



## 2020-2021 STOP School Violence - Mental Health Training Grant, Cycle 2

### Letter of Interest (LOI) Application Due 11:59 p.m. CT, July 21, 2020

NOGA ID

Authorizing legislation

Student, Teachers, and Officers Preventing (STOP) School Violence Act of 2018 reauthorizes the grant program for school security in the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S. Code §10551); Authorized by P.L. 90-351 as amended by P.L. 115-141

Application stamp-in date and time

This LOI application must 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 **11:59 p.m. CT, July 21, 2020**.

Grant period from **August 4, 2020- August 31, 2021**

Pre-award costs permitted from **Not Applicable**

#### Required Attachments

1. Excel workbook with the grant's budget schedules (linked along with this form on the TEA Grants Opportunities page)

#### Amendment Number

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

#### Applicant Information

Organization  CDN  Campus  ESC  DUNS

Address  City  ZIP  Vendor ID

Primary Contact  Email  Phone

Secondary Contact  Email  Phone

#### 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

Title

Email

Phone

Signature

Digitally signed by Sheba K. George  
Date: 2020.07.21 15:28:35 -05'00'

Date

**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 2020-2021 STOP School Violence - Mental Health Training Grant, Cycle 2 Program Guidelines.
- ☒ 4. The applicant provides assurance to adhere to all the Performance Measures, as noted in the 2020-2021 STOP School Violence - Mental Health Training Grant, Cycle 2 Program Guidelines, and shall provide to TEA, upon request, any performance data necessary to assess the success of the program.
- ☒ 5. Training sessions will be provided for school officials related to responding to related mental health crises that may precipitate violent attacks on school grounds.
- ☒ 6. Grantees will provide documentation of all training and education sessions conducted under the award to TEA in the time and manner requested by TEA.
- ☒ 7. Grantees will develop a plan to increase awareness of:
- traumatic stress and mental health needs,
  - trauma and mental health literacy of school staff, parents, and others who interact with students to recognize the signs and symptoms of mental health concerns that may cause school violence, and
  - how to link students and families to appropriate services.
- ☒ 8. Training may include such as, but not limited to, Psychological First Aid – Schools (PFA-S), Trauma Informed Strategies and Mindfulness, suicide prevention, bullying prevention, and substance abuse training for school staff.
- ☒ 9. As part of the matching requirement, grantees will engage in partnership building with family service providers, as well as with businesses and community groups to broaden and link all community resources available to school-aged youth and their families.

**Statutory/Program Assurances (Cont.)**

- ☒ 10. Grantees must conduct a school climate survey (pre/post program).
- ☒ 11. Grantees must provide a dedicated person to coordinate the work.
- ☒ 12. Grantees must include Positive School Climate training such as classroom management.
- ☒ 13. Grantees must include School Counselor Involvement.

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.

Newman International Academy is a charter school in the Dallas-Fort Worth metroplex that serves over 3000 students in 4 different cities. Our student population is extremely diverse, and about 44 percent are economically disadvantaged (qualify for free or reduced meals). In order to better support our students and their families, Newman is proposing a new School Safety and Mental Health (SSMH) Training Coordinator that will be partially funded by this grant. This Coordinator will oversee a School Safety and Mental Health Training Program that will be implemented in campus staff meetings, parent meetings, student assemblies, and also include developing written materials for family newsletters and social media awareness. This program will address various mental health and related topics, such as traumatic stress and mental health needs, trauma and mental health literacy of school staff, parents, and others who interact with students to recognize the signs and symptoms of mental health concerns that may cause school violence, and linking students and families to appropriate services. These activities will support our students and families, address socio-emotional needs, and help provide a safe, secure, positive learning environment.

