2025-2026

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| Section 1: Contact Information | |
| Name of Local Education Agency |  |
| Payee Number (if unsure, refer to your grant award notice or finance team) |  |
| Name of Division Superintendent |  |
| Division Mailing Address (Line 1) |  |
| Division Mailing Address (Line 2) |  |
| City, State and Zip Code |  |
| Name of Division Coordinator |  |
| Division Coordinator Email |  |
| Is the Division Coordinator new to the role (started within the last 12 months)? | YES  NO |
| Names and emails of two additional division contacts  *Please include the supervisor or direct report of the Division Coordinator, as well as at least one additional point of contact, in case we are unable to reach the Division Coordinator.* |  |
| Contact #1 Supervisor Name |  |
| Contact #1 Supervisor Email |  |
| Contact #2 Name |  |
| Contact #2 Email |  |
| Name(s) of your VTSS State coaches |  |

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| Section 2: Statement of Need |
| **Briefly describe your division/school/student/family needs using your division’s most current data.** Please outline your division's need for funding. Include data sources that clearly articulate specific areas requiring attention and support. Describe how the funds will be used to enhance or expand your implementation efforts.  **Please do not exceed 1500 characters.** |
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| Section 3: Proposal Description |
| **Describe how the funds will be used and how the projected activities will improve current implementation efforts, build capacity, and/or increase collaboration for the Tiered Systems work. Please include your**  1) division's priorities,  2) how the proposed initiatives support and align with your division's strategic plan,  3) current implementation efforts, and  4) how the initiatives will improve student outcomes.  **Please do not exceed 1500 characters.** |
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| Section 4: Expected Outcomes |
| **As a result of the work completed under this grant, what are the expected outcomes for the proposed activities for the 25-26 fiscal year?** Please provide at least two SMART goals; one must support the increased knowledge and skills of staff implementing MTSS. |
| Goal #1: |
| Goal #2: |
| Additional Goals (if applicable): |

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| Section 5: Project Timeline and Budget | |
| **Total amount of funds requested.** Your division may request up to S40,000. |  |
| **Please submit a copy of your Proposed Budget and Activities Template via email to** [**Japeira.keys@doe.virginia.gov**](mailto:Japeira.keys@doe.virginia.gov)**.**Include details (e.g., timeline for implementation, anticipated attendance, events, cost) that demonstrate the feasibility of the project's completion. Please do not exceed 3000 characters.**Applications submitted without a copy of the Proposed Budget and Activities Template are incomplete.** | See *Proposed Budget and Activities Template*  Any funds received for work on VTSS pilots or other special circumstances should be clearly labeled within your budget. |

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| Section 6: Collaborative Agreement | |
| **Please submit a copy of your signed Collaborative Agreement via email to Japeira.keys@doe.virginia.gov.** If the Division Coordinator also serves as the superintendent or designee, an additional signature is not required. | See *25-26 VTSS Collaborative Agreement- Fully Supported 7.9.25*  If your division is in consultative status, you were sent the *25-26 VTSS Collaborative Agreement- Consult 7.9.25* |

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| Section 7: Survey |
| Before you submit, please complete the questions below on how we can better serve you. **These questions are for information purposes only and do not bear any weight on funding decisions.** |