

# REQUEST FOR APPLICATIONS

## **GRANT FUNDS FOR A MAGNET OR REGIONAL PILOT PROGRAM FOR ELEMENTARY STUDENTS WHO ARE DEAF OR HARD OF HEARING**

### **APPLICATION FOR A SUBGRANT AUTHORIZED UNDER ASSEMBLY BILL 2 (AB 2) OF THE 23<sup>RD</sup> SPECIAL SESSION OF THE NEVADA LEGISLATURE**

ISSUED BY:

**Nevada Department of Education  
700 East Fifth Street  
Carson City, NV 89701**

Grant Period: Upon Approval through June 30, 2009  
Applications Due: October 1, 2007  
Grant Amount: \$273,000 in Fiscal Years 2008 through 2009  
Source of Funding: State Appropriation, Assembly Bill 2, Section 10

Questions related to this funding should be addressed to:

Frankie McCabe  
Director, Office of Special Education, Elementary and  
Secondary Education, and School Improvement Programs  
Nevada Department of Education  
700 East Fifth Street, Suite 113  
Carson City, NV 89701  
fmccabe@doe.nv.gov

# TABLE OF CONTENTS

		<b>PAGE</b>
<b>Part I</b>	<b>A. Introduction</b>	<b>2</b>
	<b>B. Application Requirements and Guidelines</b>	<b>2-6</b>
<b>Part II</b>	<b>A. Cover Page</b>	<b>7</b>
	<b>B. Program Narrative</b>	<b>9</b>
	<b>C. Budget Pages</b>	<b>11-16</b>
	<b>D. Assurances</b>	<b>17</b>
<b>Part III</b>	<b>Application Rubric</b>	<b>18-21</b>

# NEVADA DEPARTMENT OF EDUCATION

## A MAGNET OR REGIONAL PILOT PROGRAM FOR ELEMENTARY STUDENTS WHO ARE DEAF OR HARD OF HEARING

### *Part I*

*A. Introduction*

*B. Application Requirements and  
Guidelines*

# **Part I**

## **A. INTRODUCTION**

The Nevada State Legislature appropriated \$273,000 for Fiscal Years 2008 through 2009 for a Grant Fund to develop a magnet or regional elementary school program for students who are identified as deaf or hard of hearing. This funding will be granted on a competitive basis to one “partnership” consortia of school districts that meet the criteria identified below and that have clearly articulated a plan and budget for the pilot program that they wish to implement. For purposes of this grant, districts will be determined to have formed a partnership consortia if one or more districts have developed a Memorandum of Understanding (MOU) that identifies the formal and informal relationships the districts have agreed to in order to provide services to students participating in the program. At a minimum the MOU must provide for fiscal costs related to the implementation of each student’s Individualized Educational Program (IEP), how placement decisions will be made in accordance with students’ IEPs, how many “slots” each district will have for placing students in the program, each “sending” district’s level of participation in each student’s IEP, and concerns associated with each student’s participation in extracurricular activities. Additional components can be added to the MOU as necessary.

The grant funds will be available December 1, 2007, to support the required start-up activities. Specifically, \$5,000 has been appropriated for the 2007-2008 school year for the planning of the pilot program and the surveying of parents and guardians of elementary school age children who are deaf or hard of hearing to determine interest in a magnet or regional program. The remaining funds will be distributed prior to the 2008-2009 school year to support transportation costs and additional personnel costs, limited to not more than one teacher, two interpreters or aides and one speech pathologist.

All funds granted through this program must be expended in the manner prescribed by the Legislature in AB 2 by June 30, 2009. Any balance remaining at the end of fiscal year 2009 will revert to the State General Fund on or before September 18, 2009.

The partnership consortia must designate one district as the fiscal agent for the grant. Grant funds will be awarded to a consortia through a single district. All draw requests will be processed through the district that is identified as the fiscal agent.

## **B. APPLICATION REQUIREMENTS AND GUIDELINES**

### **1. Eligible Applicants**

To apply for funds to support this pilot program eligible school districts must: form a partnership with one or more school districts that do not offer a magnet or regional program at the elementary level for students who are deaf or hard of hearing and form a partnership with a Deaf Studies program at an institution of the Nevada System of Higher Education.

The district consortia selected to participate in the pilot program must:

1. Agree to participate in a longitudinal evaluation of the pilot program.

2. Develop a plan for the pilot program that:

a. Contains a budget for the 2007-2008 school year that expends not more than \$5,000 of the money appropriated by this section to be used for the planning of the program and the surveying of parents and guardians of elementary school age children who are deaf or hard of hearing to determine interest in a regional program.

b. Contains a budget for the 2008-2009 school year with estimated costs for additional school district personnel to implement the program, limited to not more than one teacher, two interpreters or aides and one speech pathologist.

c. Sets forth a plan for identifying the school to host the magnet or regional program and for transporting elementary school students who are deaf or hard of hearing to the host school. The plan must include the number of students who will be in the program (from each district), the number of students who will require transportation, and the grade level for each student who will be participating in the program.

Consideration must be given to the type of program that the consortia is proposing to develop relative to: 1) class size and caseload requirements for students who are deaf or hard of hearing; and, 2) teacher licensure requirements for the population of students served in the program.

d. Sets forth a plan for utilizing faculty and student assistance resources available from the affiliated Deaf Studies program at an institution of the Nevada System of Higher Education.

e. Describes how the consortia will complete the required longitudinal evaluation.

f. Includes a MOU between the districts involved in the pilot program articulating the responsibilities of each district.

### 3. Proposed Timeline

September 15, 2007	Applications sent to all school districts
October 1, 2007	Applications due to the Nevada Department of Education (NDE); however, applications will be accepted until November 1, 2007
November 10 -14, 2007	Application review process; and announcement of successful applicant
December 1, 2007	Distribution of grant funds based upon approved budget for 2007-2008 school year
January - June, 2008	Planning activities and parent survey distribution and analysis for eligible students
July 15, 2008	Draw requests accepted based upon approved budget for 2008-2009 the school year
August 2008 - June 2009	Implementation of Program
November 1, 2008	Submit an evaluation of the pilot program to the NDE
February 1, 2009	The NDE transmits the Report of Evaluation transmitted to required entities
June 30, 2009	All funds must be committed for expenditure
September 30, 2009	Final financial reports due to the NDE

### 4. Application Preparation/Submission

In order to access the grant funds for the Magnet or Regional Pilot Program for Elementary Students who are Deaf or Hard of Hearing, a district partnership consortia will need to complete the application process. All forms required for this application are included in Part II. Applications are to contain the information identified as follows and the information is to be organized in the order listed.

#### Section A. Cover Page

The Cover Page should be the top page of the application packet submitted.

#### Section B. Program Narrative

The Program Narrative must be complete and concise and address each area listed below in double-spaced type written pages, no less than 11 font. The Program Narrative must be the plan the district partnership consortia have developed for implementing the magnet or regional pilot program. Specifically, the plan must contain a separate sections to address the following areas including timelines for implementation:

- a. **2007-2008 Budget Pages.** Include a budget for the 2007-2008 school year that expends not more than \$5,000 of the money appropriated by this section to be used for the planning of the program and the surveying of parents and guardians of elementary school age children who are deaf or hard of hearing to determine interest in a regional program.
- b. **2008-2009 Budget Pages.** Include a budget for the 2008-2009 school year with estimated costs for additional school district personnel to implement the program, limited to not more than one teacher, two interpreters or aides and one speech pathologist.

c. **The Plan.** All sections of the plan must include timelines for implementation.

1. Identify the districts involved in the partnership consortia.
2. Identify the district and school to host the magnet or regional program.
3. Identify the type of program that the partnership consortia will implement, e.g., self-contained, resource. Provide a detailed description of the program including the curriculum and methodology that will be used in the program to teach language to students who are deaf or hard of hearing and the support that will be provided to students attending the program. There must be a relationship between the plan narrative, the proposed budget, purchasing of materials, personnel, etc.

Note: Consideration must be given to the type of program that the consortia is proposing to develop relative to: 1) class size and caseload requirements for students who are deaf or hard of hearing; and, 2) teacher licensure requirements for the population of students served in the program. The plan must specifically describe who will be hired to support this program and how the district(s) will recruit and hire qualified personnel, including timelines for recruitment.

