Office of Innovation and Improvement i3 Applicant Information Sheet FY 2011

Instructions : Eligible applicants must complete a sheet will assist ED staff in assessing the needs of t			
Who is the Eligible Applicant? (Please se	elect from the drop de	own menu)	
Are you the lead applicant on this gr	rant? Yes	No	
Have you applied for more than one	i3 grant? 🗌 Yes	No	
Applicant Name:			
PR Award Number: (Number assigned upon submission of a	pplication ex:U396XX	XXXXXX)	
Project Title:			
Lead Applicant City/State:			
Total number of students served by the	grant:		
Student grade levels served by the grant	:		
Birth-Pre-K Kindergarten	1	2	3

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. 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: 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.

1								
4	5	6	7	8 🗌	1			
9	10	11	12		Post- Secondarv			
Implementation	Sites: Ci	ty State (Us	e two letter state al	bbreviation)				
	C	City State						
	C	City State						
	C	City State						
	C	City State						
		City State						
		City State						
		5						
		City State						
	C	City State						
	C	ity State						
If you have more than 10 implementation sites, please list them here with a semicolon separating each location:								
Type of Grant R	Type of Grant Requested: Length of Requested Grant Award:							
Select the ONE Absolute Priority that you are addressing in your application.								
Select up to two Competitive Preference Priorities (CPP) that you are addressing in your application. Note: Applicants may choose to address any number of the optional CPPs in their application but they will only be scored against two.								
CPP 5: Innovations for	CPP 6: Innovations that	CPP 7: Innovations to	CPP 8: Innovations that	CPP 9: Improving	CPP10: Technology			
			<u>Serve Schools in</u>		00			
<u>Improving Early</u> <u>Learning</u>	Support College Access and	<u>Unique Learning</u>	<u>Rural LEAs (up</u>	<u>Productivity</u> (zero or one	(zero or one			
<u>Outcomes (zero</u>	<u>Success and</u> Success (zero or	1 0		<u>point</u>	point)			
<u>or one point)</u>	one point)	<u>Students with</u>	<u>to two points)</u>					
		<u>Students with</u>	I					

1				
	Disabilities and			
	Limited English			
	Proficient			
	<u>Students (zero or</u>			
	<u>one point)</u>			
	Project De	escription:		
In 2000 characters or less, please	provide a brief description of the pr	roject you wish to prop	ose. Be sure to inclu	de a summary of project
objectives and expected outcome	es, target number of students to be se	erved in the project, and	any special project	features.
- *	-	1 <i>J</i> ,		
	Project F	Partners:		
Please lis	st all organizations partnering with t	this project and the amo	ount of Federal fund	5
	st all organizations partnering with t requested for each as par	this project and the amo t of your overall budge	t.	
Please lis Partner Name	st all organizations partnering with t	this project and the amo t of your overall budge	t.	s ner Type
Partner Name	st all organizations partnering with t requested for each as par State Budget Amount	this project and the amo t of your overall budge	t. Part	ner Type
	st all organizations partnering with t requested for each as par	this project and the amo t of your overall budge	t.	
Partner Name	st all organizations partnering with t requested for each as par State Budget Amount	this project and the amo t of your overall budge	t. Part	ner Type
Partner Name	st all organizations partnering with t requested for each as par State Budget Amount	this project and the amo t of your overall budge	t. Part	ner Type

ĺ	2.	\$		Official	Other		
	3.	\$		Official	Other		
	4.	\$		Official	Other		
	5.	\$		Official	Other		
	6.	\$		Official	Other		
	7.	\$		Official	Other		
	8.	\$		Official	Other		
	9.	\$		Official	Other		
If	10.	\$		Official	Other		
	If you have more than 10 p	artners, please list them	here with a semicolon be	etween each	location:		
		Drivata Sactor M	atching Doguiromon				
		Private Sector M	latching 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 e separating each location:	entities helping to provid	le your match, please list	them here	with a semicolon		

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.

Open Innovation Web Portal

The Open Innovation Web portal is an online tool that provides an opportunity for i3 applicants to further develop their ideas, identify potential partners, and secure matching funds. Applicants to the i3 Fund will not receive additional points or gain any formal advantage over those applicants who do not post their ideas and related information on the portal. The portal is operated in partnership with an outside organization.

If you are interested in learning more about the Open Innovation Web Portal, please visit **innovation.ed.gov**.

Would you like your information to be transferred to the Open Innovation Web Portal?	YES	NO
--	-----	----