### Goals, Objectives, and Strategies

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

The primary goal of the proposed School Safety & Mental Health Training Program is to train school staff, parents, and others who interact with students to recognize the signs and symptoms of mental health concerns that may cause school violence. In order to accomplish this goal, the new School Safety Coordinator will attend trainings such as Mental Health 101 for Educators, Behavioral Management Strategies for Educators, Trauma -informed School Support Training, Student Anxiety and Depression Management for Educators, Mindfulness in School Settings, Youth Mental Health First Aid, Crisis Intervention Training, Psychological First Aid – Schools (PFA-S), Trauma Informed Strategies and Mindfulness, Suicide Prevention, Bullying Prevention, and Substance Abuse Training. In addition, several campus-level counselors, discipline coordinators, and AP's or principals will be selected to also attend some trainings. Together with the the SSMH Training Coordinator, these individuals will provide job-embedded staff development (during campus weekly staff meetings and possibly one-on-one with teachers if situations merit).

The SSMH Training Coordinator will also be responsible to develop material for parent newsletters and run the social media awareness campaign. The Coordinator may also present (or develop materials for others to present) at student assemblies so that students also receive training in mental health topics and how to monitor themselves and their classmates for warning signs of issues that could potentially lead to school violence. He/She will engage in partnership building with family service providers, as well as with businesses and community groups in all 4 cities where Newman operates to broaden and link all community resources available to school-aged youth and their families.

### 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.

Upon implementation of this new School Safety Training Program, Newman expects to see measurable results. The following items will be measured:

1. # of bullying incidents reported (compare this year's PEIMS data to previous years)
2. # of fights reported (compare this year's PEIMS data to previous years)
3. amount of contraband found on campus (canine searches on campus for drugs, weapons, etc.)
4. improvement in test scores
5. school climate pre and post test (survey students, parents, faculty, and staff regarding perceptions on school safety as evidenced by social interactions observed between students and teachers, parents and teachers, graffiti on campus, trash and litter on campus, and other observable evidence of the socio-emotional climate of the campus and student body)

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.

The proposed budget for the School Safety and Mental Health Training Program includes the following:

1. SSMH Training Coordinator (partially funded by this grant)
2. Stipends for several campus staff (counselors, discipline coordinators, administrators) who will complete some specialized training
3. Mental health training by approved vendors
4. Social media awareness campaign to educate students, school staff, parents, and others who interact with students to recognize the signs and symptoms of mental health concerns that may cause school violence and to link students and families to appropriate services.

While Newman currently has security officers who cover each campus, as well as behavioral counselors and administrators who try to observe and address potential mental health concerns, there have not been any personnel who are dedicated to providing training and support to students, school staff, and parents.

Assuming this program provides the expected measurable evidence that students, school staff, and parents are finding better ways to address mental health concerns, Newman is ready to continue this program (and the SSMH Training Coordinator position) after the grant ends. Newman cares deeply about supporting our students and families, addressing socio-emotional needs, and helping provide a safe, secure, positive learning environment.

Statutory/Program Requirements

Describe how you will develop your training plans, deliver the training and document outcomes. A training plan will be considered particularly strong if it includes distance or on-line learning delivery systems as part of its programming.

The new SSMH Training Coordinator will develop the training plan based on district and campus needs. If COVID-19 causes campuses to move to online learning, training can be presented through distance learning, and surveys can be done to assess participant learning. For example, if material is presented in a staff meeting, surveys can be done, or reflective questions can be given to staff. If material is presented in student assemblies, surveys can be done, or reflective questions (or group chat discussion questions) can be completed. For material presented to parents in newsletters and through the social media campaign, parent comments can be evaluated.

While the intention of this School Safety and Mental Health Training Program is to address mental health concerns that lead to violence on school property, the situation of COVID-19 does present challenges for teachers and administrators to directly observe the socio-emotional needs of students; however, the training material will enable all individuals involved to learn about mental health so that they can be ready to address issues that arise--in both an in-person or remote instruction setting. In addition, any new skills that are learned this year as a result of this School Safety Program will become skills that participants will carry with them in subsequent school years. Finally, this COVID-19 pandemic has caused its own share of socio-emotional issues, as well as exacerbated issues that were already in effect, so this training is particularly essential at this time.

