



Wisconsin Department of Public Instruction  
**TRANSITION READINESS GRANT APPLICATION**  
 PI-2106 (Rev. 02-2021)  
 For use with state competitive funds only.

**INSTRUCTIONS:** Submit **original** application via email to Carolyn Kiefer at [Carolyn.Kiefer@dpi.wi.gov](mailto:Carolyn.Kiefer@dpi.wi.gov). Application must be received no later than 11:59 pm **APRIL 30, 2021**. Late applications will not be accepted.

For questions regarding this grant, contact:  
**Alicia Reinhard, 608-266-1146, [alicia.reinhard@dpi.wi.gov](mailto:alicia.reinhard@dpi.wi.gov)**

I. GENERAL INFORMATION			
Applicant Agency		Mailing Address <i>Street, City, State, ZIP</i>	
Project Contact <i>First and Last Name</i>		Project Contact's Title	
Project Contact's E-Mail Address		Fax <i>Area/No.</i>	Phone <i>Area/No.</i>
Fiscal Contact <i>First and Last Name if other than project contact</i>		Fiscal Contact's Title	
Fiscal Contact's E-Mail Address			Phone <i>Area/No.</i>
Fiscal Contact's Mailing Address <i>Street, City, State, ZIP</i>		Grant Period Beginning Date <i>Mo./Day/Yr.</i> Ending Date <i>Mo./Day/Yr.</i> 07/01/2021                                      06/30/2022	
Total Funds Requested	Local Match <i>If applicable</i> NA	Has your district previously received a Transition Readiness Grant award? <input type="checkbox"/> Yes <input type="checkbox"/> No	

II. OVERVIEW
<p>The Transition Readiness Grant (TRG) program was established in FY 19 to assist districts and charter schools under Wis. Stat. § 118.40(2r) and (2x) in expanding capacity to provide transition services for pupils with disabilities. School districts and charter schools under Wis. Stat. § 118.40(2r) and (2x) are eligible to compete for funding for FY 22 that supports <b>evidence-based practices</b> related to the successful transition from high school for students with Individualized Education Programs (IEPs). The \$1.5 million fund will support transportation options (including contracted services or vehicle purchases), Competitive Integrated Employment (CIE) training programs, post-secondary tuition/supports for students, and transition training for certified staff members and paraprofessionals. Grants awards must be <b>not less than \$25,000, and not more than \$100,000</b>. Substitutions for a funding category will not be allowed. A \$1.5 million increase to the Transition Readiness Grant program was requested for each year in the 2021-2023 biennial state budget. Information regarding the availability of this fund increase will be made available to schools in summer 2021.</p>

III. ABSTRACT
<p>Summarize the proposal and make sure to address the targeted population, the key transition needs (i.e., referencing the most recent Indicator 14 data), what the project ultimately seeks to implement. Reference previous TRG awards (if applicable) and the sustainability of service since the last grant award. <i>Limit response to 1,000 characters.</i></p>

IV. STATE GENERAL ASSURANCES

The Applicant understands and agrees that the following assurances are pre-award requirements generally imposed by state law or regulation, and do not include all state regulations that may apply to the Applicant or its project.

Each Applicant is ultimately responsible for compliance with the certifications and assurances selected on its behalf that apply to its project or award.

Instructions

- Step 1—Read each assurance that follows.
Step 2—Sign and date the certification statement.
Step 3—Include signed certification and assurances with the application materials.
Step 4—Keep a copy for your records.

Assurance is hereby provided that:

- 1. Applicant agrees to comply with all terms and conditions set forth in the grant program's Application Guidelines document provided with this application.
2. Legal and Regulatory Compliance: Administration of the program, activities, and services covered by this application will be in accordance with all applicable state and federal statutes, regulations, and the approved application.
3. Allowable Costs: Costs incurred shall be allowable and meet grant goals and objectives.
4. Confidentiality: The Applicant shall comply with provisions applicable to public schools regarding confidentiality of student information for any pupil record created, obtained, or maintained under this grant, regardless of whether those provisions would not otherwise apply to the Applicant but for the Applicant's participation in this grant.
5. Conflict of Interest: No board or staff member of an LEA or CESA may use his or her position to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated, such as a royalty, commission, contingent fee, brokerage fee, consultant fee, or other benefit.
6. Contracts and Procurement: The Applicant will use its own procurement procedures that reflect applicable state and local laws and regulations.
7. Cooperation with Evaluation: The Applicant shall cooperate with the performance of any evaluation of the program by the WDPI or by their contractors.
8. Copyright, Acknowledgement, and Publications: The Applicant/Recipient will comply with all copyright and materials acknowledgement requirements as addressed in the projects' grant guidelines.
9. Fiscal Control: The Applicant will use fiscal control and fund accounting procedures and will ensure proper disbursement of, and accounting for, funds received and distributed under this program.
10. Indirect Costs: If the fiscal agent is allowed to claim indirect costs, the total amount budgeted for indirect costs is limited to and cannot exceed the negotiated indirect rate established with the WDPI.
11. Programmatic Changes: The Applicant will obtain the prior approval of the WDPI whenever any of the following actions is anticipated:
12. Record Retention: The applicant will ensure records created or obtained under this grant are maintained in accordance with the Wisconsin Records Retention Schedule for School Districts.
13. Reporting: The Applicant will ensure all required financial and program data and information is reported to the WDPI timely on a schedule established by the WDPI.
14. Grant Evaluation: The Applicant shall ensure that all grant evaluation reporting will be timely on a schedule established by the WDPI.

V. CERTIFICATION/SIGNATURE

I, THE UNDERSIGNED, CERTIFY that the information contained in this application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations will be met; that I am authorized by the agency designated in this application to bind the agency to the certifications and assurances contained in this application; and, that the indicated agency designated in this application is authorized to administer this grant.

Name of Applicant Agency Authorizer First and Last Name

Title of Applicant Agency Authorizer

Signature of Applicant Agency Authorizer

Date Signed Mo./Day/Yr.



**VI. CONSORTIUM VERIFICATION**  
*Copy as many pages as needed.*

**EACH OF THE UNDERSIGNED CERTIFIES** that the information contained in this application is complete and accurate, that the local educational agency they represent has authorized them to enter into a consortium agreement, and to provide the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations.

The administering agency shall be the fiscal agent and shall thereby incur and record all expenditures of funds available per applicable program provisions, rules, and regulations.

**ADMINISTERING AGENCY**

Administering Agency	Name of Applicant Agency Authorizer	Title of Applicant Agency Authorizer
Signature of Applicant Agency Authorizer ➤		Date Signed <i>Mo./Day/Yr.</i>

**CONSORTIUM PARTICIPANTS / LEA / ORGANIZATION**

1. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
2. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
3. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
4. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
5. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
6. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
7. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
8. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
9. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤
10. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
District Administrator	Signature ➤

**VII. PLAN**

Identify the need(s) to be addressed with grant funds. Applicants must have an organized and systematic approach to use data for meaningful analysis. Data analysis includes an assessment of the gaps being experienced by the target population. *Limit each response to 4,000 characters.*

**1. Student Outcome Priority Statement—student outcomes identified within a needs assessment.**

A student outcome priority statement identifies the need(s) of the target population for this grant project. It includes specific supporting data (e.g., interim and summative student data, including disaggregated data for relevant student subgroups; qualitative data, educator practice data, formative assessment data, etc.) used to determine need. It is possible for an applicant to identify more than one student outcome priority statement.

*Example: Based on the Indicator 14 data from 2018-2020, black students with a primary disability of Emotional Behavioral Disability or Specific Learning Disability, make up 75% of students with IEPs who dropout from high school.*

- a. What is your student outcome priority statement(s) for this grant project?
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**VII. PLAN (cont'd)**

b. What is the likely root cause(s) (or factors) contributing to the student outcome priority statement(s) that this proposal will address?

## VIII. STUDY/CHECK

**1. Priority Statement**—based on the student outcome statement(s) and root causes identified above, complete the chart to indicate how the grant proposal aligns with the four TRG allowable funding categories. To complete the chart:

- Enter the number of requests for each category.
  - Only one request is allowed in the transportation category
- Enter the total amount requested
  - Total amount requested should equal the sum of each funding category (award funding available multiplied by the number of requests).

Award Option	Award Funding Available	Number of Requests
Transportation Options	Three funding options available per grant award. \$	
Competitive Integrated Employment (CIE) Training Programs <i>See definition of a CIE training program in grant guidelines.</i>	\$10,000/student	
Post-Secondary Tuition/Supports for Students	\$1,000/student	
Transition Training for Staff Members *Must be aligned to the root cause statement(s).	\$1,000/staff member	
<b>Total Amount Requested</b>	<b>Total amount requested must be between \$25,000-\$1,000,000 per Wis. Stat. § 115.885.</b>	

VIII. STUDY/CHECK (cont'd)

**2. Practice Priority Statement—adult practices identified with a needs assessment**

A practice priority statement explains what the applicant hopes to accomplish (based on needs assessment). This may include adult practices and/or system changes. It is possible to identify more than one practice priority statement. Practice priority statements use a format such as “we believe we can improve.....if we.....” *Limit each response to 2,000 characters.*

**Directions: Using the four TRG funding categories, write a practice priority statement for each category selected in the application and the impact of grant funds on the student outcome priority statement(s).**

Practice Priority Statement Options	Award Funding Available
Transportation Options	Three funding options available per grant award. \$
Competitive Integrated Employment (CIE) Training Programs	\$10,000/student
Post-Secondary Tuition/Supports for Students	\$1,000/student
Transition Training for Staff Members *Must be aligned to the root cause statement(s).	\$1,000/staff member

a. What is the practice priority statement(s) for this grant project?

*Example: We believe we can see a decrease in the dropout rates of black students with disabilities by providing access to more Career and Technical Education opportunities. We will accomplish this by:*

- *Purchasing a vehicle to support transportation to community-based work experiences.*
- *Enrolling 5 students in CIE training programs at the local technical college.*

**VIII. STUDY/CHECK (cont'd)**

- b. How will the grant project supplement and align with existing or available resources (e.g., staff, families, community partners, etc.) to address the needs identified in the student outcome and practice priority statements?



**VIII. STUDY/CHECK (cont'd)**

- c. What are the resource inequities contributing to the needs identified in the student outcome and practice priority statements (e.g., resources for community-based work experiences have typically supported students with developmental disabilities)?
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**IX. ACT**

Describe the continuous improvement process the project will employ to refine, improve and strengthen the project. *Limit each response to 2,000 characters.*

**1. Evaluation**

- a. How will data for student outcomes be collected and analyzed? (i.e., Indicator 14 Student Post school outcome data, Graduation Rates)
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**IX. ACT (cont'd)**

b. Should the data indicate a need for change, what is the process for changing or making improvements to the action steps?

**IX. ACT (cont'd)**

c. What is the process to share evaluation results with the public?

**X. READINESS**

Describe the plans to coordinate with other programs during the grant period and sustain the project beyond the grant period.

**1. Coordination and Sustainability**

What procedures and policies are in place to sustain the grant project after the grant period?

XI-a. BUDGET DETAIL

Date of Request Mo./Day/Yr.

Applicant Agency

Project No. For revisions only

**1. Personnel Summary (100s-200s)**

All staff must hold the appropriate license.

List all employees to be paid from this project. Do not include contracted personnel employed by other agencies in this section. If a vacancy exists which will be filled, indicate "vacant".

a. WUFAR Function Code <b>Only Required for LEAs</b> Indicate for each position listed	b.  Name	c.  Position/Title	d.  Project FTE	e.  Date(s) Service to be Provided	f.  Total Cost Salary Fringe	
<b>Total Salary and Fringe</b>						
<i>All project totals must equal salary and fringe totals on budget summary page.</i>						

**XI-a. BUDGET DETAIL (cont'd)**

Date of Request <i>Mo./Day/Yr.</i>	Applicant Agency	Project No. <i>For revisions only</i>
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**2. Purchased Services Summary (300s)**

a. WUFAR Function Code <b>Only Required for LEAs</b>	b.  Type of Service Purchased	c.  Date(s) Service to be Provided	d.  Specify Agency/Vendor or Supplier <i>If known</i>	e.  Cost
<b>Total</b> <i>Must agree with Purchase Services Total on Budget Summary</i>				

**3. Non-Capital Objects Summary (400s)**

a. WUFAR Function Code <b>Only Required for LEAs</b> <i>Indicate for each item listed in column c.</i>	b.  Quantity	c.  Item Name <i>Include all items budgeted</i>	d.  Total Cost
<b>Total</b> <i>Must agree with Non-Capital Objects total on Budget Summary</i>			

XI-a. BUDGET DETAIL (cont'd)		
Date of Request <i>Mo./Day/Yr.</i>	Applicant Agency	Project No. <i>For revisions only</i>

**4. Capital Objects Summary (500s)**

a. WUFAR Function Code <b>Only Required for LEAs</b> <i>Indicate for each item listed in column c.</i>	b.  Quantity	c.  Item Name <i>Include all items budgeted</i>	d.  Total Costs
<b>Total</b>			
<i>Must agree with Capital Objects total on Budget Summary</i>			

**5. Other Objects Summary (900s)**

a. WUFAR Function Code <b>Only Required for LEAs</b> <i>Indicate for each item listed in column c.</i>	b.  Quantity	c.  Item Name <i>Include all items budgeted</i>	d.  Total Costs
<b>Total</b>			
<i>Must agree with Other Objects total on Budget Summary</i>			



XI-b. BUDGET SUMMARY				
Applicant Agency	Grant Period Beginning Date   Ending Date		Initial Request	Date Submitted First Revision   Second Revision
Project Number <i>For DPI Use Only</i>				

**Budget Revisions:** Submit a copy of this page, with appropriate revisions included. (Attach this to a brief letter of justification.) **Note:** Submit request at least **30 days** prior to expenditure of grant monies.

WUFAR Function	WUFAR Object	Amount Requested	First Revision	Second Revision
<b>Instruction (100 000 Series)</b> Activities dealing directly with the interaction between instructional staff and students.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over \$25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Other Objects (e.g., fees) (900s)			
	<b>TOTAL Instruction</b>			
<b>Support Services—Pupil and Instructional Staff Services (in 210 000 and 220 000 Series)</b> Support services are those which facilitate and enhance instructional or other components of the grant. This category includes staff development, supervision, and coordination of grant activities.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over \$25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Other Objects (e.g., fees) (900s)			
	<b>TOTAL Support Services—Pupil/Instructional Staff Services</b>			
<b>Support Services—Administration</b> (Associated with functions in 230 000 series and above.) Includes general; building; business; central service administration, and insurances.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over \$25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Insurance (700s)			
	g. Other Objects (e.g., fees) (900s)			
	<b>TOTAL Support Services—Admin.</b>			
<b>TOTAL BUDGET</b>				

<b>DPI Approval</b>	Signature of DPI Reviewer ➤	Date Signed <i>Mo./Day/Yr.</i>
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