

## BUDGET CONSULTANT FORM and ATTESTATION

**Date:**

**Contact Person:**

**Contact Phone:**

1. Requester / School Site or Department:
2. What is the cost? (*Ex: \$5,000.00*): \$
3. Who is the vendor with all relevant specific names (*Ex: Avid Central; Denise Baker*):
4. Who is the target audience? (*Ex: The training will be provided to all middle school ELA teachers.*):
5. What are the dates or timeline? (*Ex: Six hours each day on September 5 & 6.*):
6. Attach any relevant documents. (*Ex: quote, description of workshop, scope of services, etc.*)

### **910(G) Justification**

1. Describe how the outside consultant will further the objectives of an activity that was required or permitted by a court order of desegregation or OCR agreement, and provide the relevant deseg budget activity code that justifies the use of 910(G) funds.

### **Consultant Services**

2. What services will the outside consultant provide?
3. What are the expected outcomes from these services?
4. Provide research-based justification for, and/or evidence of effectiveness of, the proposed services:

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5. Confirm that the consultant is committed to cultural responsiveness in both their interactions with District staff, and the content and substance of the services provided.
6. Specify how their services are aligned with the District's commitments to culturally responsive pedagogy and discipline and, more broadly, equity.
7. Describe the method(s) that will be used to assess the effectiveness of the consultant services?

*Respond to 8-12 only if the consultant services include training / professional learning.*

8. Is the consultant providing direct training (directly to staff) or building system capacity (*Training-the-trainer model*)?
9. Are there any follow-up activities planned for after the initial training?
10. Is the training aligned with any on-going District initiatives? If yes, please describe how this training aligns with the initiative (*including whether the training has been, or is scheduled to be, reviewed by the internal CR committee*).
11. How does this training integrate with the District's Cultural Responsive Pedagogy and/or equity practices? (*Ex: Share SPARKS instructional framework, meet with CRPI or Multicultural department, share TUSD Multicultural Education model*)
12. Describe the method(s) that will be used to assess the effectiveness of the training(s)?

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### CONSULTANT ATTESTATION

I, \_\_\_\_\_, in my role as \_\_\_\_\_  
(print name) (Director)

have reviewed this form and hereby attest to the effectiveness, or anticipated effectiveness, of the proposed or expanded program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, in my role as \_\_\_\_\_  
(print name) (Assistant Superintendent)

have reviewed this form and hereby attest to the effectiveness, or anticipated effectiveness, of the proposed or expanded program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date