4. Describe how students who are deaf or hard of hearing will be transported to the host school from within the district and between districts. The plan must include the estimated number of students who will be in the program (from each district), the estimated number of students who will require transportation, and the grade level for each student who is anticipated to participate in the program.
5. Describe how the program will utilize faculty and student assistance resources available from the affiliated Deaf Studies program at an institution of the Nevada System of Higher Education. Identify the name of the University program and the contact person.

d. **The Evaluation** - Develop the plan to evaluate the effectiveness of the pilot program which includes: 1) the number of students who participated in the program from each district, 2) the effect of the program on the academic achievement of the pupils enrolled in the program (e.g., state NRTs/CRTs,) district level assessments, 3) anecdotal information from students and parents regarding the program, 4) the overall cost of the program, including district costs, and 5) recommendations to the Legislature relating to the pilot program.

Please note that the evaluation is due prior to the end of the grant period. Evaluation information must be collected from the beginning of the pilot project.

e. **Memorandum of Understanding** - A MOU must be developed and attached to the application that at a minimum addressing the fiscal costs related to the implementation of each student's IEP, how placement decisions will be made in accordance with each student's IEP, how many "slots" each district will have for placing students in the program, each "sending" district's level of participation in each student's IEP, and issues

associated with each student's participation in extracurricular activities. Additional components can be added to the MOU as necessary.

### **Section C. Budget Pages**

The following budget forms must be submitted with the application: Budget/Expenditure Summary and Supplemental Schedule for each fiscal year covered by the application. Please provide a detailed narrative for items and amounts requested in the Supplemental Schedule that correlate to your program narrative.

### **Section D. Assurances and Certification**

- (a) Inclusion of the Assurance section is required. Applications must have original signature(s) on the Assurances section of the form by the District Superintendent or authorized district designee from each district represented in the partnership consortia and the University Program Deaf Studies Representative.

## **5. Application Deadline**

A completed Application Package, signed by all required signatories, plus three copies must be received by Frankie McCabe, Director, Office of Special Education, Elementary and Secondary Education, and School Improvement Programs, Nevada Department of Education, 700 East Fifth Street, Suite 113, Carson City, NV 89701-5096, by 5:00 p.m., no later than November 1, 2007.

A selection committee will read, review, and adjudicate the competition the first week in November. Notification of awards will be made December 1, 2007.

# NEVADA DEPARTMENT OF EDUCATION

A MAGNET OR REGIONAL PILOT PROGRAM FOR  
ELEMENTARY STUDENTS WHO ARE DEAF OR HARD OF  
HEARING

## Application

### Part II

- C. Cover Page*
- D. Program Narrative*
- E. Budget Pages*
- D. Assurances*

**A MAGNET OR REGIONAL PILOT PROGRAM FOR ELEMENTARY STUDENTS  
WHO ARE DEAF OR HARD OF HEARING**

**SECTION A - COVER PAGE**

School District:			
Address:			
City/State/Zip Code:			
Telephone Number:		Fax Number:	
District (Host district) Contact Person: Name, title and phone number			
District Consortia Contact Person (Spokesperson): Name, title and phone number			
Contact Information for each District Representative in the Consortia (Sending district; repeat as needed): Name, title and phone number			
Contact Information for the University Program Deaf Studies Representative: Name, title and phone number			
E-mail addresses for all required contacts:			
Amount of Funds Requested			

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Required Signature of District Superintendent or Authorized Designee (Host district)      Date

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Required Signature of District Consortia Contact (Spokesperson)      Date

**For each district represented in the Consortia signature of District Superintendent or Authorized Designee is required:**

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Required Signature of District Superintendent or Authorized Designee (Sending district)      Date  
Repeat the above as needed

Return original Application, plus three (3) copies to:

Frankie McCabe  
NEVADA DEPARTMENT OF EDUCATION  
700 East Fifth Street, Suite 113  
Carson City, NV 89701

## SECTION B – PROGRAM NARRATIVE

The Program Narrative must be complete and concise and address each area listed below in double-spaced type written pages, no less than 11 font. The Program Narrative must be the plan the district partnership consortia have developed for implementing the magnet or regional pilot program. Specifically, the plan must contain a separate section to address the following areas including timelines for implementation:

- a. **2007-2008 Budget Pages.** Include a budget for the 2007-2008 school year that expends not more than \$5,000 of the money appropriated by this section to be used for the planning of the program and the surveying of parents and guardians of elementary school age children who are deaf or hard of hearing to determine interest in a regional program.
- b. **2008-2009 Budget Pages.** Include a budget for the 2008-2009 school year with estimated costs for additional school district personnel to implement the program, limited to not more than one teacher, two interpreters or aides and one speech pathologist.
- c. **The Plan.** All sections of the plan must include timelines for implementation.
  1. Identify the districts involved in the partnership consortia.
  2. Identify the district and school to host the magnet or regional program.
  3. Identify the type of program that the partnership consortia will implement, e.g., self-contained, resource. Provide a detailed description of the program including the curriculum and methodology that will be used in the program to teach language to students who are deaf or hard of hearing and the support that will be provided to students attending the program. There must be a relationship between the plan narrative, the proposed budget, purchasing of materials, personnel, etc.

