

EXPANDING OPPORTUNITIES FOR EACH CHILD APPLICATION CHECKLIST

Application Item	Completed
Requirement 1: Application Overview and Area of Focus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 2: Identification and Context	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 3: Needs Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 4: Strategies and Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 5: Impact for Students (Goals)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 6: Impact Evaluation and Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 7: Integration into the Continuous Improvement Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 8: Budget and Justification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 9: Sustainability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirement 10: Multi-year Planning process and Timeline	<input type="checkbox"/> Yes <input type="checkbox"/> No

Budget Form Submitted in CCIP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed Certification Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed Statement of Assurances Submitted in CCIP	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I HEREBY CERTIFY that, to the best of my knowledge, the information in this application is correct.

The applicant designated below hereby applies for The Expanding Opportunities for Each Child sub-grant of federal funds with the purpose of expanding access to and enrollment in advanced coursework for low-income students through the development of career pathways, advance placement and international baccalaureate opportunities. These grants should support and align to local continuous improvement plans.

The governing board of _____ [District Name] has authorized me to file this application and such action is recorded in the minutes of the agency's meeting held on _____ [Date].

Signature: _____ **Date:** _____

Printed Name: