## **Applicant Agreement Form**

**District Name** 

Applicants must check all boxes in each section below, acknowledging their agreement to these conditions if chosen as an awardee under the OCDE Innovation Funding Initiative program.

General Agreements		
Awardees agree to:		
Attend an Innovation Funding Initiative Orienta contract award).	on session (expected to be held within 2 months of	
☐ Participate in an Innovation Funding professio 3-year project period.	al learning community throughout the duration of the ovation Summit (to be held after the first full	
☐ Participate in the Orange County Education In implementation year).		
☐ Comply with all local, state, and federal laws and educational code regulations in the use of innovation funding awarded under this program, and in the implementation of the innovation project, contracting activities, management of data or evidence generated by the project, and any other activities being implemented as part of this funding program.		
Coaching/Technical Assistance Agreement	s	
Awardees agree to:		
☐ Meet at least quarterly with an assigned OC	CDE Evaluator and Implementation Coach.	
Evaluation, Data Collection, and Reporting	Agreements	
Awardees agree to:		
☐ Submit fiscal expenditure reports three times p	per vear to OCDE.	
☐ Submit progress reports three times per year t	•	
	cluding a final project evaluation report within 3 months	
of the project conclusion.	oldering a final project evaluation report within a months	
☐ Collaborate with an assigned OCDE Evaluator	r to identify and/or revise metrics, establish data project impacts, and develop strategies for monitoring	
Make project and outcome data available to di evaluation purposes, and to the OCDE Evalua robust ongoing evaluation of the project.	strict and/or school innovation project staff for and Implementation Coach as needed to support a	
Acknowledgement of Authorization Enter the name and title of the district representative application. Note: this is typically the district superior.		
Name of Authorizer	Title of Authorizer	
Name of Person Completing This Form	Title of Person Completing This Form	

**Date**