### 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 | <input type="text"/> | Barrier | <input type="text"/> |
| Group | <input type="text"/> | Barrier | <input type="text"/> |
| Group | <input type="text"/> | Barrier | <input type="text"/> |
| Group | <input type="text"/> | Barrier | <input type="text"/> |

### 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"/> |



Appendix I: Amendment Description and Purpose (leave this section blank when completing the initial application for funding)

An amendment must be submitted when the program plan or budget is altered for the reasons described in the "When to Amend the Application" document posted on the [Administering a Grant](#) page. The following are required to be submitted for an amendment: (1) Page 1 of the application with updated contact information and current authorized official's signature and date, (2) Appendix I with changes identified and described, (3) all updated sections of the application or budget affected by the changes identified below, and, if applicable, (4) Amended Budget Request. Amendment Instructions with more details can be found on the last tab of the budget template.

You may duplicate this page

| Amended Section      | Reason for Amendment |
|----------------------|----------------------|
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |
| <input type="text"/> |                      |

**Application Part 2: 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2**  
**Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)**

**IMPORTANT NOTICE: Application Part 2 is not compatible with Google Docs.**

**Complete the supporting budget worksheets first**, i.e., 6100, 6200, 6300.... The Program Budget Summary worksheet is linked to and will auto-populate with the amounts you entered on the respective supporting budget worksheets. All budgeted amounts must be entered in whole dollar amounts. **Do not enter any cents.**

On each supporting budget worksheet, complete the Total Program Costs and Total Direct Admin Costs lines. Together these lines must equal the Grand Total otherwise the field will change color to red indicating an error. These amounts will automatically populate on the Program Budget Summary worksheet.

If pre-award costs are allowable, budget all pre-award costs in the Pre-Award Cost column on the appropriate supporting budget worksheet(s).

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**Payroll 6100**

Complete this worksheet to request payroll costs. Do not request funds for consultants or contractors on this worksheet; those funds should be requested on the Professional and Contracted Services 6200 worksheet.

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**Professional and Contracted Services 6200**

Complete this worksheet to request professional services, consulting services, and contracted services.

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**Supplies and Materials 6300**

Complete this worksheet to request supplies and materials.

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**Other Operating Costs 6400**

Complete this worksheet to request other operating costs. Be sure to comply with documentation requirements, where applicable.

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**Capital Outlay 6600**

Complete this worksheet to request capital outlay costs.

Capital outlay means funds budgeted or expended to purchase capital assets, such as equipment, or expenditures for the acquisition cost of capital assets. Capital assets are tangible or intangible assets having a useful life of more than one year, which are valued at \$5,000 or greater per unit, or the applicant's capitalization level, whichever is less. Capital outlay may include expenditures to make improvements to capital assets that materially increase their value or useful life.

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**Budget Summary**

This worksheet auto-populates from the supporting budget worksheets for Program Costs, Direct Admin Costs, and Pre-award Costs, if applicable. There are only a few fields that may require input from the grantee, if applicable, such as indicating *Consolidate Administrative Funds*, *Indirect Costs*, *Shared Services Arrangement*, or the *Administrative Cost Calculation*.

*Consolidate Administrative Funds* - If applicable, click on the cell, then click on the arrow that appears. Select "Yes, No or N/A" from the drop down selection.

*Indirect Costs* - Refer to the Maximum Indirect Cost Handbook to calculate the maximum indirect costs that may be claimed for the grant and enter the amount of indirect costs budgeted for this grant on line 8 under the Total Budgeted Cost column.

[Maximum Indirect Cost Workbook](#) link.

*Shared Services Arrangement* - If applicable, enter amount of payments to member districts on line 9.

