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# Section 1: General Project Information

**Allocation Information:**

**Total FY 2025-26 Allocation 1 - INITIAL**

**Allocation Amount:**     93444

**Indian Student Count:**  267

**Grant Award Date:**      2025-07-01 through 2026-06-30

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**Applicant Identification:**

The **Application Demographics and Applicant Identification** provided below is currently populated for your entity in the EASIE system. Applicants are able to provide edits to their Applicant Name and UEI #. OIE or PSC may contact your entity to validate changes before accepting the provided changes.

The Unique Entity Identifier (UEI) is a 12-character unique number assigned to all entities (public and private companies, individuals, institutions, or organizations) who must register to do business with the federal government in SAM. This "SAM UEI" phased out the nine-character Data Universal Numbering System (DUNS) Number on April 4, 2022. If the entity's populated UEI needs to be updated, then correct the number populated below.

Listed below is the entity's Applicant Name, Applicant Type Description, Application duration, Program Award Number (PR Award #) and NCES #.

**Applicant Name:** Lake and Peninsula School District

**Applicant Type Desc:** LEA (Not part of a Consortium)

**Application Duration:** Year 1 Of 4

**PR Award #:** S060A250784

**NCES #:** 0200485

**Note:** Entities are unable to update their Applicant Name, PR Award # and NCES #. If your Applicant Name, PR Award # or NCES # have changed, contact PSC via email at [OIE.EASIE@ed.gov](mailto:OIE.EASIE@ed.gov) or via phone at (866) 731-4711.

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**Listed below is the entity's UEI #.**

**UEI #: F65LRSBUSGY8**

**Note:** **If the entity's UEI # information needs to be updated, then please correct the information populated in the field below.**

**Note:** Identify the UEI and NCES number. The UEI is a **unique twelve-digit number** that does not convey any information about the recipient.

1) To do business with the Department of Education, you must:
    a) Have a Unique Entity Identifier (UEI) and a Taxpayer Identification Number (TIN).
    b) Register both your UEI and TIN with the system for Award Management (SAM) (formerly the Central Contractor Registry), the
    Government's primary registrant database.
    c) Provide your UEI and TIN on your application.
    d) Maintain an active SAM registration with current information while your application is under review by the Department and for the duration
    of the project for an awarded grant.
2) *NOTE:* Applicants will be unable to access any awarded Title VI grant funds unless this UEI is active and registered with the system for Award
Management (SAM).

**IMPORTANT:** To check on the status of your UEI, please use the [SAM.gov](SAM.gov) website and click Status Check.

**UEI #**

| F65LRSBUSGY8 |
|---|

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**Applicant Mailing Address:**

*Note***: Please ensure the mailing address entered matches your entity's identified UEI.**

*Note***: If the mailing address has changed, please check the below box and update the information in the spaces below.**

**Mailing Address (Updated)**

**Mailing Address**

| P.O. Box 498 |
|---|

**City**

| King Salmon |
|---|

**Zip Code**

| 99613 |
|---|

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*Choose one of the following answers*

| AK |

*Select all that apply*

☐ **Mailing Address Updated**

**Application Type - Select which type of application is being submitted (select only one type):**

**Prior Application Type**: Regular formula grant program

**Award start date: 2025-07-01 through 2026-06-30**

Confirm that the type of application identified for this submission is listed correctly.  Choose the correct Application Type for the submission of this application.  If the Application Type information listed above is incorrect, then please select the updated applicant type.

*Choose one of the following answers*

○ **Regular formula grant program;**

○ **Formula grant project consolidated with a Title I schoolwide program;**

○ **Integration of Services under ESSA section 6116.**

**Grades Offered**

**"Grades offered" refers to the grades at which instruction is offered to students by the LEA or BIE school. This is unrelated to whether any Indian students are in that grade or whether your Title VI project will provide activities for that grade. On the screen, check each grade that the entity offers or would offer if there were students at that grade level. If your entity is the leader of a consortium or a Tribe applying in lieu of multiple entities, check each box for the grades offered across all the entities in your project. If the grades offered information in this section is incorrect, please update the information to reflect the grades offered for the current application school year.**

**Indicate the grades levels offered by this LEA. Check all that apply. *Grades offered* refers to the grades at which instruction is offered to students by the LEA or BIE school district. This is unrelated to whether any Indian students are in that grade or whether your Title VI project will provide activities/services for that grade.**

**Prior Grades Offered: PK K 1 2 3 4 5 6 7 8 9 10 11 12**

If the listed grades offered information is incorrect, then please update the grades offered information.

