and meaningful consultation will continue throughout the implementation and assessment of the agreed-upon equitable services.

(Both the LEA and the non-public School will need to sign the bottom of this form.)

**Non-public School WILL NOT participate:** The parties below agree that timely and meaningful consultation occurred between the LEA and the non-public school. The non-public school, at this time, will not participate and will not receive funding.

(Both the LEA and the non-public school will need to sign the bottom of this form.)

**Both parties met but were unable to come to an agreement:** The parties were unable to come to an agreement regarding the equitable services to be provided to eligible non-public school children, teachers, and/or families. If applicable, select one or both of the options below.

The LEA’s signature below indicates that the LEA attempted to provide timely and meaningful consultation but was ultimately unable to come to an agreement with the non-public school official. If the LEA disagrees with the non-public school official with respect to an issue discussed during consultation, the LEA must provide the reasons for disagreement to the non-public school official. The LEA may provide that information below:

|  |
| --- |
|  |

The non-public school official’s signature below indicates that the non-public school official attempted to engage in the consultation process with the LEA, however, either the non-public school official believes that timely and meaningful consultation did not occur, or the program designed through consultation is not equitable with respect to eligible non-public school children. If necessary, after contacting the Ombudsman for Equitable Services, [the non-public school official may file a complaint regarding the disagreement with the LEA](http://www.cde.state.co.us/fedprograms/equitableservicescolorado) with the Colorado Department of Education in accordance with section 1117(b)(6).

**Non-public School DID NOT RESPOND**: The LEA was unable to conduct a timely and meaningful consultation due to a lack of response from the non-public school.

(The LEA will need to sign the bottom of this form.)

**Allowable uses discussed:**

* School-based mental health services
* Comprehensive health education programs
* Drug and violence prevention activities that are evidence-based
* Integrating health and safety practices into school or athletic programs
* Nutritional education and physical education activities
* Implementation of schoolwide positive behavioral interventions and supports
* Bullying and harassment prevention
* Activities that improve instructional practices for developing relationship-building skills
* Prevention of teen and dating violence, stalking, domestic abuse, and sexual violence and harassment
* Mentoring and school counseling
* Establishing or improving school dropout and reentry programs
* Suicide prevention
* Crisis management and conflict resolution techniques
* School-based violence prevention strategies
* Reducing exclusionary disciplinary practices
* Establishing partnerships within the community to provide resources and support for schools
* Strengthening relationships between schools and communities
* High-quality training for school personnel in effective practices related to the above

**Summary of Services to be Provided**

*Provide a summary of the agreed-upon equitable services to be provided to eligible non-public school children, teachers, and families below. (May be attached as an addendum.)*

|  |
| --- |
|  |

**Signatures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| LEA Representative |  | Signature |  | Date |
|  |  |  |  |  |
| Non-Public School Administrator |  | Signature |  | Date |

# Attachment B: Financial Management Risk Assessment

**All applicants applying for the Stronger Connections Grant must fill out the following assessment.** These questions are intended to collect information about the capacity and ability of the applicant to manage federal and/or state grant funds. Applicants are advised to make sure that the person(s) completing these questions are those responsible for and knowledgeable about the fiscal agent’s financial management functions. Scores from this section will determine if the organization’s level of risk to manage federal grant funds is high, medium, or low, and these scores will be utilized in determining potential grant awards, or the potential requirement of additional restrictions or requirements on any awards to an entity determined to be of higher risk.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Management Risk Assessment** | | | | | | | | | | | | |
| 1. Is the applicant on the Federal or State Debarment List? (If Yes, no need to complete the rest of this form.) | | | | | | | | | **Yes** | | | **No** |
| 25 | | | 0 |
| 1. Is the applicant in good standing on the Secretary of State Registration list? (CBO or Non-Profit) | | | | | | | | | **Yes (or N/A)** | | | **No** |
| 0 | | | 5 |
| 1. Does the applicant have an active [UEI Number](https://sam.gov/content/duns-uei) with no [exclusions](https://www.fsd.gov/gsafsd_sp?id=gsafsd_kb_articles&sys_id=a98eb3091bf111540944ece0f54bcbfe)? UEI#: UEI Expiration Date:   Note, if UEI is expired, or an entity does not have an active UEI, no awards or reimbursements can be made until an active UEI is provided. | | | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Has the applicant ever had a government contract, project, or agreement terminated? | | | | | | | | | **Yes** | | | **No** |
| 5 | | | 0 |
| 1. Has there been changes in the applicant’s fiscal and/or program personnel in the previous year? | | | | | | | | | **Yes** | | | **No** |
| 5 | | | 0 |
| 1. Does the applicant use a commercial/licensed financial software system? If Yes, what system? | | | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Does the applicant’s financial software system ensure that grant funds are not comingled with general operating funds? | | | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Has the applicant received federal or state awards from the Colorado Department of Education in the past four years (since FY19-20)? If Yes, which program and year? | | | | | | | | | **Yes** | | | **No** |
| 0 | | | 1 |
| 1. Does the applicant have written procedures for procurement, time and effort (federal), and fiscal management (to include internal control procedures) of grant funding that specifically comply with the Uniform Grants Guidance? | | | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. How many years has the applicant been in existence? | **<2 years** | **2-5 years** | | | **6-10 years** | | | **11-14 years** | | | | **15 years or more** |
| 4 | 3 | | | 2 | | | 1 | | | | 0 |
| 1. Does the applicant have experience managing other federal, state, local and/or private funds? | **<1 year** | **2-4 years** | | | **5-7 years** | | | **8-10 years** | | | | **More than 10 years** |
| 4 | 3 | | | 2 | | | 1 | | | | 0 |
| 1. Does the applicant have experience administering federal funds or other grants that provide funds for services to a comparable target population? | **<1 year** | **2-4 years** | | | **5-7 years** | | | **8-10 years** | | | | **More than 10 years** |
| 4 | 3 | | | 2 | | | 1 | | | | 0 |
| 1. Number of years that the applicant’s primary fiscal contact has been in the position (or a similar position) as of the application date? | **<1 year** | **1-2 years** | | | **3-5 years** | | | **6-9 years** | | | | **More than 10 years** |
| 4 | 3 | | | 2 | | | 1 | | | | 0 |
| 1. Amount of grant award requested for this project: | **More than $300,000** | | **$200,000 - $299,999** | | | **$100,000 - $199,999** | | | | | **$50,000 - $99,999** | |
| 4 | | 3 | | | 2 | | | | | 1 | |
| 1. Single Audit Status (answer only if applicant receives *more than* $750,000 in federal funding from other resources). Finding refers to a material weakness, significant deficiency, or questioned costs. | **No single audit performed** | | **Received a Program AND Fiscal audit finding** | | | **Received a Fiscal OR Program audit finding** | | | | | **No findings were received** | |
| 4 | | 3 | | | 2 | | | | | 0 | |
| 1. Financial Audit Status (answer NOT required to have a Single Audit, but instead a standard financial audit). | **No audit performed for prior year** | | | **Financial Audit completed for prior year** | | | | | | **IRS 990 Form** | | |
| 5 | | | 0 | | | | | | 0 | | |
| 1. Submit a copy of most recent financials. Based on this submission, indicate the percentage of the proposed grant budget being applied for as compared to total operating budget (i.e., grant budget divided by total operating budget). | **40% or greater** | **31% - 39%** | | | **20%- 30%** | | | **6%-19%** | | | | **<5%** |
| 4 | 3 | | | 2 | | | 1 | | | | 0 |
| 1. Please indicate the amount of unspent/unobligated funds for your 22-23 Title IV, Part A award as of the date of this application. | **40% or greater** | **31% - 39%** | | | **20%- 30%** | | | **6%-19%** | | | | **<5%** |
| 4 | 3 | | | 2 | | | 1 | | | | 0 |
| **High Risk** – More than 20 points **Medium Risk** – 8-20 points **Low Risk** – Below 8 points | | | | | | | **Total Points:**  **Risk Designation:** | | | | | |