



**2019-2020 Summer Career and Technical Education Grant  
Letter of Interest (LOI) Application Due 5:00 p.m. CT, January 7, 2020**

NOGA ID [Redacted]

Authorizing legislation **GAA, HB 1, Article IX, Section 18.114(c)(v)**

This LOI application may be submitted via email to [loiapplications@tea.texas.gov](mailto:loiapplications@tea.texas.gov).

The LOI 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 **5:00 p.m. CT, January 7, 2020**, regardless of whether it is emailed, mailed, or hand-delivered.

Application stamp-in date and time

Grant period from **May 1, 2020 to August 31, 2020**

Pre-award costs permitted from **Award Announcement Date**

**Required Attachments**

*December 19, 2019 11K*

- Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page)
- OPTIONAL: Letters of support from partner districts (Focus Area 1 applicants) or letters of support from partner employers (Focus Area 2 applicants)

**Amendment Number**

Amendment number (For amendments only; enter N/A when completing this form to apply for grant funds): [Redacted]

**Applicant Information**

Organization **Frenship ISD** CDN **152-907** Campus **001** ESC **17** DUNS **845101281**

Address **PO Box 100** City **Wolfforth** ZIP **79382** Vendor ID [Redacted]

Primary Contact **Amy Baker** Email **abaker@frenship.us** Phone **806-549-0090**

Secondary Contact **Keith Patrick** Email **kpatrick@frenship.us** Phone **806-239-6628**

**Certification and Incorporation**

I understand that this application constitutes an offer and, if accepted by TEA or renegotiated to acceptance, will form a 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 LOI application, as applicable, and that these documents are incorporated by reference as part of the LOI application and Notice of Grant Award (NOGA):

- LOI application, guidelines, and instructions
- Debarment and Suspension Certification
- General and application-specific Provisions and Assurances
- Lobbying Certification

Authorized Official Name **Dr. Michelle McCord** Title **Superintendent**

Email **mmccord@frenship.us** Phone **806-866-9541**

Signature **Dr. Michelle McCord** Date **12/16/2019**

Digitally signed by Dr. Michelle McCord  
DN: c=US, o=Dr. Michelle McCord, ou=Frenship ISD, ou=Superintendent, email=mmccord@frenship.us, c=US  
Date: 2019.12.16 17:47:38 -0600

**Shared Services Arrangements**

Shared services arrangements (SSAs) are permitted for this grant. **Check the box below if applying as fiscal agent.**

- The LEA or ESC submitting this application is the fiscal agent of a planned SSA. All participating agencies will enter into a written SSA agreement describing the fiscal agent and SSA member responsibilities. All participants understand that the "Shared Services Arrangement Attachment" must be completed and signed by all SSA members, and submitted to TEA before the NOGA is issued.

**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 program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this LOI will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2. 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.
3. The applicant provides assurance to adhere to all the Statutory and TEA Program requirements as noted in the 2019-2020 Summer Career and Technical Education Program Guidelines.
4. The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2019-2020 Summer Career and Technical Education Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.
5. The applicant provides assurance that curriculum will be appropriately aligned to regional labor market supported CTE programs of study.
6. The applicant provides assurance to provide data to TEA on student completion of courses through a special collection process run by TEA.

**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.

Through a partnership between Frenship ISD and Lubbock-Cooper ISD, Frenship High School will host an on-site summer certified nursing assistant (CNA) bridge course for May 2020 graduates pursuing completion of a Health Science Pathway. The grant will provide for staffing, equipment, consumables, and training for up to 20 students representing both participating ISDs. Due to program and scheduling constraints during the school year, there are interested students unable to pursue this specific certification. This program will help bridge that gap to provide even further opportunities for students to pursue careers in the medical field.

This capstone course will allow students to complete a Program of Study in Healthcare Therapeutics or Nursing Science. Post-secondary completion of a program like this is cost-prohibitive to many students. With over 700 students in health sciences courses at Frenship High School, it is beyond the staffing capabilities of the district to accommodate all students interested in the CNA/practicum course program. In addition, Lubbock-Cooper High School has been unable to offer a CNA course due to staffing challenges, and therefore cannot meet the State of Texas's instructor requirements. This summer course allows Frenship and Lubbock-Cooper to pool resources and become partners in offering additional student opportunities to complete a Program of Study.

One of Frenship ISD's core beliefs is: Each student has an opportunity to reach his or her potential and Lubbock-Cooper ISD's Vision Statement says: students will possess the academic, technological, and interpersonal skills to succeed in the challenging world they enter. Both Frenship ISD and Lubbock-Cooper ISD seek to provide the most complete, challenging, and relevant educational experiences to their students. This program will further expand those experiences to students who otherwise would not have had the opportunity to attain a critical and valuable certification in the health sciences field.

Certified nursing assistants perform basic healthcare duties in hospitals and long-term care facilities under the supervision of a registered nurse (RN) or licensed vocational nurse (LVN). Aspiring CNAs must complete an approved training program then pass both written and skills competency tests. Most advanced nursing programs in the Lubbock area require a CNA certification for admission. This is a particularly notable point as Workforce Solutions South Plains (the area's Workforce Development Board) has identified three medically connected industries as part of their annual Targeted Industries list. General Medical & Surgical Hospitals, Continuing Care & Assisted Living Facilities, and Offices of Other Health Practitioners are anticipated to add 2,940 jobs to the Lubbock area over a 10-year period, representing a combined 26% increase in employees. Both RN and LVN are represented on the connected Targeted Occupations list and CNA is a widely accepted first step to pursue these occupations.

All of this is demonstrative of the applicability of this proposed CNA summer program partnership and the necessity of programs and training of this nature for workforce development activities in the Lubbock area.

**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.

Title and Responsibilities of Position	Required Qualifications and Experience
CNA Instructor and CNA Program Director (up to 10 students) EXISTING	Long-term care experience, licensed RN with understanding of CNA licensing requirements and procedures, able to conduct and supervise clinicals (must be Texas Dept. of Health,) certified high school teacher.
CNA Instructor (up to 10 students) EXISTING	Long-term care experience, understanding of CNA licensing requirements and procedures, able to conduct and supervise clinicals (must be approved through Texas Dept. of Health). Licensed nurse (LVN or RN)
Frenship ISD CTE Coordinator EXISTING	Understanding of CTE Pathways, access to PEIMS information and prior coursework, experience in bridging secondary and post-secondary relationships, experience in medical facility partnership.
Lubbock-Cooper ISD CTE Director EXISTING	Understanding of CTE Pathways, access to student PEIMS information and previous coursework, experience in bridging secondary and post-secondary relationships.
Frenship ISD Director of Entrepreneurship & Innovation EXISTING	Experience with program development and grant implementation and administration processes. Community advocate for job placement and post-secondary training programs.

**Goals, Objectives, and Strategies**

Describe the major goals/objectives of the proposed program. What activities/strategies will be implemented to meet those goals/objectives?

GOAL: Train and prepare students in the Nursing Science Pathway by completing four weeks of curriculum-intense training and clinical rotation hours in an approved long-term care facility.

- Classroom training, skills verification, and clinical hours to meet the following learning outcomes:
  - Demonstrate competency, maturity, and discipline in a Skills Lab setting needed to provide safe, quality care to patients.
  - Demonstrate professional behavior by communicating effectively with patients.
  - Incorporate legal and ethical values into the care of patients.
  - Ensure patient confidentiality in all care situations
  - Manage factors necessary to maintain physical and emotional health.
  - Follow instructions as given by Instructor/Clinical Supervisor
- CNA Certification Exam: Instructors will guide students through the process of registering for the official CNA certification exam. Instructors will assist with the background check process and travel arrangements for instructor approved students to utilize assigned testing sites around the region.
- Weeks 1 & 2: Classroom Instruction and Skills Labs (Monday - Thursday, 9am-3:30pm)
- Week 3: Clinical Rotation in Approved Long-Term Care Facility (40 hours, Monitored by Instructors)
- Week 4: Additional Classroom Training and Skills Testing
- Week 5: Classroom Review and Additional Skills Testing
- Week 6: CNA Certification Exam at Approved Testing Sites in West Texas/Panhandle Region

