



OCDE Funding Snapshot

Today's Date:	New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/>	Fiscal Agent: OCDE <input checked="" type="checkbox"/> Heluna Health <input type="checkbox"/> Other <input type="checkbox"/>	Check one: OCDE Lead <input checked="" type="checkbox"/> OCDE Subcontractor <input type="checkbox"/>	
Proposal Lead:	Division(s):		Telephone:	
Proposal Team Members:				
PROPOSAL INFORMATION:				
1. Title of Proposal:				
2. Due Date:				
3. Funding Agency:				
4. Indirect Costs: OCDE: 9.34% <input type="checkbox"/> Other <input type="checkbox"/> % (see justification below) Heluna Health: 12.5% <input type="checkbox"/>				
5. Matching Funds: In-Kind: _____ Cash: _____				
6. Total Amount Requesting (amount per year X number of years = total amount):				
7. Dates of Funding:				
8. Geographic Area or District(s) to be Served:				
9. Justification (motivation for applying for funding):				
OCDE Strategic Priorities Addressed: <input type="checkbox"/> 1: College and Career Readiness and Success; <input type="checkbox"/> 2: 21 st Century Competencies and Academic Standards; <input type="checkbox"/> 3: LCAPs; <input type="checkbox"/> 4: Technology in Support of Teaching and Learning; <input type="checkbox"/> 5: Communication and Collaboration; <input type="checkbox"/> 6: Special Populations; <input type="checkbox"/> 7: Business Services, Legal Services, Legislative Advocacy and Other Key Services; <input type="checkbox"/> 8: The Whole Child				
10. Description (outline services/activities of project):				
11. Proposed Community Partners:				
PROPOSAL REQUIREMENTS:				
12. Board Resolution: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Environment Report: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Reports/Evaluations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
STAFF NEEDS:				
15. New Management: <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity F/T: _____ Quantity P/T: _____		16. New Classified: <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity F/T: _____ Quantity P/T: _____		
17. Existing Positions: <input type="checkbox"/> Yes <input type="checkbox"/> No List Names and FTEs for each staff to be assigned:				
18. Additional Information, including justification for use of Short-term Employees and/or reduced Indirect rates:				
REQUIRED SIGNATURES:				
Superintendent	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Chief Academic Officer	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Authorized Representative	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Cabinet Representative	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Direct Report to Cabinet	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Unit Lead	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Program/Team Lead	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Information Technology	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Fiscal/Special Projects	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature
Grants and Funding	Not Applicable <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Signature Required on Form <input type="checkbox"/>	Signature