

REQUEST FOR PROPOSAL

KENTUCKY ACADEMY FOR EQUITY IN TEACHING (KAET)

GROW-YOUR-OWN PROGRAM START-UP GRANT

| **DEADLINE**  **4:00 PM (ET)**  **June 11, 2021** | **ISSUED BY**  Kentucky Department of Education  Division of Educator Recruitment and Development |
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| **ADDRESS QUESTIONS TO**  Jennifer Bryant  Kentucky Department of Education  [KDERFP@education.ky.gov](mailto:KDERFP@education.ky.gov)  **Questions Deadline:**  **May 3, 2021 - 4:00 PM (ET)** | **SUBMIT APPLICATIONS TO**  Jennifer Bryant  Kentucky Department of Education  [KDERFP@education.ky.gov](mailto:KDERFP@education.ky.gov)  Only electronic applications accepted  No hard copies |

**SPECIAL INSTRUCTIONS:**

* Eligibility is limited to Kentucky public school districts and state schools.
* **Districts** submit the application and will apply on behalf of high school(s).
* KDE reserves the right to waive minor technical deficiencies.

**Solicitation Schedule**

| **Date** | **Event** | **Location** | **Participation** |
| --- | --- | --- | --- |
| March 9, 2021 | RFA released | Online | N/A |
| April 9, 2021 | Technical assistance webinar posted | Online | Watching this recorded TA session is recommended |
| May 3, 2021 | Questions deadline | Email | N/A |
| June 11, 2021 | Proposal deadline | Send to KDE | **Required** |
| June 28-July 2, 2021 | Proposal review | Frankfort | N/A |
| August 16, 2021 | Awardees are posted to KDE website | Online | N/A |
| September 1, 2021 | MOA process (KDE & LEA) | N/A | Districts |
| October 1, 2021 | Funding available to LEA | N/A | Districts |

**Background**

A diverse educator workforce can help improve student achievement and educational attainment making this investment a critical priority. Providing all students with equitable access to effective, experienced, and diverse educators will help to ensure all graduates are prepared to be successful members of a global society.

According to the most recent Kentucky state report card, approximately 25% of students identify as a race other than white. In contrast, only about 5% of teachers identify as non-white based on 2019-2020 educator race and ethnicity data collected by the KDE. To increase the diversity of the educator workforce so that it more closely resembles the diversity of students across the state, grow-your-own (GYO) strategies offer a promising solution.

The Kentucky Department of Education is pleased to make available funding to assist schools and district in developing a grow-your-own program to support future teacher recruitment. Recruitment of new teachers to the profession is vital to address significant teacher shortages and expand teacher workforce diversity in the state. According to education consultant and Grow-Your-Own advocate, [Dan Brown](http://www.ascd.org/publications/educational_leadership/jun16/vol73/num09/The_Grow-Your-Own_Imperative.aspx), “more than 60 percent of America's teachers work within 20 miles of where they went to high school. In every community, most of the future teaching workforce is sitting on the student side of the desks right now—with or without any kind of proactive recruitment efforts. Recruitment of future teachers can begin early, and no one is better equipped to begin this process than educators themselves.” **These funds are intended to be used to establish grow-your-own pipeline partnerships between school districts and post-secondary institutions.**

Funds are available to support activities in high schools and school alumni. Districts can submit one application. The project can propose work supporting students in multiple schools; but should be focused enough to have the potential for significant impact on the participating schools.

**Funding**

This is a competitive grant for a single award amount (i.e. not multiple years). The KDE has approximately $500,000 available for this grant competition. The total award amount for each mini grant will be a one-time $50,000 award, allowing for an estimated 10 awards.

The project activities can begin as soon as funds are received. Grant funds must be expended or encumbered by September 30, 2022.

**Key Terms and Definitions**

*Program supplantation:* Using grant funds to replace funding already set aside for a program currently in place.

*Program supplementing:* Funds may enhance a program depending on connection to grant goals and objectives, alignment with academic standards and if services and activities provided by the program address the academic needs of students identified to be served in the application.

**Requirements for Funded Districts**

**The Application Narrative Must Include the Following:**

**Part 1: Needs Assessment**

1. Analyze current teacher staffing/hiring concerns. Include [Teacher Turnover](https://www.kyschoolreportcard.com/organization/20/school_overview/faculty_staff_community/faculty_profile?year=2020) data and other school/district specific examples.
2. Reflect on any current disparity between student and teacher demographics within school/district.

Can utilize the following data sources:

* + [Student/Teacher Diversity Tab of the Kentucky Teacher Equity Report](https://kystats.ky.gov/Reports/Tableau/2020_TeacherEquity): This report compares student demographics and teacher demographics to provide insight into the diversity of the public K-12 teacher workforce by school and district. Data are collected from the KDE’s School Report Card. Users can select a student/teacher group from the first dropdown. There are additional filters for district and school.
  + [School Report Card Data](https://www.kyschoolreportcard.com/home?year=2020)
  + MERR (Minority Educator Recruitment and Retention) Report
  + Percentage of teachers in the school who reside outside the neighborhood attendance boundary for the school.
  + Percentage of free/reduced priced meal eligible students attending the school.

1. Additional commentary on rationale for participation

**Part 2: Grow-Your-Own Plan**

**To assist in the development of your plan, please review the following resources:**

* [**Grow-Your-Own Programs: Build Your Local Teacher Pipeline**](https://education.ky.gov/teachers/NxGenProf/Documents/Grow-Your-Own%20Programs%20Guidance%20Document.pdf)
* [**Growing the Teaching Profession: A Blueprint to Establishing a Place-Based Grow Your Own Program**](http://educatorsrising.org/grow/)

1. **PREPARING STAKEHOLDERS**
   * Who will participate in the program planning, implementation, and evaluation?
   * How will local community stakeholders be included in the program development?
   * What support/PD will be provided for teachers implementing the Grow Your Own programs?
   * What support/PD will be provided for district-level staff and principals to address teacher shortages and turnover?
2. **RECRUITMENT STRATEGIES**
   * What strategies will be used to recruit students from within the school to address identified staffing needs (subject to all applicable laws and regulations).
3. **CURRICULUM**
   * Describe the scheduling plan for offering [Teaching and Learning Career Pathway](https://education.ky.gov/teachers/Pages/Teaching-and-Learning-Career-Pathway.aspx) (CIP 13.0101.00) courses. See [Program of Studies](https://education.ky.gov/teachers/Documents/2020-2021_CTE_POS_Education.pdf).
   * Describe how Teaching and Learning pathway students will demonstrate career readiness and program completion (i.e. 6 hours of dual credit or Industry Certification options – AAFCS Pre-PAC or EdRising Micro-credentials).
4. **STUDENT ORGANIZATION**
   * Describe the scheduling plan for offering an [Educators Rising](https://education.ky.gov/teachers/Pages/Educators-Rising.aspx) Student Organization (e.g. location and frequency of student meetings).
   * How will student voice and student leadership be prioritized?
5. **PARTNERSHIP WITH EPP** Partnership with post-secondary institution
   * Describe how this Grow-Your-Own program will establish a pipeline from your district to an EPSB-approved educator preparation provider and what benefits your students will receive from this partnership (e.g. early admission, student teaching placements, practicum/observation).
6. **CONNECTIONS TO HOME SCHOOL/DISTRICT**
   * Describe how this Grow-Your-Own program will additionally support former students’ return to serve in the district to support student learning (e.g. summer programs, Extended School Services-ESS).
7. **SUPPORT FOR CANDIDATES**
   * How will you determine and address needs of graduates as they progress through educator preparation to successful completion? (e.g. mentoring, Praxis support, etc.)
8. **HUMAN RESOURCES**
   * Describe how this Grow-Your-Own program will provide the opportunity for former program completers to successfully return to your district to begin their teaching career.
9. **INDUCTION SUPPORT**
   * What consideration will be given to the mentoring and induction of first-year teachers in your district that are former program completers?

**Part 3: Sustainability Plan:** Describe how a sustainable infrastructure will be developed to continue the program beyond the start-up year.The development of this plan must involve all stakeholders and should include sustainability strategies beyond seeking other funding sources, addressing:

1. Plan to maintain critical components of the program; seeking additional funding and in-kind.
2. How collaboration and leveraging funds with other local, state, and federal programs will occur.
3. How the school leadership, teachers, and other stakeholders, such as the educator preparation provider, will be included in the development of the sustainability plan.

**Part 4: Evaluation Plan**

1. Identify how activities will be monitored
2. Identify what data will be collected and used to demonstrate degree to which outcomes are met.

**Part 5: Budget Information**

Provide a brief narrative of the budget request for the program design and a breakdown of expenditures according to the following budget categories:

Line 1. Personnel: Enter project personnel salaries, wages, or stipends only (consultant fees are under contractual below).

Line 2. Fringe Benefits: The district’s normal fringe benefits contribution may be charged to the program. Leave this line blank if fringe benefits applicable to direct salaries and wages are treated as part of the indirect cost.

Line 3. Travel: Indicate the travel costs of employees and participants only. (Consultant travel is under line 6 below).

Line 4. Equipment: Indicate the costs of tangible, non-expendable personal property that has a usefulness greater than one year and acquisition costs that are the lesser of the capitalization level established by the applicant for financial statement purposes or $5,000 per article.

Line 5. Supplies: Show all tangible, expendable personal Property. Direct supplies and materials differ from equipment in that they are consumable, expendable, and of a relative low unit cost (less than $5,000). Supplies purchased with grant funds should directly benefit the grant project and be necessary for achieving the goals of the grant.

Line 6. Contractual: the contractual category should include all costs specifically incurred with actions that the applicant takes in conjunction with an established internal procurement system. Include consultant fees, expenses, and travel costs in this category of the consultant’s services are obtained through a written, binding agreement or contract.

Line 7. Construction: Not applicable

Line 8. Other: Indicate all direct costs not covered on lines 1-6. For example, costs such as space rental, required fees, honoraria and travel (where a contract is not in place for services), training, and communication and printing costs. Do not include costs that are included in the indirect costs rate.

Line 9. Total Direct Costs: The sum of lines 1-8.

Line 10. Indirect Costs: If an applicant does not have an approved indirect cost rate with KDE leave this line blank.

Line 11. Total Cost: This should equal to sum of lines 9-10 (total direct + indirect costs).

* Signatures must be obtained from the superintendent and principals who will be overseeing and participating in grant-funded initiatives as well as a superintendent-signed assurance of commitment at the bottom of the application cover page.

**Allowable Use of Funds**

Allowable use of funds for expenses specific to the district’s KDE-approved plan developed for this grant.

* Salary (up to $25,000)
* Professional learning
* Scholarships
* Stipends for teacher leaders
* Stipends for students (e.g. summer programs)
* Program supplementation

**Unallowable Use of Funds**

* Equipment purchases such as smartboards, computers, printers, tablets
* Incentive items such as T-shirts
* Food
* Alternative pathways to teacher certification (e.g. Option 6 MAT tuition)
* Program supplantation

**Allocation of Funds**

Funds will be allocated to districts who will then distribute and apply them according to their KDE-approved plan. Funds will be distributed to the designated district.

**Proposal Components**

The following must be included in each application:

1. The application cover page which includes identifying information for the district
   1. District name
   2. District address
   3. School name(s)
   4. School address(es)
   5. Principal name(s) and contact information
   6. Superintendent name and contact information
   7. District Contact/Grant Writer name and email address
   8. Superintendent’s notarized signature
2. Principal Signature page
3. Additional Schools Supplement (if needed)
4. Completion of the Application Narrative. The narrative and all responses should not exceed ten (10) pages (the budget summary worksheet is not included in the 10 pages).
5. Budget summary worksheet that includes MUNIS codes and detailed descriptions of budget items that clearly indicate each expenditure and is directly connected to the implementation plan.
6. Certifications regarding lobbying, debarment, suspension, and other responsibility matters; and drug-free workplace requirements.

**Formatting Requirements**

The responses within the implementation plan should be Calibri 11-point font with 1.0 spacing.

**Technical Assistance**

To assist applicants in preparing a quality proposal, the KDE will offer a technical assistance session for the purpose of application preparation. A pre-recorded technical assistance session will be posted on **April 9, 2021**. The session will be available on the KDE competitive grants website.