**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.

1. Completion of 60+ classroom instructional hours
2. Completion of 40+ clinical hours in a long-term care facility
3. Registration for CNA state exam
4. Pass rate on CNA state exam

Student success will be measured through the following data points: daily attendance, successful completion of clinical hours, positive feedback from the clinical facility, and the number of students registered for the state exam by the fourth week of the summer course.

Ultimately, the primary performance measure of the course is the pass rate on the official certification exam. This rate will help determine the effectiveness of the summer format as well as the strength of the instruction. An additional measure will be the feedback from all students taking part in the course. A formal survey will be used to collect this data at the end of the summer. Because the student success rate on both the written and skills portions of the test are monitored by the Texas Department of Health, instructors are further motivated to ensure student success.

Post-program employment or enrollment in a post-secondary nurse training program are also performance measures.

**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.

Requested funds total \$32,500. This provides for staffing, teacher and student travel reimbursement, certification costs and both consumable and non-consumable supplies.

- STAFFING: \$10,000 (\$5,000 stipend per instructor)
- TEACHER TRAVEL: \$1,000 (mileage reimbursement at state rate for one instructor who lives outside of Lubbock County)
- STUDENT TRAVEL: \$1,000 (mileage reimbursement at state rate for students who test outside of Lubbock County)
- CERTIFICATION: \$2,500 allocated for exam testing fees
- SUPPLIES: \$18,000 for consumable and non-consumable training supplies

Consumable supplies include: gowns, gloves, toothbrushes, denture sets, soap, lotions, masks, baby wipes, plates, food kits, paper towels and other items needed for skills checks. Consumable funds are also allocated for each student to receive their own set of medical scrubs and a CNA workbook.

Non-consumable supplies include: training-based simulators and portable equipment such as blood pressure cuffs, vital sign stands, an isolation cart, a linen hamper, a wheelchair, two simulation manikins, an empty oxygen tank, CNA course books, a patient lift, and two geriatric simulation suits.

Frenship High School does possess some equipment to facilitate training and it will be available for use in this course. However, to accommodate a full class of 20 students working through a compressed timeline, further equipment is required to make efficient use of student and instructor time. Additionally, due to the course timeline, utilizing off-site training equipment and industry partnerships to augment classroom instruction as could be done in a standard semester format will be impractical. Daily on-site access to all resources and equipment is imperative to prepare students for clinical rotations. Each item on the proposed budget will assist students in gaining the nursing skills necessary to achieve the objectives of the course.

Specifically:

- Geriatric simulator suits allow students to understand elder care and the needs of patients prior to clinical rotations.
- The patient lift allows students to practice safely moving patients in a demonstration setting before implementing the skill.
- The simulation manikins allow students to practice over two dozen required and wide-ranging skills.
- Physical textbooks that students can take home will allow for additional study time and preparation.

Frenship ISD will maintain the majority of the non-consumable supplies after the grant period. Lubbock-Cooper ISD will retain one geriatric simulation suit and one simulation manikin for future training in their Health Science Pathways. Should the opportunity and funding for further summer partnerships exist, both Frenship ISD and Lubbock-Cooper ISD will make these training aides available for use in that program.

**Program Requirements**

**Focus Area 1 applicants**

1. Use the space provided below to specify program(s) of study CTE courses will be offered in (see <https://tea.texas.gov/academics/college-career-and-military-prep/career-and-technical-education/approved-cte-programs> for a list of the approved statewide programs of study) and well as specify which CTE course(s) will be offered. Include the number of students who be engaged and supported.

Students will be able to complete a program of study in: Healthcare Therapeutics or Nursing Science.

