

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

PARTNERSHIP GRANTS
ALN: 84.334A

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 FORMS

APPLICANT ELIGIBILITY FORM: The form is required for institutions of higher education or local education agencies to verify if the entity applying for funding is legally an institution of higher education or local education agency.

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

PROJECT 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.

Applicants will not receive more Federal funding in out-years than the amount awarded in the first year of the grant; and therefore, the Budget Summary Form should not reflect budgetary increases in years two through six or seven.

The matching requirement is 50 percent of the total project budget, 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 \$3 million. 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. If you are requesting a reduction in the required cost-share/matching requirement, please address the questions at the bottom of the non-Federal budget section.

FIRST-YEAR BUDGET NARRATIVE FORM: The budget narrative 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.

APPLICANT ORGANIZATION IDENTIFICATION FORM AND COST SHARE WORKSHEET: The support, contribution, and commitment of the partner serving as the grant Applicant should be described clearly within the narrative. Additionally, the Applicant Organization Identification Form and Cost Share Worksheet, documents the role and

contribution of the Partnership's Applicant Organization. This document does not represent the matching commitment for the entire project, only the commitment of the Applicant.

PARTNER IDENTIFICATION FORM AND COST SHARE WORKSHEET: The support, contributions, and commitment of each partner should be described clearly within the narrative. Additionally, a Partner Identification Form and Cost Share Worksheet for each member of the partnership, other than the lead partner, document the role and contribution of each partner. The total of the contributions on each of the Cost Share Worksheets should equal the total matching dollars on the Project Budget Summary Form.

APPLICANT ELIGIBILITY FORM LOCAL EDUCATION AGENCY

Partnership applications must be submitted by an eligible entity: a Local Education Agency (LEA) or an Institution of Higher Education (IHE). This form is required to verify if the entity applying for funding is legally an LEA.

If applying as an LEA, please provide your organization's National Center for Education Statistics (NCES) ID for school districts below. Your NCES ID can be found at: <https://nces.ed.gov/ccd/districtsearch/index.asp>. **The name of the LEA listed on the NCES webpage must match your applicant name on the SF-424 form.**

NCES ID	
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However, if your organization is not listed on the NCES webpage, or is listed differently, please have the Chief State School Officer (CSSO) sign below to certify your identity as an LEA. **You can locate the CSSO in your state by going to <https://ccsso.org>.**

I certify that _____ (<i>applicant name</i>) is a Local Education Agency as defined by the Elementary and Secondary Act of 1965, as amended (section 8101(30)), as a public board of education or other public authority legally constituted <u>within a State</u> for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary schools or secondary schools.	
Chief State School Officer (Printed Name):	Telephone: Email:
Signature of Chief State School Officer:	Date:

APPLICANT ELIGIBILITY FORM INSTITUTION OF HIGHER EDUCATION

Partnership applications must be submitted by an eligible entity: a Local Education Agency (LEA) or an Institution of Higher Education (IHE). This form is required to verify if the entity applying for funding is legally an IHE.

Please provide your organization's National Center for Education Statistics (NCES) Office of Postsecondary Education (OPE) ID for your college or university below. The OPE ID number is assigned by the U.S. Department of Education (Department) to identify schools that have Program Participation Agreements so that their students are eligible to participate in Federal Student Financial Assistance programs under Title IV regulations. While your institution is not required to have an OPE ID, it allows the Department to easily verify your eligibility. Your NCES OPE ID can be found at: <https://nces.ed.gov/collegenavigator>. **The name of the IHE listed on the NCES webpage must match your applicant name on the SF-424 form.**

OPE ID	
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However, if your organization does not have an OPE ID on the NCES webpage, please have the president or provost of your college or university sign below to certify your identity as an IHE.

I certify that _____ (*applicant name*) is an institution of higher education as defined in section 101 or section 102(a)(1) of the Higher Education Act of 1965, as amended (20 U.S.C. 1001 and 1002(a)(1)).

You can find the definition at: www2.ed.gov/policy/highered/leg/hea98/sec101.html.

University President/Provost (Printed Name):	Telephone:
	Email:
Signature of President/Provost:	Date:

PARTNERSHIP PROJECT PROFILE SHEET

Institution/Agency (Legal Name): _____

1. Applicant Eligibility. Only an institution of higher education (IHE) or local education agency (LEA) can apply for a GEAR UP grant and serve as fiscal agent. Have you included the Applicant Eligibility Form in your application? ____Yes____No

2. Partnership. An eligible partnership must consist of (i) one or more local educational agencies; and (ii) one or more degree-granting institutions of higher education; and MAY include

(i) not less than two other community organizations, such as businesses, professional organizations, state agencies, institutions, etc.

a. Did you submit your application in the Grants.gov system under the Partnership Assistance Listing #84.334A? ____Yes____No

Note: Please be careful not to submit your Partnership application in Grants.gov under the wrong Assistance Listing #84.334S.

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

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

Notes: 1) You can use more than one organizational code, if applicable (e.g., IHE/HSI); and 2) Only listing schools in the table above in lieu of an LEA will not satisfy the partner eligibility requirement (at least one LEA and at least one IHE).

3. Competitive Preference Priorities (CPP). **TO BE UPDATED PRIOR TO NEXT COMPETITION**

There are three CPPs for the Partnership competition. An applicant may be eligible to receive up to 5 additional points for addressing CPP 1, up to 5 additional points for addressing CPP 2, and 3 points for addressing CPP 3. For more details, please refer to the *Federal Register* Notice Inviting Applications.

Please mark with an (x) below whether or not this application addresses each priority.

a. **CPP 1.-** Under CPP 1, 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 1 in your application? ____ Yes ____ No

b. **CPP 2 -** Under CPP 2, 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 2 in your application? ____ Yes ____ No

c. **CPP 3 –** Under CPP 3, 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 3 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

4. Cohort Model. Please answer the following questions regarding the cohort model:

- a. Entire Grade Level. Are you planning to serve at least one entire 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 Target School	Grade Levels (e.g., 6,7,8)	% of Students Eligible for Free & Reduced-Price Lunch	NCES School ID#
1				
2				
3				
4				

Note: 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.

Note: Applicants should not include any proposed students in the shaded area, unless your project is serving students from a previous GEAR UP grant. Please provide the PR Award number for the previous grant: P334A_____.

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

Total Students Served							
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Note: Projects can only serve students in the 7th year who are in high school or in their first year of postsecondary education.

- f. Public-Housing Focus. Please list below the name 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.

5. 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 <u>outreach and supportive services</u> 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.	

Federal Funds Requested. The maximum amount a Partnership applicant can receive per student for a single budget period of 12 months is \$800. Please fill out the table below, which calculates the maximum amount you can request per year for the six- or seven-year performance period.

Budget Period	Number of Students	Multiplied by \$800	Equals	Maximum Amount
Year 1		\$800	=	\$
Year 2		\$800	=	\$
Year 3		\$800	=	\$
Year 4		\$800	=	\$
Year 5		\$800	=	\$
Year 6		\$800	=	\$
Year 7		\$800	=	\$

- a. Did you allocate more than \$800 of Federal funds per student (each year) on the **Project 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 period. Is the total amount of matching contributions equal to or greater than the total amount of Federal funds requested for the six- or seven-year project period in the Project Budget Summary Form?
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. A Partnership applying for a GEAR UP grant can request to waive a portion of the matching requirement. If you are requesting a waiver, please check below the type of waiver you are requesting. Details regarding the matching waiver provisions can be found in the Program Overview section of this application package.

- ☐ request to waive up to 50 percent;
- ☐ request to waive up to 70 percent;
- ☐ request to waive up to 75 percent; or
- ☐ request to satisfy matching requirement based on the scholarship funds.

- i. Please provide a detailed explanation below to support the waiver reduction request according to the provision that was selected above.

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This table can be expanded, as needed.

Note: If your application is successful in this competition, we will assess whether you are eligible for a matching waiver based on the information provided in Question 6(c)(i). You will receive a determination notification regarding your request after the grant is awarded.

ii. Please present in the chart below the proposed amount of matching contributions that will be provided each year of the project, ***if your matching waiver request is approved.***

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

d. Please provide below the amount of Federal funds that you are requesting and the required matching contribution for each year of the project period. ***Do not include a reduced matching contribution in this table.***

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 must be at least equal to the total Federal funds requested for the six or seven years of the grant.