**Resources**

* [The Grow-Your-Own Imperative](http://www.ascd.org/publications/educational_leadership/jun16/vol73/num09/The_Grow-Your-Own_Imperative.aspx)
* [The Grow-Your-Own Game Plan](http://www.ascd.org/publications/educational_leadership/may18/vol75/num08/The_Grow-Your-Own_Game_Plan.aspx)
* [Grow-Your-Own Programs: Build Your Local Teacher Pipeline](https://education.ky.gov/teachers/NxGenProf/Documents/Grow-Your-Own%20Programs%20Guidance%20Document.pdf)
* [Growing the Teaching Profession: A Blueprint to Establishing a Place-Based Grow Your Own Program](http://educatorsrising.org/grow/)

**Submission of Written Questions**

**The KDE will only accept written questions via email through 4:00 PM (ET) on May 3, 2021.** All questions should be submitted to [KDERFP@education.ky.gov](mailto:KDERFP@education.ky.gov)

**Submission of Proposal**

Application must be received in the KDERFP email inbox no later than **4:00 p.m. ET, June 11, 2021**. Applications received after this time and date stamp will not be reviewed or considered for award.

Applicants are responsible for contacting the KDE at kderfp@education.ky.gov confirming the receipt of their applications. Upon request, the KDE will confirm the receipt of the email and attachments (if any). Please note the KDE does not open attachments to check for accuracy.

1. Scan the completed application in its entirety, including all signatures, to PDF format. Save the original application as **GROW\_21\_DistrictName** (For example, Franklin County would save the original application as GROW\_21\_Franklin County.)
2. Scan a blind copy to submit with your application. **The bind copy must not contain any identifying information** (i.e., district name, school name, county, individual names, etc.) Save the blinded application as **GROW\_21\_DistrictNameBLIND** (For example, GROW\_21\_FranklinBLIND)
3. To submit applications:

* On the subject line of the email, type **GROW/name of district**.
* Email to [KDERFP@education.ky.gov](mailto:KDERFP@education.ky.gov).
* **The date/time on the received email must be on or before 4:00 p.m. ET, June 11, 2021.**
* Keep in mind, email coming into KDE is routed for security purposes through multiple networks and servers. Allow ample time for this and the possibility that email is not always sent or received on the first try.
* Applications not received by the deadline will not be reviewed or considered for award.

**Award Notification**

Districts will receive preliminary notice of award on or around **August 16, 2021.**

**Evaluation of Proposals**

The KAET Grow-Your-Own Program Start-Up Grant competition is subject to a review process, conducted through the KDE Procurement Branch. Persons with a background in education and dropout prevention will evaluate the proposals using specified evaluation criteria. Based on the scores of these reviewers, proposals will be ranked and awarded as funding allows. KDE reserves the right to consider geographic and demographic factors in the selection of funded proposals.

**KAET GROW-YOUR-OWN PROGRAM START-UP GRANT**

|  | Exemplary (7-9 points) | Adequate (4-6 points) | Weak (0-3 points) |
| --- | --- | --- | --- |
| Needs Assessment | Strong rationale and significance of  proposed work. Addresses specific need(s) for teacher recruitment. Specific district data is used in the justification. | Rationale or significance  of project tends toward  too general. Some data is used in the justification and/or the data is not specific. | Unconvincing or no evidence of need presented, or proposal does not address stated need. |
|  | Exemplary (11-15 points) | Adequate (6-10 points) | Weak (0-5 points) |
| Grow-Your-Own Plan | Project plans and activities align well with the grant objectives | Project plans and  activities align somewhat with the grant objectives | Project plans and  activities do not align well with the grant objectives |
|  | *Exemplary (7-9 points*) | *Adequate (4-6 points)* | *Weak (0-3 points*) |
| Sustainability Plan | Sustainability plan provides a clear vision for how program will continue beyond funding. | Sustainability plan provides some consideration for how program will continue beyond funding. | Sustainability plan lacks a clear vision for how program will continue beyond funding. |
|  | *Exemplary (7-9 points)* | *Adequate (4-6 points)* | *Weak (0-3 points)* |
| Evaluation Plan | Clear picture of how data will be collected and used to demonstrate degree to which outcomes are met. | Good understanding of  anticipated specific  results or success, but  plan lacks some details  about data or methods. | Missing evaluation portion; or poor explanation of evaluation data or methods. |
| Budget planning / Feasibility | Personnel, project activities timeline, and budget expenditures  congruent with project description and outcomes. | Some deficiencies exist in  personnel, timeline, or  budget within tolerable  range, outcomes appear  achievable. | Insufficient information about personnel, project activities timeline, or budget expenditures to gauge feasibility. |

