		Interest (LOI) App					ne 7, 202	24		
Texas Edu	® NOGA ID									
Authorizir	ng legislation									
This LOI ap	oplication must be submitted	via email to competitive	grants@	tea.texas.g	ov.		Appli	cation stamp-i	in date and time	_
The LOI ap	plication may be signed with able.	a digital ID or it may be s	igned by	hand. Both	forms of	signature				
TEA must r	receive the application by 11:	59 p.m. CT, June 7, 2024	1.							
Grant per	iod from	September 1, 2024	- Augu	st 31, 202!	5					
Pre-award	d costs permitted from	Pre-Award C	osts Ar	e Not Pern	nitted					
_	d Attachments (linked al		TEA Gran	s Opportunit	ies page					
	kbook with the grant's bu nt 1: Planning Grant Agre	_								
Amendn	nent Number									
Amendm	nent number (For amendr	ments only; enter N/A	when c	ompleting	this fo	m to app	ly for gra	nt funds):		
Applicar	nt Information									
Organiza	tion	CDN		Campus		ESC	UEI			
Address			City			ZIP		Vendor ID		
Primary C	Contact	Email						Phone		
Secondar	ry Contact	Email						Phone		
	tion and Incorporatio									
binding a and that t binding c	and that this application of greement. I hereby certify the organization named a ontractual agreement. I c ce with all applicable fedo	y that the information bove has authorized ertify that any ensuin	contair me as it g progra	ned in this a s represent am and act	applica ative to	tion is, to o obligate	the best this orga	of my kno anization i	wledge, corre n a legally	ct
	ertify my acceptance of the these documents are incoments.	•	•		.		•	•	• •	
☐ LOI ap	oplication, guidelines, and	linstructions		[☐ Deb	arment a	nd Suspe	nsion Cert	tification	
☐ Gener	ral and application-specif	c Provisions and Assu	rances		Lob	bying Cer	tification			
Authorize	ed Official Name				Title					
Email						Phone				

Date

Tanya Larkin

RFA # 701-24-129 SAS # 701A-25

Signature

CDN Vendor ID	Amendment #
Shared Services Arrangements	
Shared services arrangements (SSAs) are	permitted for this grant. Check the box below if applying as fiscal agent.
$\hfill\Box$ The LEA or ESC submitting this appling into a written SSA agreement description	lication is the fiscal agent of a planned SSA. All participating agencies will enter ibing the fiscal agent and SSA member responsibilities.
Statutory/Program Assurances	
The following assurances apply to this progracomply with these assurances.	am. In order to meet the requirements of the program, the applicant must
(replace) state mandates, State Board of E applicant provides assurance that state of because of the availability of these funds.	program funds will supplement (increase the level of service), and not supplant Education rules, and activities previously conducted with state or local funds. The r local funds may not be decreased or diverted for other purposes merely. The applicant provides assurance that program services and activities to be ary to existing services and activities and will not be used for any services or
	the application does not contain any information that would be protected by the t (FERPA) from general release to the public.
☐ 3. The applicant provides assurance to ad 2024-2025 Effective Advising Planning Gr	here to all the Statutory and TEA Program requirements as noted in the rant Program Guidelines.
	here to all the Performance Measures, as noted in the 2024-2025 Effective nes, and shall provide to TEA, upon request, any performance data necessary to
	ic Information Resources (EIR) produced as part of this agreement will comply rements as specified in 1 TAC 206, 1 TAC Chapter 213, Federal Section 508 bility Guidelines.

CDN		Vendor ID		Amendment #				
Prog	ram Req	uirements						
1. Sur individ	. Summary of Program : a) Provide an overview of the program to be implemented with grant funds. b) Describe how this program will support individual planning in the context of comprehensive school counseling. c) Describe how this program will foster innovation in CTE programming and/or promote careers pathways aligned to high-skill, high-wage careers or industries.							

CDN			Vendor ID		Amendment #			
Prog	ıram R	Requ	irement	s, cont'd.				
your jo holds	ustification and the pe	n for s ercent	electing them tage of time th	as the EAF Coach? What	Include the following: Who will serve as the EAF Coach(es)? What are this person's qualifications and what is percentage of time will the EAF Coach(es) be allocated to this project? Include any other roles the EAF Coach rojects, not to exceed 100%. If selecting more than one EAF Coach, indicate which district(s) each coach will rant cycle.			
Coach	2) Provide an overview of the EAF Coach Strategy for implementing this project. Include the following: What is the training and communication strategy the EAF Coach(es) will use to ensure participating districts fulfill their commitments to the deliverables of this project? How will the EAF Coach(es) monitor progress toward completion of deliverables? How will an EAF Coach intervene, if necessary, with districts who are not meeting expectations?							
resoui What	ces to suc protocol a	ccessfu and str	ully complete a ategy will be f	all grant requirements? Followed if the ESC recog	this project. Include the following: How will the ESC ensure the EAF Coach(es) have the necessary time and dow will the ESC monitor the performance of the EAF Coach(es) and track progress toward grant deliverables? nizes the EAF Coach is at risk or if they are notified by TEA that an EAF Coach is at-risk? What steps will be or the entirety of the grant? How will the ESC ensure the grant project is integrated with other internal efforts?			

CDN		Vendor ID		Amendment #				
Prog	ram Req	uirements	, cont'd.					
select	partner distric		hind your selection, con	ction process for partner school districts . Include the following: an outline of the process you undertook to sidering key elements such as current initiatives, participation in other projects, district and/or campus level				
	Explain in detail how the districts you have selected meet the CTE defined criteria listed in the Eligible Applications section of these Program Guidelines. Include information for each criterion met by the individual districts.							
	gy for each dis			eject Leads at each partner district and what are their qualifications to serve as Project Lead? Include the the district will ensure this person has the necessary time and resources to successfully complete grant				

CDN		Vendor ID		Amendment #	
		uirements			
3. Go objec	als Objecti	ves and Stra proposed pro	tegies : Provide an o gram. What activitie	overview of the program to be implemented with grant funds. Describe the major goals/es/strategies will be implemented to meet those goals/objectives?	

CDN		Vendor ID		Amendment #			
Prog	ram Req	uirements	, cont'd.				
4. Per	Performance and Evaluation Measures: Describe the performance measures identified for this program which are related to student outcomes and are onsistent with the purpose of the program. Include the tools and data used to measure performance, as well as the processes that will be used to ensure the ffectiveness of project objectives and strategies.						
5. Bu dfundin	dget Justific g allocations	ation: Describe in the proposed	how the proposed bud budget and provide o	dget will meet the needs and goals of the proposed program. Include justification for the specific detail on stipends and hours expected for services rendered.			

CDN	Vendor ID	Amen	idment #		
Equitable Ac	cess and Participation				
		e whether any barriers exist to equitable access and participation fo	or any groups		
	rvices funded by this progran	n. sexist to equitable access and participation for any groups receiving	a services		
funded	by this program.		_		
	exist to equitable access and ed below.	participation for the following groups receiving services funded by	this grant, as		
Г	d below.				
Group		Barrier			
Group		Barrier			
Group		Barrier			
Group		Barrier			
PNP Equitab	le Services				
Are any private	e nonprofit schools located w	ithin the applicant's boundaries?			
○ Yes	○No				
If you answered	d "No" to the preceding question	n, stop here. You have completed the section. Proceed to the next page			
Are any private	e nonprofit schools participat	ing in the program?			
	○ No				
		n, stop here. You have completed the section. Proceed to the next page	•		
5A: Assurance					
1 1		consultation requirements as listed in Section 1117(b)(1) and/or nall eligible private nonprofit schools located within the LEA's bour	adarios		
	• •	rmations of Consultation will be provided to TEA's PNP Ombudsma			
1 1	r and time requested.	mutions of Consultation will be provided to 12/13/14/1 Offibuasifia	Till tile		
5B: Equitable	e Services Calculation				
1. LEA's studer	nt enrollment				
2. Enrollment	of all participating private sch	ools			
3. Total enrollr	3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)				
4. Total current-year program allocation					
5. LEA reservation for direct administrative costs, not to exceed the program's defined limit					
6. Total LEA an	nount for provision of ESSA P	NP equitable services (line 4 minus line 5)			
7. Per-pupil LE	A amount for provision of ESS	SA PNP equitable services (line 6 divided by line 3)			
	LEA's total requi	red ESSA PNP equitable services reservation (line 7 times line 2			

CDN Vendor ID	Amendment	#
Appendix I: Amendment Descr	otion and Purpose (leave this section blank when completing the initial application for fun	ıding)
"When to Amend the Application be submitted for an amendment authorized official's signature ar of the application or budget affe	d when the program plan or budget is altered for the reasons described in the document posted on the Administering a Grant page. The following are required (1) Page 1 of the application with updated contact information and current date, (2) Appendix I with changes identified and described, (3) all updated seed by the changes identified below, and, if applicable, (4) Amended Budget with more details can be found on the last tab of the budget template. You may duplicate this page Reason for Amendment	red to
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