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- ☑ **PK**
- ☑ **K**
- ☑ **1**
- ☑ **2**
- ☑ **3**

- ☑ **4**
- ☑ **5**
- ☑ **6**
- ☑ **7**
- ☑ **8**

- ☑ **9**
- ☑ **10**
- ☑ **11**
- ☑ **12**

**Project Director:**

**Provide updates to the name, phone number, and email address of the project director who is responsible for carrying out program objectives and services.**

**Note:** **When providing phone numbers, ensure phone numbers are provided in the following formats: "XXX-XXX-XXXX" or "XXX-XXX-XXXX ext XXXXXX". The phone number fields will allow an extension of up to 6 digits to be added.**

**Project Director (Updated)**

**First Name:**

Laura

**Last Name:**

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**Title:**

Project Director

**Phone Number:**

907-745-7090

**Email Address:**

lhylton@lpsd.com

**Authorized Official Representative:**

**Provide updates to the name, phone number, and email address of your approved authorized official representative who is legally authorized to approve the application.**

**Note:** **When providing phone numbers, ensure phone numbers are provided in the following formats: "XXX-XXX-XXXX" or "XXX-XXX-XXXX ext XXXXXX". The phone number fields will allow an extension of up to 6 digits to be added.**

**Authorized Official Representative (Updated)**

**First Name:**

Valerie

**Last Name:**

Heinrichs

**Title:**

Accountant

**Telephone Number:**

907-745-7091

**Email Address:**

vheinrichs@lpsd.com

**Budget Representative:**

**Identify the name, phone number, and email address of your approved budget representative who is responsible for monitoring funds for the approved application.**

**Note:** **When providing phone numbers, ensure phone numbers are provided in the following formats: "XXX-XXX-XXXX" or "XXX-XXX-XXXX ext XXXXXX". The phone number fields will allow an extension of up to 6 digits to be added.**

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**First Name:**

| Valerie |
| --- |

**Last Name:**

| Heinrichs |
| --- |

**Title:**

| Accountant |
| --- |

**Telephone Number:**

| 907-745-7091 |
| --- |

**Email Address:**

| vheinrichs@lpsd.com |
| --- |

| Previous |                                                      | Next |
| --- | --- |

# Section 2a: Comprehensive Program for American Indian/Alaska Native Students

**1. Coordination of Services with Formula Grant Programs**

Please indicate any other Federal Aid programs, such as Title I, Rural and Low Income School Program (RLIS), Small, Rural Achievement Program (SRSA), Impact Aid, or similar, that:

(a) were available to your entity during the last school year: 2024-25, and

(b) if that program is currently coordinated with Title VI services.

For BIE entities only, please describe your coordination with the Johnson O'Malley program, if applicable.

**Prior Program Type**

| Program Type | (a) is this program available? | (b) is this program coordinated with Title VI services? |
|---|---|---|
| Department of Education Formula Grant Programs | | |
| Title I | YES | NO |
| Rural and Low-Income School Programs | YES | NO |
| Impact Aid | YES | NO |
| Migrant Education | YES | NO |
| Other Federal, Tribal, State, or local Programs | | |
| BIE: Johnson O'Malley | NO | NO |
| Perkins | YES | NO |
| Other Program 2 | NO | NO |
| Other Program 3 | NO | NO |
| Other Program 4 | NO | NO |
| Other Program 5 | NO | NO |

...

| | Yes | No | Yes | No |
|---|---|---|---|---|
| **Title I** | [a] Is this program available? ● | ○ | [b] Is this program coordinated with Title VI services? | ( |
| **Rural and Low-Income School Program** | [a] Is this program available? ● | ○ | [b] Is this program coordinated with Title VI services? | ( |
| **Impact Aid** | [a] Is this program available? ● | ○ | [b] Is this program coordinated with Title VI services? | ( |
| **Migrant Education** | [a] Is this program available? ● | ○ | [b] Is this program coordinated with Title VI services? | ( |
| **BIE: Johnson O'Malley** | [a] Is this program available? ○ | ● | [b] Is this program coordinated with Title VI services? | ( |
| **Perkins** | [a] Is this program available? ● | ○ | [b] Is this program coordinated with Title VI services? | ( |
| **Other Program 2** | [a] Is this program available? ○ | ● | [b] Is this program coordinated with Title VI services? | ( |
| **Other Program 3** | [a] Is this program available? ○ | ● | [b] Is this program coordinated with Title VI services? | ( |
| **Other Program 4** | [a] Is this program available? ○ | ● | [b] Is this program coordinated with Title VI services? | ( |
| **Other Program 5** | [a] Is this program available? ○ | ● | [b] Is this program coordinated with Title VI services? | ( |

**Please Enter Additional Programs here:**

**Other Program 1**

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**Other Program 2**

[                                                                                    ]

**Other Program 3**

[                                                                                    ]

**Other Program 4**

[                                                                                    ]

**Other Program 5**

[                                                                                    ]

**2. Description of Comprehensive Program for American Indian/Alaska Native Students**

- Each application must include a description of the applicant's specific use of Title VI funds in coordination with your overall comprehensive program for meeting the culturally related academic needs of Indian children, including their language and cultural needs.

- Describe how the comprehensive program for AI/AN Students (using a variety of funding sources) will meet the culturally related academic needs of AI/AN students, including their language and cultural needs with an explanation of specific programs and activities. In addition to your explanation of the comprehensive program, also include a description of coordination with other Federal, State and local aid programs such as Title I, Rural and Low Income School Program (RLIS), Small, Rural Achievement Program (SRSA), Impact Aid, or Johnson O'Malley that currently coordinate with your Title VI project, or which will coordinate with Title VI during the grant year.

*Note:* Title VI funds must be used to supplement (and not supplant) other Federal, State and local funding sources (see FAQs Part II).

*Please enter narrative response here* (Please limit to 2,000 characters):

> Our district supports the cultural needs of AI/AN students though (1) providing academic support through teachers' aides (2) the support of the annual SNAP event (science/native youth olympics/activities/prom), (3) optional participation at the Alaska Federation of Natives - Youth & Elder's Conference, and (4) various school-coordinated cultural activities or optional supplemental academic activities (such as advanced coursework). A springtime meeting is hosted annually of the Indian Education advisory council to review the draft application and to invite stakeholder insight as to unmet needs of the AI/AN student population.

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**3. Coordination of Services Professional Development**

Describe the professional development opportunities that will be **provided by your coordination of services** to ensure that teachers and other school professionals who are **new to the Indian community are prepared to work with Indian children, and all teachers who will be involved in programs assisted by this grant, have been properly trained to carry out such programs. The professional development opportunity or opportunities can be funded using other local, State, and/or Federal funds.**

*Note:* The professional development opportunity or opportunities identified do not have to be new opportunities or opportunities for which

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**Types of Staff 1**

*Choose one of the following answers*

| Teachers and other school professionals new to the Indian community |
|---|

∗

**Type of Professional Development Activity 1**

*Choose one of the following answers*

| Pre-service training or orientation |
|---|

∗

**Content 1**

*Choose one of the following answers*

| Cultural Awareness Education and Sensitivity |
|---|

**Types of Staff 2**

*Choose one of the following answers*

| All teachers and other school professionals |
|---|

∗

**Type of Professional Development Activity 2**

*Choose one of the following answers*

| Conferences, including national, regional, state, or LEA-sponsored |
|---|

∗

**Content 2**

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Use of Data/Data-driven decision making

**Types of Staff 3**

*Choose one of the following answers*

Teachers and other school professionals new to the Indian community

∗

**Type of Professional Development Activity 3**

*Choose one of the following answers*

Pre-service training or orientation

∗

**Content 3**

*Choose one of the following answers*

Cultural Awareness Education and Sensitivity

**Types of Staff 4**

*Choose one of the following answers*

Please choose...

**Types of Staff 5**

*Choose one of the following answers*

Please choose...

**Types of Staff 6**

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Please choose...

**Types of Staff 7**

*Choose one of the following answers*

Please choose...

**Types of Staff 8**

*Choose one of the following answers*

Please choose...

**Types of Staff 9**

*Choose one of the following answers*

Please choose...

**Types of Staff 10**

*Choose one of the following answers*

Please choose...

**Types of Staff 11**

*Choose one of the following answers*

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**Types of Staff 12**

*Choose one of the following answers*

> Please choose...

**Types of Staff 13**

*Choose one of the following answers*

> Please choose...

**Types of Staff 14**

*Choose one of the following answers*

> Please choose...

**Types of Staff 15**

*Choose one of the following answers*

> Please choose...

**4. Dissemination of Assessment Data**

**Provide information on how the state assessment data of all Indian students (not just those served) are used. Indicate how you plan to disseminate information to the Indian Community, Indian Parent Committee, and the Indian Tribes whose children are served by the local education agency.**

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*Select all that apply*
*Please select at least one answer*

☑ **Public hearing for application**

☑ **Indian Parent Committee meeting**

☐ **Other open meeting**

☐ **Within a written report**

☑ **Posted on website**

☐ **Sent home with student(s)**

☐ **Radio broadcast**

☐ **Newsletter/Newspaper**

✱

**5a. Additional Assessment Data Use**

**Indicate how assessment data from the previous school year were used (select all that apply):**

*Choose one of the following answers*

○ **No changes in services/programs**

○ **Modification to services/programs**

**6. Public Hearing Requirement Date**

 Having a public hearing satisfies the program requirement of providing a full opportunity to understand the program and to offer recommendations regarding the program. Holding a public hearing is a required element for all Indian Education Formula Grant   applicants and must be conducted prior to application certification.

**The Public Hearing must be held on or after October 1 of the current school year and on or before the Part II close date. A future date is not allowed to be entered.**

**Indicate the date when the public hearing was held for FY 2025-26:**

*Answer must be between 10/01/2024 and 04/10/2025*

| 04/10/2025 | 📅 |

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**7. Description of Meaningful Collaboration with Tribes**

**As required by ESEA Section 6114, provide information detailing your LEA's meaningful ongoing collaboration with Tribes located in the community in the development of the comprehensive program and the results of the collaboration.**

1.   **Are there local Indian Tribes located in the community?**

If yes, In the section below, describe the process the LEA used to meaningfully collaborate with Indian Tribes located in the community in a timely, active, and ongoing manner in the development of the comprehensive program and the actions taken as a result of such collaboration.

*Select all that apply*
*Please select one answer*

☑ **Yes**

☐ **No**

*Enter narrative response here (please limit to 2,000 characters)*

> School district meetings are publicly posted and are available for all to attend.  LSAC (local school advisory councils) are another venue at which tribal participation is invited.  At least annually the Indian Education Advisory Council meets.  The meeting is publicly posted.  Parents and students are invited to attend.  April 19, 2025 the school district held public hearings and the following tribes were present at the meeting:

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# Section 3a: Indian Education Project Description

**You must enter information about the professional development for your project (not each LEA). The information you enter applies to the entire project, including all participating LEAs. You must complete this section before you can submit your application. You can come back and edit the data as long as you have not certified, and Part II is still in the open period.**

**1. Select your specific project objective(s) towards the goal of providing culturally-responsive education for AI/AN students to meet their academic needs and help them meet State achievement standards. The objectives listed in the table align to the allowable activities and services as specified in Section 6115(b) of the ESEA.**

- **Select the grade level(s) served by the activity or service.**
- **Identify each activity or service that will be used to address the objective.**

**Applicants will only be able to identify up to a maximum of 8 objectives and 12 services for their project.**

**Prior Year Objectives:**

| Objectives | Grades | Services |
|---|---|---|
| (a) Increase school readiness | PREK | Cultural enrichment, Culturally-responsive academic enrichment, Culturally-responsive academic support , Culturally-responsive early childhood programs and activities |
| (b) Increase academic achievement | PREK, ELEMSCH, MIDDSCH, HIGHSCH | Cultural enrichment, Culturally-responsive academic enrichment, Culturally-responsive academic support , Indian education, including language and history, Parent involvement, Student advocacy or leadership |
| (c) Increase knowledge of cultural identity and awareness | PREK, ELEMSCH, MIDDSCH, HIGHSCH | Cultural enrichment, Culturally-responsive academic enrichment, Culturally-responsive academic support , Indian education, including language and history, Parent involvement, Student advocacy or leadership |
| (d) Enhance problem solving and cognitive skills development and directly support attainment of State standards | PREK, ELEMSCH, MIDDSCH, HIGHSCH | Cultural enrichment, Culturally-responsive academic enrichment, Culturally-responsive academic support , Indian education, including language and history, Parent involvement, Student advocacy or leadership |
| (e) Increase school attendance rate | | |
| (f) Decrease school dropout rate | | |

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| | | |
|---|---|---|
| (h) Increase career readiness skills | HIGHSCH | Culturally-responsive academic enrichment, Culturally-responsive academic support , Parent involvement, Student advocacy or leadership |

(i) Increase college enrollment

(j) Increase prevention activities for violence, suicide, and substance abuse

(k) Increase parent participation

(l) Increase Native American Language instruction programs

(m) Increase support for at-risk students

| | Pre-K | Elementary school grades | Middle school grades | High school grades |
|---|---|---|---|---|
| (a) Increase school readiness | ☑ | ☐ | ☐ | ☐ |
| (b) Increase academic achievement | ☑ | ☑ | ☑ | ☑ |
| (c) Increase knowledge of cultural identity and awareness | ☑ | ☑ | ☑ | ☑ |
| (d) Enhance problem solving and cognitive skills development and directly support attainment of State standards | ☑ | ☑ | ☑ | ☑ |
| (e) Increase school attendance rate | ☐ | ☐ | ☐ | ☐ |
| (f) Decrease school dropout rate | ☐ | ☐ | ☐ | ☐ |
| (g) Increase graduation rate | ☐ | ☐ | ☐ | ☐ |
| (h) Increase career readiness skills | ☐ | ☐ | ☐ | ☑ |
| (i) Increase college enrollment | ☐ | ☐ | ☐ | ☐ |
| (j) Increase prevention activities for violence, suicide, and substance abuse | ☐ | ☐ | ☐ | ☐ |
| (k) Increase parent participation | ☐ | ☐ | ☐ | ☐ |
| (l) Increase Native American Language instruction programs | ☐ | ☐ | ☐ | ☐ |
| (m) Increase support for at-risk students | ☐ | ☐ | ☐ | ☐ |

Choose the Type(s) of activity or service based on the Objective selected above.

Objective:

(a) Increase school readiness

(b) Increase academic achievement

(e) Increase school attendance rate

(f) Decrease school dropout rate

(g) Increase graduation rate

(h) Increase career readiness skills

(i) Increase college enrollment

(j) Increase prevention activities for violence, suicide, and substance abuse

(k) Increase parent participation

(l) Increase Native American Language instruction programs

(m) Increase support for at-risk students

| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (l) | (m) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Career preparation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| College preparation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cultural enrichment | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Culturally-responsive academic enrichment | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Culturally-responsive academic support | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Culturally-responsive counseling | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Culturally-responsive early childhood programs and activities | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Culturally-responsive mentoring | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Culturally-responsive professional development | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Drop-out prevention strategies | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Family literacy with culturally-based materials | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Gifted and talented programs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Indian education, including language and history | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Native Language Instruction | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Parent involvement | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Programs for students in correctional facilities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Student advocacy or leadership | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Substance abuse prevention | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Suicide prevention | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Summer school | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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**Violence prevention**

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# Section 4: Budget Information

Please complete the budget section for your project. The budget must match the grant objectives you selected for your project. The information you enter covers the entire project including all participating LEAs.