*Direct Administrative Cost Calculation* - Enter the Total of All Budgeted Costs from line 8 on line 10 to determine the maximum amount allowable for direct administrative costs.

For further guidance, refer to the [Budgeting Costs Guidance Handbook](#).

**Application Part 2: 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2****Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)**

|   |   |   |   |                              |                   |
|---|---|---|---|------------------------------|-------------------|
| County District Number or Vendor ID:  |   | 220817  |   |                              |                   |
| <b>Payroll Costs (6100)</b>   |   |   |   |                              |                   |
| <b>Employee Position Title</b>  |   | <b>Estimated # of Positions 100% Grant Funded</b> | <b>Estimated # of Positions Less than 100% Grant Funded</b> | <b>Grant Amount Budgeted</b> | <b>Cost Match</b> |
| <b>Academic/Instructional</b>   |   |   |   |                              |                   |
| 1   | Teacher   |   |   | \$ -                         | \$ -              |
| 2   | Educational Aide  |   |   | \$ -                         | \$ -              |
| 3   | Tutor   |   |   | \$ -                         | \$ -              |
| <b>Program Management and Administration</b>  |   |   |   |                              |                   |
| 4   | Project Director  |   |   | \$ -                         | \$ -              |
| 5   | Project Coordinator   |   | 1   | \$ 15,000                    | \$ 6,250          |
| 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>                             |   |   | \$ 15,000                    | \$ 6,250          |
| <b>Substitute, Extra-Duty Pay, Benefits Costs</b>                                       |   |   |   |                              |                   |
| 24  | 6112 - Substitute Pay                                       |   |   | \$ -                         | \$ -              |
| 25  | 6119 - Professional Staff Extra-Duty Pay                    |   |   | \$ 3,000                     | \$ -              |
| 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> |   |   | \$ 3,000                     | \$ -              |
| 30  | <b>Grand Total:</b>   |   |   | \$ 18,000                    | \$ 6,250          |
| 31  | <b>Total Program Costs*:</b>                                |   |   | \$ 18,000                    |                   |
| 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.](#)

|  |                      |
|--|----------------------|
| <b>FOR TEA USE ONLY</b>                          |                      |
| 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: 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2**  
**Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)**

|                                      |        |   |
|--------------------------------------|--------|---|
| County District Number or Vendor ID: | 220817 | 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 |   | Grant Amount Budgeted | Cost Match  |
|------------------------------------|---|-----------------------|-------------|
| 1                                  | 6269 - Rental or lease of buildings, space in buildings, or land<br>Specify purpose:                    | \$ -                  | \$ -        |
| 2                                  | Service: Mental Health training providers<br>Specify purpose: Provide training on grant-specific topics | \$ 5,000              | \$ -        |
| 3                                  | Service:<br>Specify purpose:  | \$ -                  | \$ -        |
| 4                                  | Service:<br>Specify purpose:  | \$ -                  | \$ -        |
| 5                                  | Service:<br>Specify purpose:  | \$ -                  | \$ -        |
| 6                                  | Service:<br>Specify purpose:  | \$ -                  | \$ -        |
| 7                                  | Service:<br>Specify purpose:  | \$ -                  | \$ -        |
| 8                                  | Service:<br>Specify purpose:  | \$ -                  | \$ -        |
| 9                                  | <b>Subtotal of professional and contracted services requiring specific approval:</b>                    | <b>\$ 5,000</b>       | <b>\$ -</b> |
| 10                                 | Remaining 6200 - Professional and contracted services that do not require specific approval.            | \$ -                  | \$ -        |
| 11                                 | <b>Grand Total:</b>   | <b>\$ 5,000</b>       | <b>\$ -</b> |
| 12                                 | <b>Total Program Costs*:</b>  | <b>\$ 5,000</b>       |             |
| 13                                 | <b>Total Direct Admin Costs*:</b>   | <b>\$ -</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.**

