

**APPLICATION COVER PAGE**

**Fiscal Year 2024**

*Application for Grant Funding for a Teacher Residency Partnership Between University Teacher Preparation Programs at Public Virginia Institutions of Higher Education and the Petersburg, Norfolk, and Richmond City School Divisions and any Other University Teacher Preparation Programs and Hard-To-Staff School Divisions to Help Improve New Teacher Training and Retention for Hard-To-Staff Schools*

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| --- | --- | --- | --- |
| **Name of Public Virginia Higher Education Institution:** | | | |
| **Address: Unique Entity Identifier:** | | | |
| **Partnering School Division(s) & Superintendent’s Region Number:** | | | |
| **Fiscal Agent** **Name & Title:** | | | |
| **Project Director Name & Title:** | | | |
| **Telephone:**  **Telephone:** | | | |
| **Email:** | **Email:** | | |
| **Total Funding Amount Requested: $** | | | |
| **Certification by the Authorized Official:** | | | | |
| The applicant certifies that to the best of his/her knowledge the information in this application is correct, that the filing of this application is duly authorized by the governing body of this institution. By my signature, I assure that the grant funds will be spent in accordance with state laws and regulations and the program will adhere to state and federal laws and regulations governing public institutions of higher education and public schools in the Commonwealth of Virginia. | | | | |
| Printed Name of Authorized Official Title | | | | |
|  | |  |  | |
| Signature of Authorized Official | |  | Date | |