

2021-2022 Texas Reading Initiative - Literacy Coaching and Professional Development Grades K-5 Competitive Grant Application: Due 11:59 p.m. CT, June 28, 2021

NOGA ID	42.5			, lw		Applic	ation stamp	o-in date and time
TEA will only accept grant application document	•			_				
applications and amendments. Submit grant app	lications a	and am	endments as	s follov	NS:			
		_ 4141						
Competitive grant applications and amendments	to compe	etitiveç	jrants@tea.te	exas.gc	OV			
Authorizing legislation: U.S. Code Title 20 (· .		•					
Grant period: From 09/24/2021 to 09/30/202		_						d for this grant
Required attachments: Refer to the program	n guidelin	es for	a descriptio	n of a	ny re	equired atta	achment	S.
Amendment Number		4-4		77		O JULE		rec <u>p</u> artitle
Amendment number (For amendments only; e	nter N/A	when	completing t	this fo	rm to	apply for	grant fur	nds):
1. Applicant Information	Trans.		H. W. B.					
Name of organization Stafford MSD								
Campus name Stafford Elementary	CDN 079	9910	Vendor ID 1	17600	0138	386] ESC 4	DUN	s
Address 1633 Staffordshire Road		City S	tafford] z	ZIP [77477	Phone	281-261-9200
Primary Contact Dr. Jennifer Warford	Email jw	arford	@ staffordms	sd.org			Phone	281-261-9229
Secondary Contact Dr. Kadir Almus	Email ka	ılmus@	staffordms	d.org			Phone	281-261-9341
2. Certification and Incorporation				65L,		State of	" No	LEW THY P
I understand that this application constitutes as a binding agreement. I hereby certify that the i								
correct and that the organization named above								
a legally binding contractual agreement. I certi	•	-				-	conducte	ed in
accordance and compliance with all applicable I further certify my acceptance of the requirem				_			ant annli	ication as
applicable, and that these documents are inco								
Grant Award (NOGA):								
	ons		Debarment				rtificatio	n
□ Application-Specific Provisions and Assura	ances] Lobbying C] ESSA Prov				os roqui	ramants
Authorized Official Name Dr. Robert Bostic			perintendent		_	ail rbostic	1/6	
	4 9	2	1					
Phone 281-261-9200 Signature Signature	AF	2				7	_ Date ≕₁	06/24/2021
	gnature		11	a	1	2/	Date	00, 27, 21
(• Grant writer is an employee of the applicant org	anization (Grant writer is	s not a	m em	ployee of th	e applica	ant organization.
For TEA Use Only: Adjustments on this page have been confirmed with _		by		of T	ΓEA b	y phone / fa	x / email o	on
RFA/SAS # 701-21-123 2021-2022 Texas F	Reading Ir	nitiative	∋– Literacy C	Coachir	ng ar	nd PD Grad	es K-5	Page 1 of 10

CDN	Vendor ID		Amendr	ment #
	Services Arra			
Shared servi	ces arrangeme	ents (SSAs) are/are	not permitted for this grant.	
		_		
	Address Nee		d in your poods accomment, that these program funds will a	ddrooo
ist 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		Plan for Addressing Need	
5. SMART G	enal		<u>] </u>	
		MART goal you hay	ve identified for this program (a goal that is Specific, Measur	able
			ted to student outcome or consistent with the purpose of the	
6. Measurab		at you will use at the	e end of the first three grant quarters to measure progress to	word
•		•	s defined for the grant.	waru
-	er Benchmark	•	3	
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		been confirmed with _	by of TEA by phone / fax / email on _	
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CDN	Vendor ID		Amendment #
6. Meası	rable Progress	(Cont.)	
	Quarter Benchm		
Third-Qu	arter Benchmark	(
7. Projec	t Evaluation an	d Modification	
benchma		SMART goals do not	ta to determine when and how to modify your program. If your of show progress, describe how you will use evaluation data to
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CDN	Vendor ID			Amend	lment #
8. Statutor	y/Program As	ssurances			
	g assurances a y with these ass		orogram. In order to	meet the requirements of the grant, the	grantee
Check each	of the following	boxes to indicate	your compliance.		
supplant or local for other pur services	(replace) state unds. The applic poses merely b and activities to	mandates, State I cant provides assi ecause of the ava be funded from the	Board of Education ru urance that state or lo ilability of these fund his grant will be supp	pplement (increase the level of service) ules, and activities previously conducted ocal funds may not be decreased or dive s. The applicant provides assurance the lementary to existing services and activ State Board of Education rules, or local	l with state erted for at program ities and will
				not contain any information that would b m general release to the public.	e protected
	oplicant provide Academies.	s assurance that a	all literacy coaches h	ave or are currently completing the requ	ired HB 3
☐ 4. The ap	oplicant provide capacity via in	s assurance that t ternal resources o	he placement of liter r external partnershi	acy coaches ensures they are supportedos.	d with
				ort at least 60 teachers annually if not so h a mix of in-person and on-line coachir	
☐ focus on	•	ding curriculum, a	-	that the content of hosted literacy confe has experience and expertise in implen	
9. Statutor	y/Program Re	equirements			
Please select	the type of oppo	ortunity being appl	ied for. Select one or b	ooth of the following:	
Check th	is box if applyii	ng for the literacy	coaching opportur	nity	
Check th	nis box if applyi	ng for the regiona	Il literacy conferenc	es opportunity	
provide ong	going high-quali Il support perso	ty professional de	velopment to all teac	ovider of high-quality professional devel hers, principals, other school leaders, s ctional leaders served by the school. (Ap	pecialized
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9. Statutory/Program Requirements (Cont.) 2. Describe how the applicant will identify children in need of literacy interventions or other support services. (Answer only if applying for the literacy coaching opportunity) 3. Explain how the applicant will integrate comprehensive literacy instruction into a well-rounded education. (Applies to both opportunities)
(Answer only if applying for the literacy coaching opportunity) 3. Explain how the applicant will integrate comprehensive literacy instruction into a well-rounded education. (Applies
4. Describe how the applicant will coordinate comprehensive literacy instruction with early childhood education programs and activities and after-school programs and activities in the area served by the local educational agency (Applies to both opportunities)
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CDN		Vendor ID		Amendment #	
9. St	atutory/F	Program Re	equirements (C	ont.)	
a lite Edu	racy coac	h for the 202	21-22 school year	niring a literacy coach. Eligible applicants must have preemptively hired and meet all minimum requirements as set by the Texas State Board of of the subgrant. (Answer only if applying for the literacy coaching	
	6. Provide the plan for embedded professional development for the literacy coach(es) to support them in providing valuable training. (Answer only if applying for the literacy coaching opportunity)				
			onstrating outcom	nes for increasing student literacy in a school or district. (Answer only if y)	
	EA Use On tments on th		been confirmed with	of TEA by phone / fax / email on	
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CDN	Vendor ID		Amendment #	
9. Statutor	y/Program Re	equirements		
additional e	mphasis on ser	ving low-income,	hools or districts in Qualified Opportunity Zones (QOZs), with an e, high-need students, including children living in poverty, English bilities. (Answer only if applying for the literacy coaching opportunity)	
9 Describe	vour organizati	ion's capacity for (r grant management, including data collection and tracking, meeting	
reporting re individuals resume for	equirements, and that will play a r any individuals	d tracking progres ole in grant activit	ess towards goals and pre-defined outcomes. List the organization's ke vities and describe their expertise and experience. Please upload the unization that will be supporting the work of the grant. (Answer only if	; y
	•	•	es including how it incorporates the use of high quality instructional approach to learning. Include a rationale as to why your organization is	
			Answer only if applying for the regional literacy conferences opportunity	
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CDN Vendor ID	Amendment #
9. Statutory/Program Requirements	
11. Include the proposed conference particle (Answer only if applying for the regional lite	cipation goals and outcomes-focused success metrics for conferences. eracy conferences opportunity)
12. Dravida the plan for how you will recruit	it ashaala ar districts to attend conference in Qualified Opportunity Zance
(QOZs), with an additional emphasis on ser	it schools or districts to attend conference in Qualified Opportunity Zones erving low-income, high-need students, including children living in poverty,
English Language Learners, and children w conferences opportunity)	with disabilities. (Answer only if applying for the regional literacy
,,	
10. Equitable Access and Participatio Check the appropriate box below to indicate	e whether any barriers exist to equitable access and participation for any
groups that receive services funded by this	
services funded by this grant.	
grant, as described below.	d participation for the following groups receiving services funded by this
Group	Barrier
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CDN		Vendor ID		Amendment #
1. R	equest f	or Grant F	unds	
ist all udge egoti	of the al ted for ea	lowable gran	nt-related activities Group similar activ	es for which you are requesting grant funds. Include the amounts ivities and costs together under the appropriate heading. During our planned expenditures on a separate attachment provided by TEA.
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2				
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1.				
5.				
Profes	ssional a	and Contrac	ted Services	
6.				
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10.				
uppl	ies and l	Materials		
11.				
12.				
13.				
14.				
	Operatir	ng Costs		
15.				
16.				
17.				
				TOTAL GRANT AWARD REQUESTED:
or TE	A Use On	ly:		
				by of TEA by phone / fax / email on

CDN	Vendor ID		Amendment #
Appendix I:	Negotiation	and Amendmen	its
Leave this se	ection blank wh	nen completing the	e initial application for funding.
"When to Ambe mailed Of attachments) copies of all	nend the Applic R faxed (not bo), along with a sections pertin	cation" document poth). To fax: one completed and signent to the amendroage 1. More deta	program plan or budget is altered for the reasons described in the posted on the Administering a Grant page of the TEA website and may copy of all sections pertinent to the amendment (including budget gned page 1, to either (512) 463-9811 or (512) 463-9564. To mail: three ment (including budget attachments), along with a completed and signed iled amendment instructions can be found on the last page of the budget You may duplicate this page.
	anta abassa t		
right, describ Always work include the b	e the changes with the most oudget attachm	you are making a recent negotiated lents with your am	
Section Bei	ng Negotiated	l or Amended	Negotiated Change or Amendment
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		been confirmed with	
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