Exhibit I: Teach CS Application Worksheet

Please complete the chart below. Answers in bullet format are welcome.

Applicant Name:	
Eligibility Determination:	Eligible entities must be one of the following: - Educational service centers - State universities as defined in Section 3345.011 of the Ohio Revised Code with a Chancellor-approved educator preparation program - Private institutions that hold a certificate of authorization from the Chancellor pursuant to Chapter 1713 of the Ohio Revised Code with a Chancellor-approved educator preparation program - Ohio community colleges as defined in Ohio Revised Code 3333.168:" Community college" means a community college established under Chapter 3354, a technical college established under Chapter 3357, or a state community college established under Chapter 3358 of the Revised Code." - Institutions of higher education must be in good standing with ODHE at the time of application. Please confirm you are an eligible entity. ☐ Yes ☐ No
Address:	
Primary Contact:	
Title:	
Phone:	
Email:	
Previously awarded Teach CS grant?	☐ Yes ☐ No
If an IHE, do you have an approved endorsement program? **If you are an ESC or community college, do you have an existing CS credentialing or professional development program that is offered?** Please check the appropriate box, provide details on the timeline, and provide a brief description.	☐ Yes ☐ No ☐ In Progress If yes or in progress, how long has this program been operational and/or when will it be operational? Additional detail about existing program:
Partnering District/School(s) (Name, Contact, Role, Email): Please list any district or school who plays a role in the proposed project. If	For partnering districts/schools, please provide the information in the format below. **Please attach letter(s) of support that outline the role partners will play/the nature of the partnership.** 1. School/District Name: a. Contact Name:

not applicable, leave blank. Priority is given to applicants establishing collaborative relationships with educational consortia that include economically disadvantaged districts and schools with limited computer science coursework availability or an unmet need for credentialed computer science teachers. For this application, economically disadvantaged is defined as a school with a significant percentage (40% or greater) of students eligible for free or reduced-price meals. To determine if partners are economically disadvantaged consult the most up to date October Free and Reduced Meal Report is available on the DEW website.	b. Contact Role: c. Contact Email: d. Economically Disadvantaged: Yes ☐ No ☐ e. Limited Computer Science Coursework Availability and/or Unmet Need for Credential Computer Science Teachers: Yes ☐ No ☐ Please explain:
Pathways: Please indicate which pathways your project will be focused on.	Which of the following pathways will your program include: ☐A supplemental license that involves a mentorship-based pathway for existing teachers ☐ A university endorsement program that involves a coursework-based path for existing teachers ☐ An alternative resident educator licensure pathway for industry experts and other nonteachers ☐ A continuing education program that offers professional development to existing teachers ☐Program designed for those that teach pre-kindergarten to twelve who are seeking advanced content knowledge ☐ Program designed for teachers seeking to teach computer science under ORC 3313.6033.
Project Description: Please provide a brief description of your project. In this description, please indicate whether programming will be online, in person, or hybrid. Please describe the overall design and the	

rationale behind the design.	
Artificial Intelligence: Optional—Priority Points. If applicable, please describe how your program will incorporate artificial intelligence into the program content.	
Focus & Evidence of Effectiveness: Please describe the lead organization's focus on computer science and/or teacher training and highlight relevant work to date, including outcomes. **For all previous Teach CS grantees: at minimum, provide the most up to date participation and completion numbers, as well as aggregate OAE test results.**	
If an IHE, do you have an approved endorsement program? **If you are an ESC or community college, do you have an existing CS credentialing or professional development program that is offered?** Please check the appropriate box, provide details on the timeline, and provide a brief description.	☐ Yes ☐ No ☐ In Progress If yes or in progress, how long has this program been operational and/or when will it be operational? Additional detail about existing program:
Staffing/Partnerships: Please indicate the key individuals responsible for this project and briefly summarize their (a) role and (b) expertise in computer science and/or teacher education.	

<table>
<tr><td>If the project has partnering organizations, please provide details on why partnering organizations were selected. Please include any information on previous collaborations and/or on computer science need and/or expertise.</td><td></td></tr>
<tr><td>Participant Recruitment & Selection:
Please describe the process to recruit and select participants into the program.</td><td></td></tr>
<tr><td>Participant Retention:
Please describe the proposed strategies to support participants in completing the program.</td><td></td></tr>
<tr><td>Workplan:
Provide a high-level timeline with anticipated monthly milestones. Please indicate who will be responsible for key milestones. If other partners are integral in implementing the program, please clarify their role in the workplan. Note that timelines may include a planning period.</td><td>
<table>
<tr><th>Month</th><th>Milestone(s)/Key Activities</th><th>Responsible Party</th></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Proposed Outcomes:</td><td>Projected number of participants in continuous learning who are seeking advanced content knowledge:
Projected number of participants in credentialing program:
Projected number of newly credentialed teachers:
Rationale for these numbers:</td></tr>
<tr><td>Outcomes & Continuous Improvement
Please describe the plan to gauge success of the program throughout and make improvements.

For proposed continuing education programs:</td><td></td></tr>
</table>

<table>
<tr><td>please provide a plan to evaluate the effectiveness of the program beyond participant satisfaction. Additionally, please indicate what the anticipated outcomes will be for students (e.g. new course being offered).</td><td></td></tr>
<tr><td>Cost per participant:
If offering more than one pathway, please detail cost of participant by pathway (e.g. endorsement, continuous learning).</td><td></td></tr>
<tr><td>Budget Request: Provide your overall budget request amount. This should be a total amount for the full term of the agreement (January 1, 2026-June 30, 2027).

If providing teacher stipends, please indicate the rationale behind the stipend amount and the point of completion at which stipends will be awarded.</td><td></td></tr>
<tr><td>Budget Detail:</td><td>Please complete the chart below with sufficient detail to understand how the use of funds supports the purpose of the grant program. Please note you are not required to use all the available categories.
<table>
<tr><th>Category</th><th>Total Amount</th><th>Description</th><th>Assumptions (How was the budget amount determined?)</th></tr>
<tr><td>Coursework</td><td></td><td></td><td></td></tr>
<tr><td>Materials</td><td></td><td></td><td></td></tr>
<tr><td>Exams</td><td></td><td></td><td></td></tr>
<tr><td>Stipends (Please see detail under Allowable Costs)</td><td></td><td></td><td></td></tr>
<tr><td>Administrative (maximum 5% of total budget)</td><td></td><td></td><td></td></tr>
<tr><td>Support Services</td><td></td><td></td><td></td></tr>
<tr><td>TOTAL</td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>Sustainability</td><td>Will this program continue after grant funding?
Yes ☐ No ☐ Other ☐</td></tr>
</table>

Please indicate whether it is anticipated that the program will continue and provide additional detail.	Please describe. As applicable, please include: (1) Partnerships being built through this work. (2) Deliverables that will be created as a result of this work will continue to be available. (3) Efforts that will be made to raise community awareness of this work. (4) Any additional funding streams that may be leveraged to support this work in the future.
Applications are due not later than December 12, at 5:00 pm for priority consideration. Applications should be submitted using the form attached as Exhibit 1. They must be submitted in the following manner: One electronic PDF file including the form and any attachments (including letters of support) uploaded to https://rfp.ohiohighered.org.	