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| Via telephone/fax/email (circle as appropriate) |  |

|   |  |                              |                   |
|---|--|------------------------------|-------------------|
| County District Number or Vendor ID: 220817 |  | 0                            |                   |
| <b>Supplies and Materials (6300)</b>        |  |                              |                   |
| <b>Expense Item Description</b>             |  | <b>Grant Amount Budgeted</b> | <b>Cost Match</b> |
| 1   | Remaining 6300 - Supplies and materials that do not require specific approval: | \$ -                         | \$ -              |
| 2   | Grand Total:   | \$ -                         | \$ -              |
| 3   | Total Program Costs*:  | \$ -                         |                   |
| 4   | Total Direct Admin Costs*:   | \$ -                         |                   |

\*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.

|  |  |
|--|--|
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| Via telephone/fax/email (circle as appropriate): |  |

## Application Part 2:

## 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2

Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

|   |  |                              |                   |
|---|--|------------------------------|-------------------|
| County District Number or Vendor ID: 220817 |  | 0                            |                   |
| <b>Other Operating Costs (6400)</b>         |  |                              |                   |
| <b>Expense Item Description</b>             |  | <b>Grant Amount Budgeted</b> | <b>Cost Match</b> |
| 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.<br>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   | 6495 - Cost of membership in civic or community organizations.<br>Specify name and purpose of organization:  | \$ -                         | \$ -              |
| 8   | 64XX - Hosting conferences for non-employees. Must be allowable per Program Guidelines, and grantee must keep documentation locally.   | \$ -                         | \$ -              |
| 9   | <b>Subtotal of other operating costs (6400) requiring specific approval:</b>   | \$ -                         | \$ -              |
| 10  | Remaining 6400 - Other operating costs that do not require specific approval.  | \$ 2,000                     | \$ -              |
| 11  | <b>Grand Total:</b>  | <b>\$ 2,000</b>              | <b>\$ -</b>       |
| 12  | <b>Total Program Costs*:</b>   | \$ 2,000                     |                   |
| 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.

|   |                      |
|---|----------------------|
| <b>FOR TEA USE ONLY</b>                         |                      |
| 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:

## 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2

Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)

|   |  |                 |                  |                              |                   |
|---|--|-----------------|------------------|------------------------------|-------------------|
| County District Number or Vendor ID:  |  | 220817          | 0                |                              |                   |
| <b>Capital Outlay (6600)</b>  |  |                 |                  |                              |                   |
| <b>Description and Purpose</b>  |  | <b>Quantity</b> | <b>Unit Cost</b> | <b>Grant Amount Budgeted</b> | <b>Cost Match</b> |
| <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  | <b>Grand Total (sum of all lines):</b> |                 |                  | \$ -                         | \$ -              |
| 18  | <b>Total Program Costs*:</b>           |                 |                  |                              |                   |
| 19  | <b>Total Direct Admin Costs*:</b>      |                 |                  |                              |                   |

\*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.

|   |                      |
|---|----------------------|
| <b>FOR TEA USE ONLY</b>                         |                      |
| 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: 2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2**  
**Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)**

|   |   |  |   |                                  |                        |                 |
|---|---|--|---|----------------------------------|------------------------|-----------------|
| County District Number or vendor ID:          |   | 220817   |   | 0                                |                        |                 |
| Grant Period:                                 | August 4, 2020 to August 31, 2021                         |  | Fund Code/ Shared Services Arrangement: |                                  | 289/379                |                 |
| <b>Budget Summary</b>                         |   |  |   |                                  |                        |                 |
| Description and Purpose                       |   | Source of Funds  |   |                                  |                        |                 |
|   |   | Class/<br>Object<br>Code   | Program Cost                            | Direct<br>Administrative<br>Cost | Total Budgeted<br>Cost | Cost Match Cost |
| 1   | Payroll Costs   | 6100   | \$ 18,000                               | \$ -                             | \$ 18,000              | \$ 6,250        |
| 2   | Professional and Contracted Services                      | 6200   | \$ 5,000                                | \$ -                             | \$ 5,000               | \$ -            |
| 3   | Supplies and Materials                                    | 6300   | \$ -                                    | \$ -                             | \$ -                   | \$ -            |
| 4   | Other Operating Costs                                     | 6400   | \$ 2,000                                | \$ -                             | \$ 2,000               | \$ -            |
| 5   | Capital Outlay  | 6600   | \$ -                                    | \$ -                             | \$ -                   | \$ -            |
| 6   | <b>Total Direct Costs:</b>                                |  | <b>\$ 25,000</b>                        | <b>\$ -</b>                      | <b>\$ 25,000</b>       | <b>\$ 6,250</b> |
| 7   | *Indirect Costs:  |  |   |                                  | <b>\$ -</b>            |                 |
| 8   | <b>Total of All Budgeted Costs :</b>                      |  | <b>\$ 25,000</b>                        | <b>\$ -</b>                      | <b>\$ 25,000</b>       | <b>\$ 6,250</b> |
| <b>Shared Services Arrangement</b>            |   |  |   |                                  |                        |                 |
| 9   | 6493  | Of the Total of All Budgeted Costs, how much will be passed to member districts of SSAs? | <b>\$ -</b>                             | <b>\$ -</b>                      | <b>\$ -</b>            |                 |
| <b>Direct Administrative Cost Calculation</b> |   |  |   |                                  |                        |                 |
| 10  | Total of All Budgeted Costs (from line 8):                |  |   |                                  | <b>\$ 25,000</b>       |                 |
| 11  | Direct Administration Cap per Program Guidelines (8%)     |  |   |                                  | 0.08                   |                 |
| 12  | Maximum amount allowable for Direct Administrative costs: |  |   |                                  | <b>\$ 2,000</b>        |                 |

\*For current year indirect cost rates, please visit the Federal Fiscal Compliance and Reporting **Indirect Cost Rates** page.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. Indirect costs claimed are part of the total grant award amount, not in addition to the grant award amount. Do not submit an amendment solely for the purpose of budgeting indirect costs.

To calculate the maximum indirect cost, please use the **Maximum Indirect Costs Worksheet** on the Grants Administration Division's Administering a Grant page.

|   |                      |
|---|----------------------|
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**2020-2021 STOP School Violence-Mental Health Training Grant, Cycle 2****Authorized: STOP School Violence Act 2018 reauthorizes in Omnibus Crime Control and Safe Streets Act (34 U.S. Code §10551)**

|                                      |           |
|--------------------------------------|-----------|
| County District Number or vendor ID: | Amendment |
|--------------------------------------|-----------|

**SUBMITTING AN AMENDMENT**

This worksheet is used to amend the budget of a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). Refer to the amendment instructions located on the last page of this Excel document for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail or by fax. Do not submit the same amendment by both methods.

Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address:

Document Control Center, Grants Administration Division,  
Texas Education Agency, 1701 N. Congress Ave.,  
Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the TEA Grant Opportunities page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

**WHEN TO SUBMIT AN AMENDMENT**

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the

**Revised Budget Request**

| Description                            | Class/<br>Object Code | A. Grand Total<br>from<br>Previously<br>Approved<br>Budget | B. Amount<br>Deleted | C. Amount<br>Added | D. New Grand<br>Total |
|--|-----------------------|--|----------------------|--------------------|-----------------------|
| 1 Payroll Costs                        | 6100                  |  |                      |                    | \$ -                  |
| 2 Professional and Contracted Services | 6200                  |  |                      |                    | \$ -                  |
| 3 Supplies and Materials               | 6300                  |  |                      |                    | \$ -                  |
| 4 Other Operating Costs                | 6400                  |  |                      |                    | \$ -                  |
| 5 Capital Outlay                       | 6600                  |  |                      |                    | \$ -                  |
| 6 <b>Total Direct Costs:</b>           |                       | \$ -   | \$ -                 | \$ -               | \$ -                  |

**FOR TEA USE ONLY**

|   |                      |
|---|----------------------|
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| Via telephone/fax/email (circle as appropriate) | By TEA staff person: |

## Instructions: Request for Amendme

After the original application is approved and the grantee has received the Notice, the grantee may need to make changes to the budget or the planned program. Most grantees are required to notify TEA of the desire or intent to change the budget or program before making any changes to the budget or program without notifying or getting approval from TEA. (Some grantees are required to notify TEA for all changes to their budget or programs.) In other cases, however, the grantee may not need to notify TEA of the desire or intent to change the budget or program.

Refer to the Amendment Submission Guidance section of the Administering a Grant titled “When to Amend the Application” provides details on which grantees are required to notify TEA and when amendments are required. Also refer to the General and Fiscal Guidelines for more detailed information about amendments.

Regardless of how a grantee amends the application to distribute funds among the grantees, the grantee is responsible for carrying out the scope and objectives of the grant as described in the application.

*TEA reserves the right to reject unnecessary amendments without notice.*

## Submitting an Amendment

An amendment must be submitted when the program plan or budget is altered from the original application. Refer to the “When to Amend the Application” guidance posted in the Amendment Submission Guidance section of the TEA website.

## How to Submit an Amendment

An amendment may only be submitted by email to [loiapplications@tea.texas.gov](mailto:loiapplications@tea.texas.gov).

## Pages to Include with an Amendment

*Required for all amendment requests:*

1. Page one of the application with an updated signature and date
2. Appendix I of the application: Negotiation and Amendments

*Required for budget amendment requests:*

3. Request for Amendment excel page
4. Program Budget Summary
5. Supporting budget pages

## Assembling the Amendment

Follow these steps to complete all schedules required to be submitted:

1. Complete page 1

- a. Complete the box in the upper right corner of the schedule by indicating the first amendment you submit for the grant is #1; if that amendment is #2.
- b. Ensure all applicant information is current and correct.
- c. Ensure the authorized official information is current and correct. The date must be the date that the amendment is being submitted.

2. Complete Appendix 1: Negotiation and Amendments

- a. Choose the section you wish to amend from the drop down menu
- b. Describe the changes you are making and the reason for the change in the negotiated or amended application. If you are requesting a revised budget, describe the change with your amendment.  
(example) Payroll 6300 —Reduce amount for extra-duty pay—Staff working hours.

3. If you are requesting a budget change, complete the Request for Amendment

- a. In column A, enter the grand total for each class/object code in the amendment.
- b. In column B, enter the amount being deleted from each class/object code.
- c. In column C, enter the amount being added to each class/object code.
- d. Column D and the total direct cost line will automatically calculate the new budgeted amounts.

4. If you are requesting a budget change, complete the Program Budget Summary budget page. For each class/object code on the budget summary, strike through the old budgeted amounts and enter the new budgeted amounts. The total budgeted cost for each class/object code and the grand total for each supporting budget page.

5. Do not resubmit any attachments required in the original application.

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e of Grant Award (NOGA), the grantee may  
e permitted to make some changes to the  
ees are required to notify and get approval  
the grantee is required to submit formal

rant page of the TEA website. The guidance  
and are not required to submit amendments  
ines, Amending the Application, for more

he class/object codes, the grantee is still  
n the approved application.

*reviewing and approving them.*


for the reasons described in the “When to  
ce section of the Administering a Grant page

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cating the number of the amendment. The  
; approved, the next amendment becomes

he authorized official must sign and date with

ges. Always work with the most recent  
udget, please include the budget attachments

was able to complete training during regular

budget page

≥ most recently approved application or

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your changes

ry page and the corresponding supporting  
the previously approved amount and enter  
on the budget summary must match the