U.S. DEPARTMENT OF EDUCATION
OFFICE OF POSTSECONDARY EDUCATION
WASHINGTON, D.C.

FISCAL YEAR 20XX

APPLICATION FOR GRANTS UNDER THE GAINING EARLY AWARENESS AND READINESS FOR UNDERGRADUATE PROGRAMS (GEAR UP) PROGRAM

STATE GRANTS
ALN: 84.334S

DATED MATERIAL – OPEN IMMEDIATELY

CLOSING DATE: TBD

OMB Control No. 1840-0821, Expiration Date: XX/XX/XXXX

Contact Information

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INSTRUCTIONS FOR PROGRAM-SPECIFIC

APPLICANT ELIGIBILITY FORM: This form must be submitted to verify if the entity has been designated by the Governor of the State, or equivalent for eligible non-States, to apply for and administer a GEAR UP grant.

STATE PROJECT PROFILE SHEET: This form represents an outline of the project's overall design and implementation strategy.

BUDGET SUMMARY FORM: This form presents a complete budget summary for each year of grant funding. Applicants are required to fill out and submit *both sections* (Federal and non-Federal) of this form.

The GEAR UP matching requirement is that $1 of non-federal funds must be matched for every $1 of federal funds. Proposed Federal (Part I) and non-Federal (Part II) expenditures must be provided on the Budget Summary Form, and the six- or seven-year total for non-Federal expenditures should be equal to or more than proposed six- or seven-year Federal expenditures.

FIRST-YEAR BUDGET NARRATIVE FORM: The budget narrative form for ***the first year of implementation*** should include a narrative for each budget line item, which explains: (1) the basis for estimating the costs of professional personnel salaries, benefits, project staff travel, materials and supplies, consultants and subcontracts, indirect costs, and any projected expenditures; (2) how the major cost items relate to the proposed activities; and (3) the costs of evaluation.

Please include travel funds to attend annual conferences and workshops. At these meetings, each grant recipient will have an opportunity to strengthen its efforts by collaborating with other grantees funded in this program and receive technical assistance from U.S. Department of Education personnel. Applicants are reminded that GEAR UP funds must be used to supplement, not supplant, funds for existing programs.

STATE APPLICANT ELIGIBILITY FORM

Assistance Listing No. 84.334S

This form is required to verify if the agency applying for funding under the GEAR UP State grant competition is authorized by the Governor of the State. The Governor of a State, or equivalent for eligible non-States, must designate the State agency that can apply for, and administer, a State GEAR UP grant.

<table>
<tr><td colspan="2">a. State:</td></tr>
<tr><td colspan="2">b. Legal Name of Authorized Applicant/Agency:</td></tr>
<tr><td>c. Address of Agency:</td><td>d. Contact Person at the Agency:

Name:

Title:

Telephone:

E-Mail:</td></tr>
<tr><td colspan="2">e. I authorize the agency above to submit an application for the GEAR UP State grant competition on behalf of the State. To the best of my knowledge and belief, all data provided by the applicant is true and correct.</td></tr>
<tr><td>Printed Name of Governor:</td><td>Telephone:

E-Mail:</td></tr>
<tr><td>Signature of Governor:</td><td>Date:</td></tr>
</table>

STATE PROJECT PROFILE SHEET

Institution/Organization (Legal Name): _____

1. Applicant Eligibility – The Governor of each State, or equivalent for eligible non-States, must designate one agency that can apply for and administer the GEAR UP State grant.

a. Did you fill out and include the Applicant Eligibility Form in the application?
____ Yes ____ No

b. Did you submit your application in the Grants.gov system under the State Assistance Listing #84.334S? ____ Yes ____ No

Note: Please be careful not to submit your State application under the wrong Assistance Listing #84.334A, which is only applicable to Partnership applicants.

2. Competitive Preference Priorities (CPPs) and Invitational Priority (IP) – TO BE UPDATED PRIOR TO NEXT COMPETITION

a. **CPP 1** – Under CPP 1, an applicant may be eligible to receive up to 2 additional points. For more details, please refer to the *Federal Register* Notice Inviting Applications. If you are applying for CPP 1, please provide the requested information below.

i. Provide the PR/Award Number below for any successful GEAR UP State grant that your organization implemented prior to August 14, 2008.

P334S_____
P334S_____

ii. Provide a brief description below of prior, demonstrated commitment to early intervention leading to college access through collaboration and replication of successful strategies.

This table can be expanded, if necessary.

Note: Applicants addressing CPP 2, CPP 3, and CPP 4 must provide details in a separately uploaded CPP file in the Project Narrative Section of the application.

b. **CPP 2** – Under CPP 2, an applicant may be eligible to receive up to 5 additional points related to increasing postsecondary education access, affordability, completion, and post-enrollment success for underserved students by establishing a system of high-quality data collection and analysis. For more details, please refer to the *Federal Register* Notice Inviting Applications.

Did you address CPP 2 in your application? ____ Yes ____ No

c. **CPP 3** – Under CPP 3, an applicant may be eligible to receive up to 5 additional points related to meeting student social, emotional, and academic needs. For more details, please refer to the *Federal Register* Notice Inviting Applications.

Did you address CPP 3 in your application? ____ Yes ____ No

d. **CPP 4** – Under CPP 4, an applicant may be eligible to receive 3 additional points if their application is supported by evidence that meets the definition of 'moderate evidence'. For more details, please refer to the *Federal Register* Notice Inviting Applications.

i. Did you address CPP 4 in your application? ____ Yes ____ No
ii. Did you fill out the Evidence Form (OMB 1894-0001) located in the forms section of the application package? ____ Yes ____ No

e. **Invitational Priority** – Supporting Highly Mobile Youth

Did you address the Invitational Priority in your application? ___ Yes ___ No

3. In the table below, please list the name of the organization for each partner (**including the applicant organization**), the organizational code using the key below, the total amount each partner will contribute over the six or seven year performance period, and a brief description of the contribution.

	Name of Organization	Org Code	Contribution	Briefly describe the type of contribution (e.g., salary, fringe benefits, supplies, equipment, scholarships, travel, and contracts)
1			$	
2			$	
3			$	
4			$	

This table can be expanded, if needed.

Organizational Code

CBO=Community-Based Organization; **NPO**=Not-For-Profit Organization, non-CBO; **FBO**=Faith-based Organization; **HBCU**=Historically Black College or University; **TCCU**=American Indian Tribally Controlled Colleges and Universities; **HSI**=Hispanic Serving Institution; **IHE**=Institution of Higher Education; **SCH**=School; **LEA**=School District; **ACY**=State Agency; **BUS**=Business; **PO**=Professional Organization; **O**=Other Type of Organization

Note: You can use more than one organizational code, if necessary (e.g., IHE/HSI).

4. Implementation Model – Please check below which model you are proposing to implement.

❑ a. Cohort Model
❑ b. Priority Students Model
❑ c. Models a and b

5. **Priority Students Model** –

a. If you are implementing the priority students model, please indicate below the number of students you propose to serve each year.

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total

b. List the grade level(s) you are planning to serve (e.g., 7th - 12th grades). _____

c. List the type(s) of priority/disconnected students the project will serve (e.g., 12th graders, free and reduced-priced lunch, foster, homeless, and disabled). _____
_____

6. **Cohort Model** –

If you are implementing the cohort model, please answer the following questions:

a. One Grade Level. Are you planning to serve at least one grade level of students in the target school(s) as your cohort? ____ Yes ____ No

b. Continued Services. Are you planning to provide services to participating GEAR UP students **beginning no later than 7th grade** through the 12th grade? ____ Yes ____ No

c. First Year of College. Are you planning to provide services to GEAR UP students through their first year of attendance at an institution of higher education?
____ Yes ____ No

Note: When selecting the starting grade level, please keep in mind that you must continue to provide services to students until they graduate from secondary school or until their first year of college, depending on the six- or seven-year performance period. Such services must be rendered to students who are left in the pipeline after Federal funds have been discontinued.

d. Target School Eligibility. Please provide information on the originating target schools in the table below. The originating school is the school or schools in which your GEAR UP project will start implementing services. Applicants with more than one school district must fill out a chart for each district. **Important note: All originating target schools must be presented in your application.**

School District:				
	Name of Originating	Grade Levels	% of Students	NCES School ID#

	Target School	(e.g., 6,7,8)	Eligible for Free & Reduced-Price Lunch	
1				
2				
3				
4				
5				

This table can be expanded, if needed.

Notes: 1) You can find the NCES ID for your school(s) by going to https://nces.ed.gov/ccd/schoolsearch. 2) All originating target schools should be presented in your application. School eligibility is determined based on the information provided in the application. If an application is approved for funding, school changes may be approved based on special or extenuating circumstances.

If your State/school district does not collect free and reduced-price lunch data for the originating target school(s), please **describe** below what method is used (e.g., percentage for Community Eligibility Provision) to determine high-poverty schools.

This table can be expanded, if needed.

e. Students to be Served. In the table below, please indicate the number of students your project intends to serve in each grade level per year of the six- or seven-year grant performance period.

Applicants should not include any proposed students in the shaded area of the table, unless your project is serving students from a previous GEAR UP grant. Please provide the project number for the previous grant: P334S_____.

GRADE LEVEL	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7
First Year IHE							
12th							
11th							
10th							
9th							
8th							
7th							
6th							
5th							

4th							
3rd							
2nd							
1st							
Kindergarten							
Total Students Served							

Note: Projects can only serve students in the 7th year who are in high school or in their first year of postsecondary education. In addition, projects implementing a priority students model should not fill out the table above.

f. Public Housing Focus. Please list below the name and address of the public-housing complex(es) or area(s) that you are planning to serve.

No.	Name of Public Housing Project	Address
1		
2		

This table can be expanded, if necessary.

7. Required Services – Please provide a brief outline in the table below of proposed outreach and supportive services that will be implemented to accomplish the activities that are required by statute. **Note: All objectives and services should be presented in the Project Narrative section of your application, under the Quality of Project Design selection criterion.**

Required Activities	**List proposed outreach and supportive services that will be implemented to accomplish required activities.**
Example: Increase the number of students who enroll in rigorous and challenging curricula and coursework	Example: Counseling, mentoring, curriculum enrichment
1. Increase student participation in comprehensive mentoring.	
2. Increase students' knowledge of financial aid for postsecondary education.	
3. Increase the number of students who enroll in rigorous and challenging curricula and coursework.	
4. Increase the number of students who graduate from high school.	
5. Increase the number of students who apply for college.	
6. Increase the number of students who enroll in postsecondary education.	
7. Increase the number of students who receive scholarships.	

This table can be expanded, if necessary.

8. Project Budget –

a. Federal Funds Requested. The total amount of Federal funds a State project can receive each year is $5 million. Did you request more than $5 million each year in your Budget Summary Form? ____ Yes ____ No

b. Required Match. The non-Federal cost provided by a project must be no less than 50 percent of the total cost of the project at the end of the six- or seven-year project performance period. Are the total six- or seven-year matching contributions presented on the Budget Summary Form equal to or greater than the total six- or seven-year Federal funds requested? ____ Yes ____ No

Note: The matching requirement is 50 percent of the entire project, combining federal and non-federal funds, not 50 percent of what is requested in Federal funds. For instance, if an applicant requests a six- or seven-year total of $3 million in Federal funds, the matching contribution required is not $1.5 million. The required matching contribution is $3 million.

c. Please provide below the amount of Federal funds you are requesting and matching contributions for each year of the project period.

Source	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	*Total
Federal								
Match								
Total								

Note: 1) A project cannot request more Federal funds in subsequent project years than the total amount requested in the first year. 2) *The total matching contributions should be at least equal to the total Federal funds requested for the six or seven years of the grant.

d. State Funding Allocation. State funds must be allocated as follows: no less than 25 percent and no more than 50 percent of Federal funds must be allocated for activities and all remaining funds must be allocated for scholarships to eligible GEAR UP students. Applicants can allocate more than 50 percent for activities if they receive an exception. Applicants for an exception must demonstrate in the application that they have another means or multiple means of providing scholarships that meet the minimum Pell Grant requirements to students eligible for a GEAR UP scholarship.

i. Did you allocate at least 25 percent and no more than 50 percent of Federal funds, as outlined on the Budget Summary Form, for activities? ____ Yes ____ No

ii. If you are planning to use more than 50 percent of the Federal funds for activities, please briefly describe below how eligible students will receive scholarships through another means or multiple means, such as by providing a list of other sources of aid that reduce or eliminate the need for the grantee to provide scholarships from their federal funding; the projected number of students that the grantee expects to receive aid through those sources; and an estimate of the number of students eligible for a GEAR UP scholarship that are not expected to receive aid through those other sources, if any.

This table can be expanded, if necessary.

Note: If you propose to provide scholarships through another means, you will have to report the number of GEAR UP students who received scholarships and the average amount disbursed.

iii. Please indicate below the dollar amount and percentage of the Federal funds requested that will be allocated for scholarships and activities.

Category	Federal Funds Requested	% of Funds Requested
Scholarships	$	
Activities	$	
Total	$	

e. Indirect Cost Rate. GEAR UP projects a) can only charge indirect costs to the grant if the organization/agency has an approved indirect cost rate agreement; and b) the maximum amount of indirect costs must be no more than 8 percent of modified direct costs (direct costs excluding scholarships and equipment).

Note: this requirement applies to Federal and matching funds.

i. Do you have an Indirect Cost Rate Agreement approved by the Federal government?
____Yes ____ No

ii. If yes, please provide below the period covered by the Indirect Cost Rate Agreement:
From: ___/___/_____ To: ___/___/_____ (mm/dd/yyyy)
Approving Federal agency: ____ ED ____ Other (please specify): _____

iii. For Restricted Rate Programs, are you using a restricted indirect cost rate that: ___Is included in your approved Indirect Cost Rate Agreement? or ___ Complies with 34 CFR 76.564(c)(2)?

PROJECT BUDGET SUMMARY FORM

This form presents the amount of Federal funding requested and non-Federal contributions for the entire 6- or 7-year project performance period. **Applicants must fill out and submit both sections (Federal and non-Federal) of the form.**

PART I – FEDERAL FUNDS REQUESTED								
Category	**YEAR 1**	**YEAR 2**	**YEAR 3**	**YEAR 4**	**YEAR 5**	**YEAR 6**	**YEAR 7**	**Total**
1. Salaries and Wages								
2. Employee Benefits								
3. Travel								
4. Materials and Supplies								
5. Consultants and Contracts								
6. Other								
A. Total Direct Costs *(Sum of lines 1-6)*								
B. Total Indirect Costs *(Cannot be greater than 8% of Total Direct Costs)*								
C. Equipment								
D. Scholarships/ Tuition Assistance								
TOTAL COMMITMENT (Lines A+B+C+D)								*

<u>Important Note</u>: Please do not include a requested amount of Federal funds in years two through six or seven that is more than the amount that is requested in Year 1.

PROJECT BUDGET SUMMARY FORM (CONTINUED)

PART II – NON-FEDERAL CONTRIBUTIONS								
Category	**YEAR 1**	**YEAR 2**	**YEAR 3**	**YEAR 4**	**YEAR 5**	**YEAR 6**	**YEAR 7**	**Total**
1. Salaries and Wages								
2. Employee Benefits								
3. Travel								
4. Materials and Supplies								
5. Consultants and Contracts								
6. Other								
A. Total Direct Costs *(Sum of lines 1-6)*								
B. Total Indirect Costs *(Cannot be greater than 8% of Total Direct Costs)*								
C. Equipment								
D. Scholarships/ Tuition Assistance								
TOTAL COMMITMENT (Lines A+B+C+D)								*

* **The total proposed matching contributions in Part II of the Budget Summary Form for the six- or seven-year performance period should be at least equal to the proposed total for Federal expenditures in Part I of the Budget Summary Form. For example, if the total cost to run the project for the six- or seven-year performance period is $300, the Federal contribution would be $150 and the required matching contribution must be at least $150.**

FIRST-YEAR BUDGET NARRATIVE FORM

Please provide a written narrative for each budget line item, which explains: (1) the basis for estimating the costs of professional personnel salaries, benefits, project staff travel, materials and supplies, consultants and subcontracts, indirect costs, and any projected expenditures; (2) how the major cost items relate to the proposed activities; and (3) the costs of evaluation.

Direct Cost	**Federal Funds Requested for Year 1**	**Non-Federal Contributions for Year 1**
1. Salaries and Wages		
2. Employee Benefits		
3. Travel		
4. Materials and Supplies		
5. Consultants and Contracts		
6. Other		
A. Total Direct Costs: *(Sum of lines 1-6)*		
B. Total Indirect Costs: *(cannot be greater than 8% of Total Direct Costs)*		
C. Equipment		
D. Scholarships/ Tuition Assistance		
TOTAL REQUESTED *(A+B+C+D)*		

This table can be expanded, if necessary.

PAPERWORK 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. The valid OMB control number for this information collection is 1840-0821. Public reporting burden for this collection of information is estimated to average 60 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 (Higher Education Act of 1965, as amended). If you have comments or concerns regarding the status of your individual submission of this application, please contact GEAR UP, U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202 directly. [Note: Please do not return the completed application to this address.]