**MO-CASE Mini-Grant Application**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District/Charter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe the project or activity for which mini-grant funds are being requested:**

**Based on district/charter completion of the MO-CASE MTSS Survey (baseline)** <https://www.surveymonkey.com/r/MTSS_Survey>**, describe how this project or activity is intended to improve development and implementation of an MTSS in your setting:**

**How does this project or activity relate to the adopted Comprehensive School Improvement Plan (CSIP)?**

**State concisely two or three expected outcomes:**

**List specific expenditures for the mini-grant. Use a separate line for each item:**

**Expenditure Item: Requested Amount ($):**

**District Commitment:** Developing the systemic framework of a Multi-Tier System of Supports (MTSS) as part of a unified system of education that benefits all students, including those with disabilities and other special needs, should be a priority of the district or charter. ***Full commitment of the district/charter and appropriate building level administrators are required for participation in the MO-CASE Mini-Grant Program.*** The district/charter agrees to share outcome data, without student identifying information, with MO-CASE.

Name Signature Date

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(Superintendent’s Name)

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(District Level Administrator’s Name)

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(Special Education Director’s Name)

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(Building Principal’s Name)

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CEC/CASE Member Name CEC/CASE ID#