You may leave some budget categories blank if you have no expenditures in those categories.

Total costs in your budget cannot exceed your total allocation. If the direct administrative costs of your allocation exceed 5% you must reduce those costs to less than 5%.

The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and submit it directly to OIE at Indian.Education@ed.gov. To request a copy of the waiver request form, please contact your assigned Program Officer or Indian.Education@ed.gov.

**Allocated Amount: $93444**

**Remaining from Total Allocation: $0**

**Total Admin%: 0**

✳

**1. Supplemental Information.**

**By checking this box, I will ensure that the Indian Education Formula Grant Funds will supplement and not supplant other funding for the education of Indian children, with the goal of providing culturally-responsive education to meet the academic needs of AI/AN students and to assist those students in meeting State achievement standards. See FAQs for guidance and examples.**

*Choose one of the following answers*

○ **I agree.**

**2. Personnel Budget.**

**a. Complete all columns for each type of personnel to be funded by the program.**

**b. The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and submit it directly to OIE at** Indian.Education@ed.gov**. To request a copy of the waiver request form, please contact your assigned Program Officer or** Indian.Education@ed.gov**.**

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| | Category Subtotals | |
|---|---|---|
| Number of Personnel (#) | | 3 |
| Admin Cost ($) | | 0 |
| Program Cost ($) | | 15000 |
| Fringe Cost ($) | | 15098 |
| Total Cost ($) | | 30098 |

*Only numbers may be entered in these fields.*
*Your answer must be between 0 and 9999999*
*Only whole numbers are allowed*

| | Number of Personnel (#) | Percent of Time (%) | Administrative Cost ($) | Program Cost ($) | Fringe Cost ($) |
|---|---|---|---|---|---|
| **Academic Advisors (1)** | | | | | |
| **Administrative Assistants (2)** | | | | | |
| **College instructors (3)** | | | | | |
| **Counselors, Guidance (4)** | | | | | |
| **Counselors, Mental Health (5)** | | | | | |
| **Cultural Resource Specialists (6)** | | | | | |
| **Data Specialists (7)** | | | | | |
| **Home/School Coordinators (8)** | | | | | |
| Instructional Assistants (9) | 3 | 25 | 0 | 15000 | 15098 |
| **Language Instructors (10)** | | | | | |
| **Liaisons, Home/School or Community (11)** | | | | | |
| **Project Coordinator (12)** | | | | | |
| **Project Director (13)** | | | | | |
| **Reading Coaches or Specialists (14)** | | | | | |
| **Social workers (15)** | | | | | |
| **Support, Clerical or Secretarial (16)** | | | | | |

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| | | | | | |
|---|---|---|---|---|---|
| **Teachers (17)** | | | | | |
| **Tribal Elders (18)** | | | | | |
| **Youth Development Specialists (19)** | | | | | |
| **Personnel - Other 1 (Please Specify Below) (20)** | | | | | |
| **Personnel - Other 2 (Please Specify Below) (21)** | | | | | |
| **Personnel - Other 3 (Please Specify Below) (22)** | | | | | |

**2b.** Enter "Other" Personnel budget items below to populate the above Budget table. After adding the "Other" budget item below, add the Budget costs for each applicable item in the table above.

**Personnel - Other 1:**

**Personnel - Other 2:**

**Personnel - Other 3:**

**3. Travel Budget.**

**a. Complete all columns for each type of travel to be funded by the program.**

***Note:*** **Funds provided to a grantee under this subpart may not be used for long-distance travel expenses for training activities that are available locally or regionally.**

**b. The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and ** <u>submit it directly to OIE at</u> Indian.Education@ed.gov**. To request a copy of the waiver request form, please contact your assigned Program Officer or** Indian.Education@ed.gov**.**

**c.** ***NOTE!*** **No Administrative Costs are permitted in this Budget Category. Administrative Costs must be reported with a zero.**

| Category Subtotals | |
|---|---|
| **Administrative Cost ($)** | **0** |

• • •

| | |
|---|---|
| Program Cost ($) | 57823 |
| **Total Cost ($)** | **57823** |

*Only numbers may be entered in these fields.*
*Your answer must be between 0 and 999999*
*Only whole numbers are allowed*

| | Administrative Cost ($) | Program Cost ($) |
|---|---|---|
| **In-district (non-PD)** | | 57823 |
| **Out of district (non-PD)** | | |
| **Professional Development (only)** | | 0 |

