

[®] NOGA ID

| Authorizing legislation | |
|--|------------------------------------|
| This IDC application must be submitted via email to competitivegrants@tea.texas.gov. | Application stamp-in date and time |
| The IDC application may be signed with a digital ID or it may be signed by hand. Both forms of signature are acceptable. | |
| TEA must receive the application by 11:59 p.m. CT, April 3, 2024 . | |
| Grant period from June 3, 2024-August 31, 2025 | |
| Pre-award costs permitted from award announcement date to grant start date | |
| Required Attachments | |

1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page) 2. Required Program-Related Attachments. Refer to the program guidelines for more information.

| Amendment Number | | | | | | | |
|--|---------|-------------------|--------|---------|-----------|-----------|--------------|
| Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): | | | | | | | |
| Applicant Information | | | | | | | |
| Organization | | | | | CDN | | ESC |
| Address | | City | | ZIP | | Vendor ID | |
| Primary Contact | Email | | | | | Phone | |
| Secondary Contact | Email | | | | | Phone | |
| Certification and Incorporation | | | | | | | |
| binding agreement. I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I certify that any ensuing program and activity will be conducted in accordance and compliance with all applicable federal and state laws and regulations. I further certify my acceptance of the requirements conveyed in the following portions of the IDC application, as applicable, and that these documents are incorporated by reference as part of the IDC application and Notice of Grant Award (NOGA): IDC application, guidelines, and instructions | | | | | | | |
| General and application-specific Provisions and Assurances | | | | | | | |
| Authorized Official Name Title | | | | | | | |
| Email | | | | Phone | | | |
| Signature | | | | | Date | | |
| RFA # 701-24-127 SAS # 141-24 202 | 24-2025 | 5 Sustainable Res | idency | Continu | ation Gra | ant | Page 1 of 10 |

Shared Services Arrangements

Shared services arrangements (SSAs) are not permitted for this grant.

Statutory/Program Assurances

The following assurances apply to this program. In order to meet the requirements of the program, the applicant must comply with these assurances.

Check each of the following boxes to indicate your compliance.

- 1. The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
- □ 2. The applicant provides assurance to adhere to all the Statutory and TEA Program requirements as noted in the 2024-2025 Sustainable Residency Continuation Grant Program Guidelines.
- 3. The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2024-2025 Sustainable Residency Continuation Grant Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.

4. The LEA has completed the full Design and Implementation Year with their vetted teacher residency EPP partner(s).

- □ 5. The LEA will use grant funds to support residency with the EPP from their TCLAS Decision 5 Strategic Staffing partnership. EPP partners must be on the <u>23-24 Vetted Teacher Residency Program List</u>.
- 6. The LEA will sustain a stipend of at least \$3,500 per resident and a host teacher stipend of at least \$1,500.
- □ 7. The LEA has a signed MOU with their vetted teacher residency EPP partner(s) that indicates they will continue the partnership that started Strategic Staffing through the TCLAS grant.
- 8. The LEA will submit data to TEA about the residency partnership, including, but not limited to number of residents, resident demographics, stipend amounts, and hiring data.

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Summary of Program

Provide an overview of the program to be implemented with grant funds. Include the overall mission and specific needs of the organization. Describe how the program will address the mission and needs.

Qualifications and Experience for Key Personnel

Outline the required qualifications and experience for primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program. Include whether the position is existing or proposed, and include at least one person from the LEA and one person from the EPP.

| CDN | |
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Goals, Objectives, and Strategies

Describe the major goals/objectives of the proposed residency program. What activities/strategies will be implemented to meet those goals/objectives? How do these relate to broader educator pipeline goals/objectives at the LEA?

Performance and Evaluation Measures

Describe the performance measures identified for this program which are related to student outcomes and are consistent with the purpose of the program. Include the tools used to measure performance, as well as the processes that will be used to ensure the effectiveness of project objectives and strategies.

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Budget Narrative

Describe how the proposed budget will meet the needs and goals of the program, including for staffing, supplies and materials, contracts, travel, etc. If applicable, include a high-level snapshot of funds currently allocated to similar programs. Include a short narrative describing how adjustments will be made in the future to meet needs.

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| Progra | am Requirements | |
| 1. | Describe your Strategic Staffin | Design Year (2022-2023). |

- a. Who was part of the Design team from the LEA and EPP?
- b. What data did you use to inform design?
- c. To which model(s) did the LEA and EPP agree? How did they meet your instructional needs?

- b. What improvements did the LEA and EPP(s) make throughout implementation year to improve the residency experience for residents, host teachers, and principals?
- c. What improvements need to be implemented for the 2024-2025 school year?
- d. What percentage of residents will the LEA hire at the end of this year?

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| Prog | ram Req | uirements | s (Cont.) | | |
| | | t the LEA. I | | ease answer the following questions with consideration for existing s COVID Learning Acceleration Supports (TCLAS) data to answer the | |
| | a. | How mar | ny residents will | the LEA place for the 2024-2025 school year? | |

- b. At what amount can the LEA sustain resident stipends? Host teacher stipends?
- c. What sources of funds will the LEA be using for residents? Host teachers?

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| Prog | ram Requirements (Cont.) | |
| 1 | Continued Implementation | Please answer the following questions about the implementation of the |

- **4. Continued Implementation** Please answer the following questions about the implementation of the residency designed for the 2024-2025 school year.
 - a. What are the requirements for host teachers to receive their stipend?
 - b. Who at the LEA manages the residency program? If this person has other job responsibilities, how do they relate to residency?
 - c. What is your governance structure? Who is responsible for setting agendas for those meetings?

