**INITIAL SUBMISSION OF DATA UNDER THE**

**Stronger Connections Grant**

**STATE:**

**SEA CONTACT**

**Name:**

**Telephone number:**

**Email address:**

1. **Definition of High-Need Local Educational Agency (LEA)**
2. *Provide the SEA’s definition of “high-need LEA” for purposes of the SCG program.*

*If the SEA has not finalized its definition of “high-need LEA,” provide an update of its status in defining the term, including a projected date for completion of this task.*

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1. Did the SEA provide, or does the SEA intend to provide, the public with notice and a reasonable opportunity to comment and provide input on its definition of “high-need LEA”?  *(Please check one of the following and provide the requested information.)*

\_\_\_\_\_Yes. *Provide a description of such notice and opportunity to comment:*

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\_\_\_\_\_No. The SEA does not intend to offer notice and a reasonable opportunity to comment.

\_\_\_\_\_ The SEA has not yet determined whether it will provide the public with notice and a reasonable opportunity to comment on its definition of “high -need LEA.” *Provide an update of the SEA’s status in making this determination, including a projected date for its decision:*

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1. **SEA’s Competitive Subgrant Process**
2. Did the SEA prioritize the use of SCG funds by LEAs in the SEA’s competitive subgrant process?  *(Please check one of the following and provide the requested information.)*

\_\_\_\_\_Yes. *Provide a description of such priorities:*

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\_\_\_\_\_No. The SEA does not intend to prioritize the use of SCG funds by LEAs.

\_\_\_\_\_ The SEA has not yet determined whether it will prioritize the use of SCG funds by LEAs. *Provide an update of the SEA’s status in making this determination, including a projected date for its decision:*

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1. Did the SEA specifically prohibit one or more of the allowable uses of SCG funds by LEAs in the SEA’s competitive subgrant process in addition to any statutory prohibitions? *(Please check one of the following and provide the requested information.)*  
   \_\_\_\_Yes. *Provide a description of such prohibitions:*

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\_\_\_\_\_No. The SEA does not intend to prohibit one or more uses of SCG funds by LEAs.

\_\_\_\_\_ The SEA has not yet determined whether it will prohibit one or more uses of SCG funds by LEAs.  *Provide an update of the SEA’s status in making this determination, including a projected date for its decision:*

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1. Did the SEA provide the public with notice and a reasonable opportunity to comment and provide input on the design of its competitive subgrant process?  *(Please check one of the following and provide the requested information.)*

\_\_\_\_\_Yes. *Provide a description of such notice and opportunity to comment:*

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\_\_\_\_\_No. The SEA does not intend to provide the public with notice and opportunity to comment.   
  
\_\_\_\_\_ The SEA has not yet determined whether it will provide the public with notice and opportunity to comment.  *Provide an update of the SEA’s status in making this determination, including a projected date for its decision:*

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1. Will the SEA require LEAs to describe in their applications how they have engaged or plan to engage with families, educators, and the local community in determining how these funds will be used? *(Please check one of the following and provide the requested information.)*

\_\_\_\_\_Yes. *Provide a description of what the SEA will require LEAs to describe in their application:*

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\_\_\_\_\_No. The SEA will not require LEAs to include such descriptions in their applications.

\_\_\_\_\_ The SEA has not yet determined whether it will require LEAs to include such descriptions in their applications.  *Provide an update of the SEA’s status in making this determination, including a projected date for its decision:*

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| By signing this document, I assure that to the best of my knowledge and belief, all information and data included in this form are true and correct. | |
| **Authorized SEA Representative (Printed Name)** |  |
| **Signature of Authorized SEA Representative** | Date: |

***OMB Number:*** *XXXX-XXXX*

***Expiration Date:*** *[DATE]*

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