**Appendix of Forms**

* Application Cover Page
* Principal Signature page
* Additional Schools Supplement (if needed)
* Certifications regarding lobbying, debarment, suspension, and other responsibility matters; and drug-free workplace requirements.
* District Budget Worksheet (attachment)

**Application Cover Page**

| **DISTRICT NAME** |  | |
| --- | --- | --- |
| **DISTRICT ADDRESS** |  | |
| **SCHOOL 1 NAME** |  | |
| **SCHOOL 1 ADDRESS** |  | |
| **PRINCIPAL 1 NAME** |  | Phone:  Email: |
| **SCHOOL 2 NAME** |  | |
| **SCHOOL 2 ADDRESS** |  | |
| **PRINCIPAL 2 NAME** |  | Phone:  Email: |
| **SUPERINTENDENT** |  | Phone:  Email: |
| **GRANT CONTACT/WRITER** |  | Phone:  Email: |

**Additional school information can be completed on the Additional Schools Supplement on page 9.**

I assure the attached application contains accurate information. I understand grant applications with incorrect or falsified information will not be considered for review or will be revoked once awarded. I assure the application has been reviewed and approved for implementation by all shareholders and the district and school will comply with all requirements, both technical and programmatic, pertaining to the grant. Failure to continuously meet compliance requirements and deadlines could result in partial or complete loss of funding of grant and may impact future funding.

**Assurance of Commitment from the Superintendent**

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Superintendent Date

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Notary Date

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Notary commission expiration date

**Principal Signature Page**

I/We confirm by the signature(s) below that the attached proposal was reviewed and approved for implementation by the school principal. I/We agree to the requirements listed in the KAET Grow-Your-Own Start-up Grant RFA and will comply with the assurances applicable to this grant.

| **School** | **Principal Signature** | **Date** |
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**Additional Schools Supplement**

| **SCHOOL 3 NAME** |  | |
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| **SCHOOL 3 ADDRESS** |  | |
| **PRINCIPAL 3 NAME** |  | Phone:  Email: |
| **SCHOOL 4 NAME** |  | |
| **SCHOOL 4 ADDRESS** |  | |
| **PRINCIPAL 4 NAME** |  | Phone:  Email: |
| **SCHOOL 5 NAME** |  | |
| **SCHOOL 5 ADDRESS** |  | |
| **PRINCIPAL 5 NAME** |  | Phone:  Email: |
| **SCHOOL 6 NAME** |  | |
| **SCHOOL 6 ADDRESS** |  | |
| **PRINCIPAL 6 NAME** |  | Phone:  Email: |
| **SCHOOL 7 NAME** |  | |
| **SCHOOL 7 ADDRESS** |  | |
| **PRINCIPAL 7 NAME** |  | Phone:  Email: |

**District Budget Worksheet**

Instructions: Indicate the MUNIS Object Code, provide a description and amount to be expended. While matching funds are not a requirement of the grant, the ability and willingness of the district and its partners to leverage other funds and services is a key sign of capacity and potential sustainability of the project.

| **MUNIS Code** | **Description**  **(Explanation of Expenditure; Source of Match)** | **Amount Budgeted** | **Amount Matched** |
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**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of the form provides for compliance with certification requirements under 34 CFR Part 82, “New Restrictions on Lobbying,” and 34 CFR Part 85, “Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants).” The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant or cooperative agreement.

**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over $100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form–LLL, “Disclosure Form to Report Lobbying,”, in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions as defined at 34 CFR Part 85, Sections 85.105 and 85.110:

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE**

**(GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees , as defined at 34 CFR Part 85, Section 85.605 and 85.610:

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee’s policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants Policy and Oversight Staff, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant:

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency:

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check [ ] if there are workplaces on file that are not identified here.

**DRUG-FREE WORKPLACE**

**(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610:

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conduction any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Staff, Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.**

|  |
| --- |
| NAME OF APPLICANT  PR/AWARD NUMBER AND / OR PROJECT NAME |
| PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE |
| SIGNATURE DATE |