## 4. Equipment Budget.

**a. Complete all columns for each type of equipment to be funded by the program. *Note:* An individual equipment item must have a cost greater than $10,000.**

**b. The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and <u>submit it directly to OIE at</u> Indian.Education@ed.gov. To request a copy of the waiver request form, please contact your assigned Program Officer or Indian.Education@ed.gov.**

**c. *NOTE!* No Administrative Costs are permitted in this Budget Category. Administrative Costs must be reported with a zero.**

| Category Subtotals | |
|---|---|
| **Administrative Cost ($)** | **0** |
| **Program Cost ($)** | **0** |
| **Total Cost ($)** | **0** |

Complete the table for equipment to be funded by the program (defined as a single item with value exceeding $10,000).

| | ITEM | Administrative Cost ($) | Program Cost ($) |
|---|---|---|---|
| **1** | | | |
| **2** | | | |
| **3** | | | |
| **4** | | | |
| **5** | | | |

•••

| 6 | | | |
|---|---|---|---|

**4b. Enter a Budget purpose in Equipment for all fields updated above. After adding the "Other" budget item below, add the Budget costs for each applicable item in the table above.**

| 1 | Please choose... |
|---|---|
| 2 | Please choose... |
| 3 | Please choose... |
| 4 | Please choose... |
| 5 | Please choose... |
| 6 | Please choose... |

**5. Supplies Budget.**

**a. Complete all columns for each type of supplies to be funded by the program.**

**b. The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and <u>submit it directly to OIE at</u> Indian.Education@ed.gov. To request a copy of the waiver request form, please contact your assigned Program Officer or Indian.Education@ed.gov.**

**c. *NOTE!* No Administrative Costs are permitted in this Budget Category except for Program Management. Non-allowable Administrative Costs must be reported with a zero.**

| Category Subtotals | |
|---|---|
| **Administrative Cost ($)** | 0 |
| **Program Cost ($)** | 0 |
| **Total Cost ($)** | 0 |

Complete the table for supplies to be funded by the project. Enter the dollar value for supplies of each listed type. Note that Direct Instructional Materials and Student Consumables have no administrative cost.

*Only numbers may be entered in these fields.*
*Your answer must be between 0 and 999999*

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| | | |
|---|---|---|
| Direct Instructional Delivery | | |
| Student Consumables | | |
| Technology | | |
| Program Management | 0 | |

## 6. Contractual Budget.

**a. Complete all columns for each contractual action to be funded by the program.**

**b. The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and** <u>**submit it directly to OIE at**</u> Indian.Education@ed.gov**. To request a copy of the waiver request form, please contact your assigned Program Officer or** Indian.Education@ed.gov**.**

**c.** *NOTE!* **No Administrative Costs are permitted in this Budget Category except for Other. Non-allowable Administrative Costs must be reported with a zero.**

| Category Subtotals | |
|---|---|
| Administrative Cost ($) | 0 |
| Program Cost ($) | 0 |
| Total Cost ($) | 0 |

*Only numbers may be entered in these fields.*

| | Administrative Cost ($) | Program Cost ($) |
|---|---|---|
| **Direct Instructional Delivery** | | 0 |
| **Student Evaluations** | | 0 |
| **Contractual - Other 1 (Please Specify Below):** | | |
| **Contractual - Other 2 (Please Specify Below):** | | |
| **Contractual - Other 3 (Please Specify Below):** | | |

**6b. Enter "Other" Contractual budget items below to populate the above Budget table. After adding the "Other" budget item below, add the Budget costs for each applicable item in the table above.**
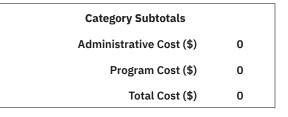
•••

[ ]

**Contractual - Other 2**

[ ]

**Contractual - Other 3**

[ ]