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.**

If you are requesting reimbursement for indirect costs, please answer the following questions:

- i. Do you have an Indirect Cost Rate Agreement approved by the Federal government?
☐ Yes ☐ No
- ii. If yes, please provide the following information:
 Period Covered by the Indirect Cost Rate Agreement:
 From:___/___/____To:___/___/____(mm/dd/yyyy)
 Approving Federal agency:___ED ___ Other (please specify): _____
- iii. 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 six- or seven-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 <i>(Sum of lines 1-6)</i>								
B. Total Indirect Costs: <i>(Cannot be greater than 8% of Total Direct Costs)</i>								
C. Equipment								
D. Scholarships/ Tuition Assistance								
TOTAL REQUESTED (Lines A+B+C+D)								*

Important Note: 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 – REQUIRED 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 REQUIRED CONTRIBUTIONS (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 requested Federal funds 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.

Matching Waiver Request – Partnership applicants can request to waive the required match based on certain statutory and regulatory provisions:

1. Have you filled out Question 6c of the Project Profile Sheet? _____ Yes _____ No
2. Please check below the type of waiver provision that you are requesting. Please see the *Program Overview* section of the application package for descriptions of waiver provisions.

_____ 50 percent; _____ 70 percent; _____ 75 percent; _____ scholarship

3. Indicate in the table below the yearly amount of proposed matching contributions that will be provided if you receive a waiver. This table should be consistent with Question 6(c)(ii) of the Project Profile Sheet.

YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	TOTAL
\$	\$	\$	\$	\$	\$	\$	

APPLICANT ORGANIZATION IDENTIFICATION FORM AND COST SHARE WORKSHEET

Please provide the following information for the Applicant Organization and its share of matching commitments (cash or in-kind) for each year of the proposed project. Please note this form does not represent the required match for the entire project – it only addresses the amount of matching contributions the applicant will provide.

1. Type of Institution/Organization

Are you a Local Education Agency (LEA)?
☐ Yes ☐ No

Are you an Institution of Higher Education (IHE)?
☐ Yes ☐ No

Type of IHE:

☐ Four-Year ☐ Two-Year
☐ Public ☐ Private
☐ College ☐ University
☐ HBCU ☐ HSI ☐ TCCU ☐ NHSI ☐ ANSI

2. Matching Funds Provided by Applicant Organization

	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								
E. TOTAL COMMITMENT (Lines A+B+C+D)								

PARTNER IDENTIFICATION FORM AND COST SHARE WORKSHEET

Please complete one form for each partner (other than the Applicant Organization).

1. Institution/Organization _____

Point of Contact: Name _____

Title _____ Department _____

Address _____

City _____ State _____ Zip _____

Telephone _____

2. Type of Organization

_____ e-mail _____ Fax _____

Are you a Local Educational Agency (LEA)?

____ Yes ____ No

Are you an Institution of Higher Education (IHE)?

____ Yes ____ No

Type of IHE:

____ Four-Year ____ Two-Year

____ Public ____ Private

____ College ____ University

____ HBCU ____ HSI ____ TCCU ____ NHSI ____ ANSI

Other types:

____ Business

____ Community-based organization

____ Professional association

____ Philanthropic Organization

____ State Agency

Other: _____

3. Non-Federal Fund contribution provided by Partner**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 <i>(Sum of lines 1-6)</i>								
B. Total Indirect Costs: <i>(Cannot be greater than 8% of Total Direct Costs)</i>								
C. Equipment								
D. Scholarships/Tuition Assistance								
E. TOTAL COMMITMENT (Lines A+B+C+D)								

Please summarize the partner's specific support and commitment to the project in this space.

SIGNATURE OF AUTHORIZING OFFICIAL: _____

NAME OF AUTHORIZING OFFICIAL: _____

TITLE OF AUTHORIZING OFFICIAL: _____

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: <i>(Sum of lines 1-6)</i>		
B. Total Indirect Costs: <i>(cannot be greater than 8% of Total Direct Costs)</i>		
C. Equipment		
D. Scholarships/ Tuition Assistance		
E. TOTAL REQUESTED <i>(A+B+C+D)</i>		

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 56 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.]