**Expanded Wisconsin Fast Forward Grant Application**

**Teacher Training and Development Grants**

To apply for the Expanded Wisconsin Fast Forward Grant, complete the application using Microsoft Word (Google Docs links, scanned .pdfs or image format documents are not accepted). To submit your application package, email the application and all supporting documents to WisconsinFastForward@dwd.wisconsin.gov

by **Monday, July 16, 2018 at 3 p.m. CDT**. Incomplete or late applications will not be accepted.

**PROJECT OVERVIEW**

|  |  |
| --- | --- |
| Applicant Name: |  |
| Project Name: |  |
| Project Start Date: |  | Project End Date: |  |
| Training/Licensure Areas: |  |
| Brief Project Description: |  |

**Applicant Fiscal Agent/Project Director**

|  |  |
| --- | --- |
| Name:  |  |
| Title:  |  |
| School District Name: |  |
| Address: |  |
| City |  | ZIP: |  |
| Phone: |  | Email: |  |

**Applicant Compliance** *Place X in appropriate box.*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has the Applicant had any discrimination findings after a due process hearing based on race, color, religion, national origin, or sex within the last 5 years?  |  |  |
| If yes, have the discrimination findings been reported to the Office of Civil Rights?  |  |  |

**Budget** *Enter Values in A1:B5. For empty cells, enter 0 (zero).* *For shaded cells, enter Totals or use auto-calculation.* *To auto calculate, select the entire table (hover cursor over table and click on*  *in upper left corner), then press [F9].*

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Line Items** | **A****Requested WFF Funds** | **B****Leveraged Match/Cost Sharing** | **C****Total Project $****(A + B)** |
| 1 | Student Tuition | $0.00 | $0.00 | $ 0.00 |
| 2 | Certification/Testing  | $0.00 | $0.00 | $ 0.00 |
| 3 | Program Coordination | $0.00 | $0.00 | $ 0.00 |
| 4 | Other | $0.00 | $0.00 | $ 0.00  |
| 5 | Administrative Costs (Not to exceed 5 percent of WFF fund request) | $0.00 | $0.00 | $ 0.00 |
| 6 | **Total**  | $ 0.00 | $ 0.00 | $ 0.00 |

**Project Cost *Complete Budget Grid (above) first***. *1) Auto-fill by selecting the entire table (hover cursor over table and click on*  *in upper left corner), then press [F9]) or enter Total Requested WFF funds. Enter Count of Certified Teachers. For shaded cells, enter Values or use auto-calculation. To auto calculate, select the entire table (hover cursor over table and click on*  *in upper left corner), then press [F9].*

|  |  |  |
| --- | --- | --- |
| **A****Total Requested WFF Funds\****(from Cell A6, above)** | **B****÷ Count of Certified Teachers** | **C****= Average $ Cost per Certification** |
| 1 |  | $ 0.00 | 0 | **$ 0.00** |

**BUDGET DETAIL**

*Describe each Requested WFF Funds Budget Line Item in detail. Limit responses to one-half page in length, single spaced, 11-point Times New Roman font, for each section. For unused sections, type NA.*

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| **Tuition** *Describe Tuition cost and any continuing education credit policies at the school district that may leverage or match grant funding.* |
| **Certification/Testing** *Include certificate name, count of participants certified, fee per test/certification and provider of testing service(s).* |
| **Program Coordination** *Provide name/title, hours and services for coordination, marketing and participant recruitment activities.* |
| **Other** |
| **Administrative Cost** *Note: May not exceed 5 percent of WFF funding request.* |
| **Miscellaneous Budget Comments** |

**PROJECT PROPOSAL**

*Describe the project. Limit responses to one-half page in length, single spaced, 11-point Times New Roman font, for each section.*

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| --- |
| **Project Description** *Describe your project in detail. How many DPI-recognized certification areas will you seek participant certifications for? How will participants meet or progress toward certification standards? How many will participate in the training?*  |
| **Economic Impact Statement** *Describe the impact of your proposal. Why are these certifications needed? Who benefits? Are there any shortage areas, academic or geographic, addressed by your proposal?*  |
| **Eligibility** *Describe the school staff or others targeted for this training. How will participants be recruited?* |
| **Assessment** *Describe how you will assess progress toward obtaining DPI-recognized certifications.* |
| **Program Monitoring** *Describe the means of tracking project and participant progress.* |
| **Training and Education** *Capacity Building Describe how the project will improve participant abilities, skills and expertise.* |
| **Curriculum Statements** *Describe the specific type and number of licenses that this project will include. Include the duration of training for each.* |
| **Training Provider(s)** *Describe the training providers and their qualifications.* |

**LETTERS OF COMMITMENT AND SUPPORT**

Please attach to your application any letters of intent to participate or provide support to the program as follows:

For each source of leveraged funding, provide a letter of commitment which outlines the proposed contributions, confirms agreement to provide funding and what the funds will be used for. These letters can be combined where appropriate.

Attach any additional letters of support, as appropriate.

**TERMS AND CONDITIONS**

It is understood and agreed by the undersigned that:

1. By submitting this application, I certify that to the best of my knowledge and belief, the information submitted is true and correct;
2. Funds granted as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state;
3. Any proposed changes in this proposal as approved will be submitted in writing by the applicant and upon notification of approval by the state shall be deemed incorporated into and become part of this agreement;
4. Funds awarded may be terminated at any time for violations of any terms and requirements of this agreement;
5. By submitting this application, I certify that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors;
6. By submitting this application, I certify that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project, Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions or inadequate capital to complete the project;
7. The applicant understands this application and other materials submitted to OSD may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. Seq. the applicant will mark documents "trade secret" or "confidential" where appropriate for financial or other sensitive materials that should be, to the extent possible, kept in confidence. OSD will notify the applicant if it receives a public records request for material so marked;
8. The applicant agrees to comply with all state and federal civil rights laws the Federal Civil Rights Act of 1964; and
9. The applicant agrees that no grant appropriated funds will be paid to any person for influencing or attempting to influence an officer or employee of any agency, any member of the Wisconsin Legislature, or an employee of a member of the Legislature in connection with the awarding of any state contract, the making of any state grant, the making of any state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any state contract, grant, loan, or cooperative agreement.
10. The Applicant understands that submitting false or misleading information in connection with his/her application may result in the Applicant being found ineligible for grant assistance through the WFF program, and the Applicant or its representative may be subject to civil and/or criminal prosecution.

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| Name: |  | Initials: |  |
| Title: |  | Dates Signed: |  |
| Phone: |  | Email: |  |