



2021-2022 Texas Reading Initiative - Birth to Kinder

Competitive Grant Application: Due 11:59 p.m. CT, June 08, 2021

NOGA ID

Application stamp-in date and time

TEA will only accept grant application documents by email, including competitive grant applications and amendments. Submit grant applications and amendments as follows:

Competitive grant applications and amendments to competitivegrants@tea.texas.gov

Authorizing legislation:

Grant period: **Pre-award costs:**

Required attachments:

Amendment Number

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

1. Applicant Information

Name of organization

Campus name CDN Vendor ID ESC DUNS

Address City ZIP Phone

Primary Contact Email Phone

Secondary Contact Email Phone

2. 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 grant application, as applicable, and that these documents are incorporated by reference as part of the grant application and Notice of Grant Award (NOGA):

- Grant application, guidelines, and instructions
- General Provisions and Assurances
- Application-Specific Provisions and Assurances
- Debarment and Suspension Certification
- Lobbying Certification
- ESSA Provisions and Assurances requirements

Authorized Official Name Title Email

Phone Signature Date

Grant Writer Name Signature Date

Grant writer is an employee of the applicant organization. Grant writer is **not** an employee of the applicant organization.

For TEA Use Only:
Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

3. Shared Services Arrangements

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

4. Identify/Address Needs

List up to three quantifiable needs, as identified in your needs assessment, that these program funds will address. Describe your plan for addressing each need.

Quantifiable Need	Plan for Addressing Need

5. SMART Goal

Describe the summative SMART goal you have identified for this program (a goal that is Specific, Measurable, Achievable, Relevant, and Timely), either related to student outcome or consistent with the purpose of the grant.

6. Measurable Progress

Identify the benchmarks that you will use at the end of the first three grant quarters to measure progress toward meeting the process and implementation goals defined for the grant.

First-Quarter Benchmark

For TEA Use Only:
 Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

6. Measurable Progress (Cont.)

Second-Quarter Benchmark

Third-Quarter Benchmark

7. Project Evaluation and Modification

Describe how you will use project evaluation data to determine when and how to modify your program. If your benchmarks or summative SMART goals do not show progress, describe how you will use evaluation data to modify your program for sustainability.

For TEA Use Only:
Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

8. Statutory/Program Assurances

The following assurances apply to this grant program. In order to meet the requirements of the grant, the grantee 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 grant 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 that proof of nonprofit status will be submitted with the grant application.
- 4. The applicant provides assurance to adhere to all program objectives as noted in the Request for Grant Applications (RFA) and agreed-upon required activities and shall provide the Texas Education Agency (TEA), upon request, any performance data necessary to assess the success of the program.
- 5. The applicant provides assurance to provide updates to TEA to a pre-determined timeline.
- 6. The applicant provides assurance that the grant funding will be used to serve children, ages 0-4.
- 7. The applicant provides assurances that they will complete a landscape analysis and develop a strategic plan for implementing the Books Beginning at Birth Program.
- 8. The applicant provides assurances that they will develop a system to identify, recruit and retain families to participate in grant activities.
- 9. The applicant provides assurances that they will partner with a vendor to provide high-quality books and supporting resources to families through a book distribution and/or lending service that meets the requirements of the grant.
- 10. The applicant provides assurances that they will partner with evidence-based parenting program(s) to provide families with access to high-quality, ongoing parent education trainings and resources, specifically related to early literacy development.
- 11. The applicant provides assurances that they will develop a process for collecting participation data and data to evaluate the effectiveness of the Books Beginning at Birth program. The data will be analyzed regularly to make responsive, data-driven decisions.
- 12. The applicant provides assurances that they will provide TEA with quarterly reports that summarize the impact and effectiveness of the Books Beginning and Birth program. Reports will include participation numbers, including disaggregated data by subcategories (as defined by TEA), kindergarten readiness data (literacy skills only), family satisfaction survey data, and any additional data as requested by TEA.

For TEA Use Only:
 Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

9. Statutory/Program Requirements

1. How will the subgrant funds be used to enhance the language and literacy development and school readiness of children, from birth through kindergarten entry, in early childhood education programs? Please include an analysis of data that supports the proposed use of subgrant funds.

2. How will the subgrant funds be used to prepare and provide ongoing assistance to staff in the programs, including through high-quality professional development?

3. How will the activities assisted under the subgrant be coordinated with comprehensive literacy instruction at the kindergarten through grade 12 levels?

For TEA Use Only:
Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

9. Statutory/Program Requirements (Cont.)

4. How will the subgrant funds be used to evaluate the success of the activities assisted under the subgrant in enhancing the early language and literacy development of children from birth through kindergarten entry?

5. Provide a plan for how you will recruit, enroll, and retain families with children ages 0-4 in the Books Beginning at Birth Program and outline how you will target families within the Qualified Opportunity Zones (QOZs), with an additional emphasis on serving low-income, high-need students, including children living in poverty, English Language Learners, and children with disabilities. Be sure to include a breakdown for the anticipated # of children served each year (identifying the continuation children vs. new children).

6. Explain how you plan to distribute books to families on an ongoing basis and identify who you plan to partner or collaborate with to increase access to books and supporting materials for families. Be sure to outline how you will ensure quality implementation and family usage.

For TEA Use Only:

Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

9. Statutory/Program Requirements

6. Response Continued:

7. Identify what type of parent education program(s) you plan to use and how you will ensure families are participating in the trainings on a regular basis. Be sure to identify the research-based literacy practices that will be included in the trainings and how the trainings will connect to the book program.

8. How do you intend to collect data from the participating families on kindergarten readiness (literacy skills only) and overall family experience? Please identify the specific ways you will collect the data, how often it will be collected, and name the process for communicating the data to TEA.

For TEA Use Only:
Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

9. Statutory/Program Requirements

8. Response Continued:

9. Describe your organization's capacity for grant management, including data collection and tracking, meeting reporting requirements, and tracking progress towards goals and pre-defined outcomes. List the organization's key individuals that will play a role in grant activities and describe their expertise and experience in early childhood education.

10. 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 grant.

- The applicant assures that no barriers exist to equitable access and participation for any groups receiving services funded by this grant.
- 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"/>

For TEA Use Only:
 Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

11. Request for Grant Funds

List all of the allowable grant-related activities for which you are requesting grant funds. Include the amounts budgeted for each activity. Group similar activities and costs together under the appropriate heading. During negotiation, you will be required to budget your planned expenditures on a separate attachment provided by TEA.

Payroll Costs

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Professional and Contracted Services

6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>

Supplies and Materials

11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>

Other Operating Costs

15.	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>
17.	<input type="text"/>	<input type="text"/>

Direct administrative costs:

TOTAL GRANT AWARD REQUESTED:

For TEA Use Only:

Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.

Appendix I: Negotiation and Amendments

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 of the TEA website and may be mailed OR faxed (not both). **To fax:** one copy of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to either (512) 463-9811 or (512) 463-9564. **To mail:** three copies of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to the address on page 1. More detailed amendment instructions can be found on the last page of the budget template.

You may duplicate this page.

For amendments, choose the section you wish to amend from the drop down menu on the left. In the text box on the right, describe the changes you are making and the reason for them.

Always work with the most recent negotiated or amended application. If you are requesting a revised budget, please include the budget attachments with your amendment.

Section Being Negotiated or Amended	Negotiated Change or Amendment
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

For TEA Use Only:
 Adjustments on this page have been confirmed with _____ by _____ of TEA by phone / fax / email on _____.