



## Consortium SHS Grant Application

The Coordinator Grant Program provides initial funding to employ a Medicaid SHS Program coordinator that is responsible for managing an SHS program across two or more school districts, or is involved in a collaborative relationship with other district(s) participating in the SHS Program. For further information or questions regarding the Consortium SHS Grant Application, please contact: Karolyn Tregembo at 303-217-8460, ext. 228 or [ktregembo@coconsortium.org](mailto:ktregembo@coconsortium.org)

### Grant Application Requirements

- Part 1: General Information
- Part 2: Needs Statement
- Part 3: Collaboration Details
- Part 4: Budget
- Attachments: as required
- Grant Assurances

### Part 1: General Information

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the collaborative relationship or structure proposed for the grant and please list all school districts or BOCES involved:

## **Part 2: Needs Statement**

Please describe how SHS Coordinator Grant funds benefit the collaborating school districts (or BOCES) and their students.

## **Part 3: Collaboration Details**

Please respond to the following questions or attach a narrative addressing the following areas of collaboration. How will the school districts support the SHS Coordinator to ensure the collaboration is successful?

How will school districts monitor the success of the collaboration for the SHS program; who will be involved in evaluating and/or addressing any issues; what communication methods will be put in place to ensure collaboration is working?

How will the SHS Coordinator gain access to the following data/information at the district(s): student information, including both general education and special education; financial records; employment information, including salaries and benefits; and transportation?

How will participating districts encourage or require qualified providers to document services and respond to the RMTS?

Attach a recent RMTS Roster, or complete a Draft RMTS Roster using the available template to identify all qualified providers.

## **Part 4: Budget 2017-2018**

Please outline the costs and requested grant funds:

SHS Coordinator FTE (list amount of FTE required): \_\_\_\_\_

SHS Coordinator Salary and Benefits Cost: \_\_\_\_\_

## **Consortium SHS Grant Assurances**

*The appropriate Representative(s), with the authority to receive program funds, must sign below to indicate their approval of the contents of the application.*

On \_\_\_\_\_ (date), 2016, the

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(Districts and or BOCES) hereby agrees to the following assurances:

1. The grantee will sign a service agreement with The Consortium to provide services, including claims processing, during the grant period.
2. The grantee will work with and provide requested data, such as RMTS Rosters, Cost Report details, etc. to The Consortium within the time frames specified.
3. The grantee will include The Consortium in the hiring process for the SHS Coordinator, including input for the job description, candidate selection and initial training.
4. The grantee will allow the SHS Coordinator the time and ability to attend trainings, webinars and meetings.
5. The grantee will support the SHS Coordinator in abiding by SHS Program requirements, such as ensuring Related-Service Providers document services in a timely manner, allowing access to records for cost reporting and other areas that require support from other departments within the districts.
6. That if any findings of misuse of these funds are discovered, project funds will be returned to The Consortium.
7. The applicant/grantee will maintain sole responsibility for the project.
8. The grantee will participate in an evaluation of the grant project.

The Consortium may terminate a grant award upon thirty (30) days' notice if it is deemed by The Consortium that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Grant award modifications and changes in the approved budget must be requested in writing and be approved in writing by The Consortium before modifications are made to the expenditures.

DISTRICT/BOCES: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

DISTRICT/BOCES: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

DISTRICT/BOCES: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_