**7. Other Budget.**

**a. Complete all columns for items not yet reported that are to be funded by the program.**

**b. The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and submit it directly to OIE at** Indian.Education@ed.gov**. To request a copy of the waiver request form, please contact your assigned Program Officer or** Indian.Education@ed.gov**.**

**c. *NOTE!* No Administrative Costs are permitted in this Budget Category except for Other. Non-allowable Administrative Costs must be reported with a zero.**

| Category Subtotals | |
| --- | --- |
| Administrative Cost ($) | 0 |
| Program Cost ($) | 0 |
| Total Cost ($) | 0 |

| | Administrative Cost ($) | Program Cost ($) |
| --- | --- | --- |
| **Direct Instructional Delivery** | [ ] | [ 0 ] |
| **Student Activities Related to Services** | [ ] | [ 0 ] |
| **Professional Development (non-travel related)** | [ ] | [ 0 ] |
| **n/a** | [ ] | [ 0 ] |
| **Other Budget 2 (Specify Below)** | [ ] | [ ] |
| **Other Budget 3 (Specify Below)** | [ ] | [ ] |

**7b. Enter "Other" budget items below to populate the above Budget table. After adding the "Other" budget item below, add the Budget costs for each applicable item in the table above.**

•••

**Other Budget 1**

n/a

**Other Budget 2**

**Other Budget 3**

**8. Indirect Costs**

a. If you choose to budget project funds for indirect costs, provide your entity's <u>restricted</u> indirect cost rate associated with the project.
You are entitled to budget indirect costs from your Title VI allocation up to a maximum of your indirect cost rate times your allocation.
You are not required to budget for indirect costs.

*NOTE!* Restricted indirect cost rates are unique to ED and that non-LEA grantees may need to take additional action to get a restricted indirect cost rate. See EASIE Part II FAQs for more information.

b. The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and <u>submit it directly to OIE at</u> Indian.Education@ed.gov. **To request a copy of the waiver request form, please contact your assigned Program Officer or** Indian.Education@ed.gov**.**

| Category Subtotals | |
|---|---|
| Rate (%) | 5.91 |
| Total ($) | 5523 |

*Only numbers may be entered in these fields.*

| | Rate (%) | Total ($) |
|---|---|---|
| 1 | 5.91 | 5523 |

**9. Budget Summary**

This table provides subtotals by budget category as well as overall totals.

The waiver request form will not be submitted in the system. If you are unable to reduce the direct administrative costs to less than 5%, you must complete the waiver request form and **submit it directly to OIE at** Indian.Education@ed.gov**.** **To request a copy of the**

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| Budget Category | Category Subtotal | % of Overall Allocation |
|---|---|---|
| **SUMMARY** | | |
| **Supplemental Information:** | | |
| **Personnel Budget:** | 30098 | 32.21 |
| **Travel Budget:** | 57823 | 61.88 |
| **Equipment Budget:** | 0 | 0 |
| **Supplies Budget:** | 0 | 0 |
| **Contractual Budget:** | 0 | 0 |
| **Other Budget:** | 0 | 0 |
| **Indirect Costs:** | 5523 | 5.91 |
| **Grand Total:** | 93444 | 100% |

*The Budget Costs entered is equal to the Allocated Amount. The Grand Total is equal to $ 93444. The Remaining Allocation Amount is $ 0.*

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# Section 5: Section 427 of General Education Provisions Act (GEPA)

**Section 427 of the General Education**

**A response to address Section 427 of GEPA is required in this comment box.**

**Use the space below (limited to 2000 characters) to provide information for GEPA Section 427. Describe the steps you propose to take to ensure equitable access to, and participation in, the project or activity to be conducted with such assistance, by addressing the special needs of students, teachers, and other program beneficiaries in order to overcome barriers to equitable participation, including barriers based on gender, race, color, national origin, disability, and age.**

> Pursuant to Section 427 of the General Education Provisions Act (GEPA), this federally funded project will ensure access to and participation in activities that address the unique cultural, language, and educational needs of Indian students, teachers, and other program beneficiaries as defined in the Elementary and Secondary Education Act (ESEA) as amended.

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