

Choice Ready Assessment Grant Application

Due October 23, 2023

Part A: Certification and Cover Sheet

Entity Name:

--

Contact Name:

--

Contact Email Address:

Contact Telephone Number:

--	--

Name of Building Principal, CTE

Director or Special Education Director:

Email Address:

--	--

Signature of Building Principal, CTE

Director or Special Education Director:

Date:

--	--

Additional Contacts:

Superintendent Name:

Superintendent Email Address:

--	--

Business Manager Name:

Business Manager Email Address:

--	--

To the best of my knowledge and belief, all the information in this application is true and correct.

Submit applications to dpiasstsupt@nd.gov by October 23, 2023.

Part B: Narratives

1. Describe, in detail, the proposed activities for funding within the Choice Ready Assessment Grant. If multiple activities are proposed, describe each one in detail.

2. Applicants must explicitly address how each requested activity would enable more students to graduate Choice Ready.

A large, empty rectangular box with a thin black border, intended for applicants to provide their response to the prompt above. The box occupies most of the page's vertical space.

Part C Budget

Entity Name:			
Object Code	Object Code Description	Requested Budget	Description
110	Professional Salaries		
120	Non-Professional Salaries		
200	Benefits		
300	Purchased Professional & Technical Services		
400	Maintenance		
500	Other Purchased Services/Travel		
600	Materials/Supplies		
700	Equipment		
800	Dues/Memberships/Registration Fees		
Total			