



**COMPUTER SCIENCE EDUCATION FUND GRANT APPLICATION**

**INSTRUCTIONS**

The Computer Science Education Fund provides teachers the opportunity to receive professional development related to computer science.

Awards are contingent upon available funds and will be awarded based on how well the application aligns to the statutory requirements. Priority will be given to professional development for high school teachers.

**Funds should not be expended until you receive written approval of this application.**

**Electronically submit this form to the Office of College and Career Readiness at [occr@dese.mo.gov](mailto:occr@dese.mo.gov).**

**QUESTIONS: Office of College and Career Readiness at [occr@dese.mo.gov](mailto:occr@dese.mo.gov)**

**GRANT CONTACT INFORMATION**

DISTRICT NAME		COUNTY DISTRICT CODE	BUILDING CODE
SCHOOL ADDRESS	SCHOOL CITY		SCHOOL ZIP CODE
PRIMARY CONTACT NAME	PRIMARY CONTACT EMAIL	PRIMARY CONTACT PHONE	

**PARTICIPATING LOCAL EDUCATION AGENCY(S) (LEA)**

(Check one of the following, complete the name(s) and county district code(s))

<input type="checkbox"/>	The computer science training is only for educators in my school building.
<input type="checkbox"/>	The computer science training is only for educators in my school district.
<input type="checkbox"/>	The computer science training will include multiple districts. (List below, and on back, if necessary)

NAME(S)	COUNTY DISTRICT CODE

**FISCAL AGENT (Identify the school district serving as the fiscal agent)**

LEA FISCAL AGENT	COUNTY DISTRICT CODE
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**FACILITATOR(S) (Individual(s) who are responsible for planning and assuring the implementation of the grant)**

NAME	
EMAIL	PHONE
NAME	
EMAIL	PHONE

**COMPUTER SCIENCE TRAINING DESCRIPTION**

VENDOR OR INDIVIDUAL(S) PROVIDING THE TRAINING

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov)

DESCRIBE THE TRAINING (Please include the total number of training hours and the total number of educators to receive the training)

**PLEASE CHECK THE BOX(ES) THAT DESCRIBE THE TRAINING OBJECTIVES**

<input type="checkbox"/>	Reaches new and existing teachers with little computer science background
<input type="checkbox"/>	Uses effective practices for professional development
<input type="checkbox"/>	Focuses on the conceptual foundations of computer science
<input type="checkbox"/>	Reaches and supports historically underrepresented students in computer science
<input type="checkbox"/>	Provides teachers with concrete experience with hands-on, inquiry-based practices
<input type="checkbox"/>	Accommodates the particular needs of students and teachers

**TOTAL GRANT REQUEST**

\$

**ADDITIONAL INFORMATION**

PLEASE PROVIDE ANY ADDITIONAL INFORMATION PERTAINING TO THE GRANT (OPTIONAL)

**GRANT APPROVALS**

AUTHORIZED FISCAL AGENT REPRESENTATIVE NAME (PLEASE TYPE OR PRINT)	DATE
AUTHORIZED FISCAL AGENT REPRESENTATIVE SIGNATURE	DATE
ASSISTANT COMMISSIONER SIGNATURE	DATE



**COMPUTER SCIENCE EDUCATION FUND REIMBURSEMENT FORM**

**INSTRUCTIONS**

Supporting documentation and the **APPROVED COMPUTER SCIENCE EDUCATION FUND GRANT APPLICATION** must be submitted with this form.

Any travel related expenses will be reimbursed according to the Department of Elementary and Secondary Education's guidelines.

Only items listed on the approved Computer Science Education Fund Grant application may be listed on this reimbursement form.

**IMPORTANT ACCOUNTING INFORMATION FOR YOUR BUSINESS MANAGER:** According to DESE's School Finance Section, you should code this revenue under "0000000." Your electronic payment may include other DESE payments as well.

**Deadline: June 15, 2020. Please electronically submit this form and other required documentation to the Office of College and Career Readiness at [occr@dese.mo.gov](mailto:occr@dese.mo.gov).**

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**EXPENDITURES**

Description of Expenditure <i>Check those that apply</i>	Amount
Conference(s) specific to computer science <i>Must submit the paid invoice for the conference(s) to receive reimbursement</i>	\$
Coursework that prepares the teacher(s) for the Content Assessment for Computer Science exam <i>Must submit documentation of the course taken and an invoice showing total cost</i>	\$
Mileage <i>Total miles from domicile to training _____ x \$0.43</i>	\$
Reimbursement of the Missouri Content Assessment for Computer Science exam <i>\$95 per exam – must submit paid invoice and passing score report</i>	\$
Substitute Teacher Pay _____ <i> Substitute pay per day</i> _____ <i> Total number of days a substitute was needed for teacher(s) to attend the computer science related training</i>	\$
Other (please explain and provide related documentation)	\$
Other (please explain and provide related documentation)	\$
Other (please explain and provide related documentation)	\$
<b>TOTAL REIMBURSEMENT REQUEST</b>	<b>\$</b>

**DESE USE ONLY**

ASSISTANT COMMISSIONER SIGNATURE FOR APPROVAL	DATE
<b>TOTAL APPROVED REIMBURSEMENT</b>	<b>\$</b>