Note: Consideration must be given to the type of program that the consortia is proposing to develop relative to: 1) class size and caseload requirements for students who are deaf or hard of hearing; and, 2) teacher licensure requirements for the population of students served in the program. The plan must specifically describe who will be hired to support this program and how the district(s) will recruit and hire qualified personnel, including timelines for recruitment.

4. Describe how students who are deaf or hard of hearing will be transported to the host school from within the district and between districts. The plan must include the estimated number of students who will be in the program (from each district), the estimated number of students who will require transportation, and the grade level for each student who is anticipated to participate in the program.
5. Describe how the program will utilize faculty and student assistance resources available from the affiliated Deaf Studies program at an institution of the Nevada System of Higher Education. Identify the name of the University program and the contact person.

- d. **The Evaluation** - Develop the plan to evaluate the effectiveness of the pilot program which includes: 1) the number of students who participated in the program from each district, 2) the effect of the program on the academic achievement of the pupils enrolled in the program (e.g., state NRTs/CRTs,) district level assessments, 3) anecdotal information from students and parents regarding the program, 4) the overall cost of the program, including district costs, and 5) recommendations to the Legislature relating to the pilot program.

Please note that the evaluation is due prior to the end of the grant period. Evaluation information must be collected from the beginning of the pilot project.

- e. **Memorandum of Understanding** - A MOU must be developed and attached to the application that at a minimum addressing the fiscal costs related to the implementation of each student's IEP, how placement decisions will be made in accordance with each student's IEP, how many "slots" each district will have for placing students in the program, each "sending" district's level of participation in each student's IEP, and issues associated with each student's participation in extracurricular activities. Additional components can be added to the MOU as necessary.

**SECTION C - A MAGNET OR REGIONAL PILOT PROGRAM FOR ELEMENTARY STUDENTS  
WHO ARE DEAF OR HARD OF HEARING**

**BUDGET/EXPENDITURE SUMMARY**

**Applicant Name:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_

**Fiscal Year:** 2008

**Budget**   X   **Amendment** \_\_\_\_\_ **Number** \_\_\_\_\_ **Report of Expenditures** \_\_\_\_\_

<b>OBJECT</b>	<b>DESCRIPTION</b>	<b>INSTRUCTION COST</b>	<b>SUPPORT SERVICES</b>	<b>TOTAL</b>
100/200	Salaries & Benefits			
300	Purchased Professional Services			
400	Purchased Property Services			
500	580 Staff Travel			XXXXXXXXXX
	Other			XXXXXXXXXX
	Other Purchased Services – Total			
600	610 General Supplies			XXXXXXXXXX
	640 Books and Periodicals			XXXXXXXXXX
	650 Audio Visual Materials			XXXXXXXXXX
	660 Instructional Kits			XXXXXXXXXX
	670 Software	XXXXXXXXXXXX		XXXXXXXXXX
	680 Items of Value			XXXXXXXXXX
	Other			XXXXXXXXXX
	Supplies – Total			
800	810 Dues and Fees			XXXXXXXXXX
	Other			XXXXXXXXXX
	Other Objects (Total)			
Subtotal 100 - 600 & 800				
700	730 Equipment			XXXXXXXXXX
	Other			XXXXXXXXXX
<b>TOTAL</b>		XXXXXXXXXXXXXXXXXXXX		

**Signature:** \_\_\_\_\_  
District Superintendent or Authorized Designee (Host district)

**Date:** \_\_\_\_\_

**SUPPLEMENTAL SCHEDULE**

Applicant Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

Fiscal Year: 2008

A	B	C	D	E	F
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount
100	<b>PERSONNEL:</b>				
	<b>NARRATIVE:</b>				
200	<b>BENEFITS:</b>				
	<b>NARRATIVE:</b>				
300	<b>PURCHASED PROF. SERVICES:</b>				
	<b>NARRATIVE:</b>				
400	<b>PURCHASED PROPERTY SERVICES:</b>				
	<b>NARRATIVE:</b>				

500	<b>OTHER PURCHASED SERVICES (Staff Travel):</b>				
	<b>NARRATIVE:</b>				
600	<b>SUPPLIES:</b>				
	<b>NARRATIVE:</b>				
800	<b>OTHER OBJECTS (Dues and Fees):</b>				
	<b>NARRATIVE:</b>				
<b>Subtotal Objects 100 – 600 &amp; 800</b>					
700	<b>EQUIPMENT:</b>				
	<b>NARRATIVE:</b>				
<b>TOTAL</b>					

Note: This form can be expanded as necessary. District forms can be used in place of this form as long as the same information is presented in the same format. The narrative section of this form should be used to provide a justification for the budget items and to demonstrate that the items are appropriate expenditures in accordance with the grant specifications.

**SECTION C - A MAGNET OR REGIONAL PILOT PROGRAM FOR ELEMENTARY STUDENTS  
WHO ARE DEAF OR HARD OF HEARING**

**BUDGET/EXPENDITURE SUMMARY**

**Applicant Name:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_

**Fiscal Year: 2009**

**Budget**   X   **Amendment** \_\_\_\_\_ **Number** \_\_\_\_\_ **Report of Expenditures** \_\_\_\_\_

<b>OBJECT</b>	<b>DESCRIPTION</b>	<b>INSTRUCTION COST</b>	<b>SUPPORT SERVICES</b>	<b>TOTAL</b>
100/200	Salaries & Benefits			
300	Purchased Professional Services			
400	Purchased Property Services			
500	580 Staff Travel			XXXXXXXXXX
	Other			XXXXXXXXXX
	Other Purchased Services – Total			
600	610 General Supplies			XXXXXXXXXX
	640 Books and Periodicals			XXXXXXXXXX
	650 Audio Visual Materials			XXXXXXXXXX
	660 Instructional Kits			XXXXXXXXXX
	670 Software	XXXXXXXXXXXX		XXXXXXXXXX
	680 Items of Value			XXXXXXXXXX
	Other			XXXXXXXXXX
	Supplies – Total			
800	810 Dues and Fees			XXXXXXXXXX
	Other			XXXXXXXXXX
	Other Objects (Total)			
Subtotal 100 - 600 & 800				
700	730 Equipment			XXXXXXXXXX
	Other			XXXXXXXXXX
	Equipment (Total)			
<b>TOTAL</b>		XXXXXXXXXXXXXXXXXXXXXXX		

**Signature:** \_\_\_\_\_  
District Superintendent or Authorized Designee (Host district)

**Date:** \_\_\_\_\_

**SUPPLEMENTAL SCHEDULE**

Applicant Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

Fiscal Year: 2009

A	B	C	D	E	F
Object Code	Title of Position or Description of Item	FTE	Quantity	Unit Amount/ Calculations	Total Amount
100	<b>PERSONNEL:</b>				
	<b>NARRATIVE:</b>				
200	<b>BENEFITS:</b>				
	<b>NARRATIVE:</b>				
300	<b>PURCHASED PROF. SERVICES:</b>				
	<b>NARRATIVE:</b>				
400	<b>PURCHASED PROPERTY SERVICES:</b>				
	<b>NARRATIVE:</b>				

<b>500</b>	<b>OTHER PURCHASED SERVICES (Staff Travel):</b>				
	<b>NARRATIVE:</b>				
<b>600</b>	<b>SUPPLIES:</b>				
	<b>NARRATIVE:</b>				
<b>800</b>	<b>OTHER OBJECTS (Dues and Fees):</b>				
	<b>NARRATIVE:</b>				
<b>Subtotal Objects 100 – 600 &amp; 800</b>					
<b>700</b>	<b>EQUIPMENT:</b>				
	<b>NARRATIVE:</b>				
<b>TOTAL</b>					

Note: This form can be expanded as necessary. District forms can be used in place of this form as long as the same information is presented in the same format. The narrative section of this form should be used to provide a justification for the budget items and to demonstrate that the items are appropriate expenditures in accordance with the grant specifications.

**SECTION D – ASSURANCES AND CERTIFICATION**

**Assurances**

A school district that receives an allocation of money from the Account shall:

- Account for the money separately;
- Use the money to supplement and not replace the money that would otherwise be expended by the school district for the same purpose;
- Not use the money to negotiate the salaries of individual employees who participate in the program.
- Use the funds in accordance with the allowable expenses identified through this application.
- Participate in the longitudinal evaluation of the pilot program.
- Set-aside 4% of the grant award to cover the cost of the evaluation.
- Develop and attach to application a MOU with consortia partners to delineate each district’s responsibilities to the consortia and for providing services to students with disabilities.

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Required Signature of District Superintendent or Authorized Designee (Host district)      Date

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Required Signature of District Consortia Contact (Spokesperson)      Date

**For each district represented in the Consortia signature of District Superintendent or Authorized Designee is required:**

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Required Signature of District Superintendent or Authorized Designee (Sending district)      Date  
Repeat the above as needed

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Required Signature of University Program Deaf Studies Representative      Date

# **NEVADA DEPARTMENT OF EDUCATION**

**A MAGNET OR REGIONAL PILOT PROGRAM FOR  
ELEMENTARY STUDENTS WHO ARE DEAF OR HARD OF  
HEARING**

## **Part III**

### ***APPLICATION RUBRIC***

# Part III

## A MAGNET OR REGIONAL PILOT PROGRAM FOR ELEMENTARY STUDENTS WHO ARE DEAF OR HARD OF HEARING

### Scoring Rubric – FY 2008 & 2009

Applicant (List all districts in Consortia):		Total Amount Requested:	
Section Title	Points Available	Points Awarded	
Section A. Cover Page	0	0	
Section B. Program Narrative	75		
Section C. Budget Summary and Supplemental Schedule - Forms	25		
Section D. Assurances	0	0	
<b>TOTAL POINTS</b>	<b>100</b>		

**FUNDING RECOMMENDATION:**

\_\_\_\_\_ **Do Not Fund**    \_\_\_\_\_ **Fund with Revisions**    \_\_\_\_\_ **Fund as Submitted**

**Recommended Funding Amount: \$** \_\_\_\_\_

**Comments -Funding Recommendation:**

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**Comments - Strengths of Proposal:**

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**Comments - Weaknesses of Proposal:**

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**Reviewer's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Cover Page and Assurances**

**Maximum Points for these Sections:** 0 points

Although no points are allocated for these sections, it is necessary to have these sections properly completed by the applicant.

**Budget Summary/Supplemental Schedule  
Points for Section:** 25 points

**Recommended Points:** \_\_\_\_\_ **Maximum**

Level I 0-3 Points	Level II 4-10 Points	Level III 11-25 Points
<ul style="list-style-type: none"><li>• Budget and Schedule contained numerous errors</li><li>• Budget and Schedule total figures did not agree</li><li>• Different information or figures included in the two documents</li><li>• Narrative not provided</li></ul>	<ul style="list-style-type: none"><li>• All calculations on Budget were accurate</li><li>• All calculations on Schedule were accurate</li><li>• Total of all Schedules equaled Budget total</li><li>• Included funds for required items</li><li>• Narrative provided incomplete information</li></ul>	<ul style="list-style-type: none"><li>• Narrative section accurately reflects proposed program</li><li>• Appropriate breakdown and identification of admin. support &amp; instruction expenses</li><li>• Narrative extensions were accurate and complete</li><li>• Budget contained only allowable expenses</li></ul>

**Comments:**

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**Narrative: Proposed Program**  
**Maximum Points for Section: 75 points**

**Recommended Points: \_\_\_\_\_**

Level I 0-25 Points	Level II 26-60 Points	Level III 61-75 Points
<ul style="list-style-type: none"> <li>• Failed to provide the requested information</li> <li>• Responses to 3-4 of the items were acceptable</li> <li>• No MOU attached</li> </ul>	<ul style="list-style-type: none"> <li>• Responses to 5-7 of the items were acceptable</li> <li>• Responses were acceptable, but failed to demonstrate a complete understanding of the issues</li> <li>• MOU incomplete</li> </ul>	<ul style="list-style-type: none"> <li>• All information correct</li> <li>• Responses to 8-9 of the items were acceptable and well developed</li> <li>• MOU clearly articulates requirements</li> </ul>

**Comments:**

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