

**first 5 alameda county**

**District EDI Planning And Implementation Grants**

**Application Form**

1. Please provide the name of your District: Click or tap here to enter text.
2. Confirm the tier of your school district: Choose an item

If it differs from the table above, please provide justification.

Click or tap here to enter text.

1. EDI Coordinator
	1. Is the EDI coordinator a new or existing position for your district? Choose an item.
	2. Provide the title (and name if already known) of who in your district may take on the role of EDI coordinator.

Click or tap here to enter text.

* 1. Is the EDI Coordinator a 12, 11, or 10-month position? If not a 12 month position, please provide a contact person for communication over the summer months.

Click or tap here to enter text.

* 1. Provide a rationale for this selection using the roles and responsibilities guide above.

Click or tap here to enter text.

1. Describe any anticipated challenges or opportunities that you anticipate regarding EDI implementation in your LEA.

Click or tap here to enter text.

By submitting this application, my LEA commits in good faith to move forward with EDI implementation.