There will be a maximum of 20 students in the Health Science Practicum Course. This number is due to state regulations of a 1:10 instructor to student ratio. Seventy percent of student positions will be available for Frenship ISD students. The remaining 30% will be selected from Lubbock-Cooper ISD. All student populations can participate as long as they meet the pre-requisite course requirements. All students will submit an application and necessary teacher references with signed Parent/Student acknowledgement of course requirements. If more than 20 students apply, an application form will be used to select participants. The rubric will include an essay, transcript, and teacher evaluations. If 20 or less students apply, all students will be accepted that meet the requirements of eligibility for the class, according to the Texas Department of Health and Human Services. Students must demonstrate professionalism and accountability prior to being approved for clinical hours.

**Program Requirements continued**

**Focus Area 2**

1. Use the space provided below to specify business and industry partners who will be involved in your program. Additionally, specify the work-based learning model(s) which will be utilized and the number of students who will be engaged supported.

**Equitable Access and Participation**

Check the appropriate box below to indicate whether any barriers exist to equitable access and participation for any groups that receive services funded by this program.

- The applicant assures that no barriers exist to equitable access and participation for any groups receiving services funded by this program.
- Barriers exist to equitable access and participation for the following groups receiving services funded by this grant, as described below.

Group  Barrier

Group  Barrier

Group  Barrier

Group  Barrier

**PNP Equitable Services**

Are any private nonprofit schools located within the applicant's boundaries?

- Yes  No

*If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.*

Are any private nonprofit schools participating in the program?

- Yes  No

*If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.*

**5A: Assurances**

- The LEA assures that it discussed all consultation requirements as listed in Section 1117(b)(1) and/or Section 8501(c)(1), as applicable, with all eligible private nonprofit schools located within the LEA's boundaries.
- The LEA assures the appropriate Affirmations of Consultation will be provided to TEA's PNP Ombudsman in the manner and time requested.

**5B: Equitable Services Calculation**

1. LEA's student enrollment	<input type="text"/>
2. Enrollment of all participating private schools	<input type="text"/>
3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)	<input type="text"/>
4. Total current-year program allocation	<input type="text"/>
5. LEA reservation for direct administrative costs, not to exceed the program's defined limit	<input type="text"/>
6. Total LEA amount for provision of ESSA PNP equitable services (line 4 minus line 5)	<input type="text"/>
7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)	<input type="text"/>
<b>LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)</b>	<input type="text"/>



Application Part 2:

2019-2020 Summer CTE Grant

Authorized by: General Appropriations Act, House Bill 1, Article IX, Section 18.114(c)(v)

County District Number or vendor ID:		Amendment #	0
Grant Period:	May 1, 2020 to August 31, 2020	Fund Code/ Shared Services Arrangement: 289	

**Program Budget Summary**

Description and Purpose	Class/ Object Code	Program Cost	Source of Funds			Total Budgeted Cost
			Admin Cost	Pre-Award		
1 Payroll Costs	6100	\$ 10,000			\$ 10,000	
2 Professional and Contracted Services	6200	\$ -			\$ -	
3 Supplies and Materials	6300	\$ 18,000			\$ 18,000	
4 Other Operating Costs	6400	\$ 4,500			\$ 4,500	
5 Capital Outlay	6600	\$ -			\$ -	
Consolidate Administrative Funds			N/A			
6	<b>Total Direct Costs:</b>		\$ 32,500	\$ -	\$ 32,500	
7	<u>Enter Percentage (%) of Indirect Costs:</u>		N/A	\$ -	\$ -	
8	<b>Grand Total of Budgeted Costs :</b>		\$ 32,500	\$ -	\$ 32,500	

**Shared Services Arrangement**

9	6493	Payments to member districts of shared services arrangements			\$ -
---	------	--	--	--	------

**Administrative Cost Calculation**

10	Total Grant Amount Budgeted:				
11	Reasonable and necessary administrative costs established for the program:				
12	Maximum amount allowable for administrative costs, including indirect				\$ -

**FOR TEA USE ONLY**

Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

Application Part 2:

2019-2020 Summer CTE Grant

Authorized by: General Appropriations Act, House Bill 1, Article IX, Section 18.114(c)(v)

County District Number or Vendor ID:		Amendment # (for amendments only):		
Payroll Costs (6100)				
Employee Position Title	Estimated # of Positions 100% Grant Funded	Estimated # of Positions Less than 100% Grant Funded	Pre-Award	Grant Amount Budgeted
<b>Academic/Instructional</b>				
1 Teacher	2			\$ 10,000
2 Educational Aide				
3 Tutor				
<b>Program Management and Administration</b>				
4 Project Director				
5 Project Coordinator				
6 Teacher Facilitator				
7 Teacher Supervisor				
8 Secretary/Admin Assistant				
9 Data Entry Clerk				
10 Grant Accountant/Bookkeeper				
11 Evaluator/Evaluation Specialist				
<b>Auxiliary</b>				
12 Counselor				
13 Social Worker				
14 Community Liaison/Parent Coordinator				
<b>Education Service Center (to be completed by ESC only when ESC is the applicant)</b>				
15 ESC Specialist/Consultant				
16 ESC Coordinator/Manager/Supervisor				
17 ESC Support Staff				
18 ESC Other: (Enter position title here)				
19 ESC Other: (Enter position title here)				
20 ESC Other: (Enter position title here)				
<b>Other Employee Positions</b>				
21 (Enter position title here)				
22 (Enter position title here)				
23	<b>Subtotal Employee Costs:</b>			\$ 10,000
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>				
24 6112 - Substitute Pay				
25 6119 - Professional Staff Extra-Duty Pay				
26 6121 - Support Staff Extra-Duty Pay				
27 6140 - Employee Benefits				
28 61XX - Tuition Remission (IHEs only)				
29	<b>Subtotal Substitute, Extra-Duty Pay, Benefits Costs:</b>			\$ -
30	<b>Grand Total:</b>			\$ 10,000
31	<b>Total Program Costs*:</b>			\$ 10,000
32	<b>Total Direct Admin Costs*:</b>			\$ -

\*Complete the Total Program Costs (line 31) and Total Direct Admin Costs (line 32) lines. The sum of these lines must equal the Grand Total (line 30) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

FOR TEA USE ONLY	
Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate):	By TEA staff person:

County District Number or Vendor ID: \_\_\_\_\_ Amendment #: \_\_\_\_\_ 0

**Professional and Contracted Services (6200)**

**NOTE:** Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider. Please provide a brief description for the service and purpose.

Description of Service and Purpose		Pre-Award	Grant Amount Budgeted
1	<del>6259 Rental or lease of buildings, space in buildings, or land</del>		\$ _____
2	Service: Specify purpose:		
3	Service: Specify purpose:		
4	Service: Specify purpose:		
5	Service: Specify purpose:		
6	Service: Specify purpose:		
7	Service: Specify purpose:		
8	Service: Specify purpose:		
9	<b>Subtotal of professional and contracted services requiring specific approval:</b>		\$ -
10	Remaining 6200 - Professional and contracted services that do not require specific approval.		
11	<b>Grand Total:</b>		\$ -
12	<b>Total Program Costs*:</b>		\$ -
13	<b>Total Direct Admin Costs*:</b>		\$ _____

\*Complete the Total Program Costs (line 12) and Total Direct Admin Costs (line 13) lines. The sum of these lines must equal the Grand Total (line 11) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

**FOR TEA USE ONLY**

Changes on this page have been confirmed with:		On this date:
Via telephone/fax/email (circle as appropriate)		By TEA staff person:

Application Part 2:

2019-2020 Summer CTE Grant

Authorized by: General Appropriations Act, House Bill 1, Article IX, Section 18.114(c)(v)

County District Number or Vendor ID:		Amendment #:	0
<b>Supplies and Materials (6300)</b>			
Expense Item Description		Pre-Award	Grant Amount Budgeted
1	Remaining 6300 - Supplies and materials that do not require specific approval:	\$	18,000
2	Grand Total:	\$	18,000
3	Total Program Costs*:	\$	18,000
4	<del>Total Direct Admin Costs*:</del>	<del>\$</del>	<del>18,000</del>

\*Complete the Total Program Costs (line 3) and Total Direct Admin Costs (line 4) lines. The sum of these lines must equal the Grand Total (line 2) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

Consumables	\$	2,500.00
Non-Consumables	\$	6,000.00
Training Mannequins	\$	7,000.00
Patient Care Lift	\$	2,500.00
	\$	<b>18,000.00</b>

**FOR TEA USE ONLY**

Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate):	By TEA staff person:

Application Part 2:

2019-2020 Summer CTE Grant

Authorized by: General Appropriations Act, House Bill 1, Article IX, Section 18.114(c)(v)

County District Number or Vendor ID:		Amendment #:	
Other Operating Costs (6400)			
Expense Item Description		Pre-Award	Grant Amount Budgeted
1	6411 - Out-of-state travel for employees. Must be allowable per Program Guidelines and grantee must keep documentation locally.		
2	6412 - Travel for students to conferences (does not include field trips). Requires pre-authorization in writing. Specify name and purpose of conference:		
3	6412/6494 - Educational Field Trip(s). Must be allowable per Program Guidelines and grantee must keep documentation locally.		
4	6413 - Stipends for non-employees other than those included in 6419.		
5	6419 - Non-employee costs for conferences. Requires pre-authorization in writing.		
6	6411/6419 - Travel costs for officials such as Executive Director, Superintendent, or Local Board Members. Allowable only when such costs are directly related to the grant. Must be allowable per Program Guidelines and grantee must keep out-of-state travel documentation locally.		
7	<del>6495 - Cost of membership in civic or community organizations. Specify name and purpose of organization:</del>		\$ _____
8	<del>6499 - Hosting conferences for non-employees. Must be allowable per Program Guidelines, and grantee must keep documentation locally.</del>		\$ _____
9	<b>Subtotal of other operating costs (6400) requiring specific approval:</b>		\$ -
10	Remaining 6400 - Other operating costs that do not require specific approval.		\$ 4,000
11	<b>Grand Total:</b>		\$ 4,500
12	<b>Total Program Costs*:</b>		\$ 4,500
13	<b>Total Direct Admin Costs*:</b>		\$ _____

\*Complete the Total Program Costs (line 12) and Total Direct Admin Costs (line 13) lines. The sum of these lines must equal the Grand Total (line 11) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

In-state travel for employees does not require specific approval.

Certification Costs	\$2,500
Student Travel (mileage)	\$1,000
Teacher Travel (mileage)	\$1,000

FOR TEA USE ONLY

Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

County District Number or Vendor ID:				Amendment #:
Capital Outlay (6600)				
Description and Purpose	Quantity	Unit Cost	Pre-Award	Grant Amount Budgeted
<b>6669 - Library Books and Media (capitalized and controlled by library)</b>				
1		N/A	N/A	
<b>66XX - Computing Devices, capitalized</b>				
2	(Enter description and brief purpose)		\$ -	
3			\$ -	
4			\$ -	
5			\$ -	
6			\$ -	
7			\$ -	
8			\$ -	
9			\$ -	
<b>66XX - Software, capitalized</b>				
10	(Enter description and brief purpose)		\$ -	
11			\$ -	
12			\$ -	
<b>66XX - Equipment, furniture, or vehicles</b>				
13	(Enter description and brief purpose)		\$ -	
14			\$ -	
15			\$ -	
<b>66XX - Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>				
16	(Enter description and brief purpose)			
17	Grand Total (sum of all lines):			\$ -
18	Total Program Costs*:			\$ -
19	Total Direct Admin Costs*:			\$ -

\*Complete the Total Program Costs (line 18) and Total Direct Admin Costs (line 19) lines. The sum of these lines must equal the Grand Total (line 17) otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

**FOR TEA USE ONLY**

Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person: