	nterest (LOI) Application Due				
Texas Education Agency NOGA ID					
Authorizing legislation					
This LOI application must be submitted vi	a email to loiapplications@tea.texas.g	jov.		Application stamp-in da	te and time
The LOI application may be signed with a are acceptable.	digital ID or it may be signed by hand. B	Both forms of	signature		
TEA must receive the application by 11:59	p.m. CT, July 14, 2023.				
Grant period from	September 1, 2023 - August 31, 2	2024			
Pre-award costs permitted from	Pre-Award Costs Are Not F	Permitted			
Required Attachments (linked alor	ng with this form on the TEA Grants Oppor	tunities page)			
Excel workbook with the grant's bude Attachment 1: Program Agreement	get schedules				
Amendment Number					
Amendment number (For amendme	ents only; enter N/A when complet	ting this for	m to apply f	or grant funds):	
Applicant Information					
Organization	CDN Campus		ESC	UEI	
Address	City		ZIP	Vendor ID	
Primary Contact	Email			Phone	
Secondary Contact	Email			Phone	
Certification and Incorporation					
I understand that this application co binding agreement. I hereby certify t and that the organization named ab binding contractual agreement. I cer compliance with all applicable feder	that the information contained in to ove has authorized me as its repre- tify that any ensuing program and	this applicates sentative to	tion is, to the obligate th	e best of my knowle is organization in a	edge, correct legally
I further certify my acceptance of the and that these documents are incorp	•	• .			
LOI application, guidelines, and i		☐ Deb	arment and	Suspension Certific	ation
General and application-specific	Provisions and Assurances	Lobl	oying Certifi	cation	
Authorized Official Name		Title			
Fmail			Phone		

RFA # 701-24-105 SAS # 635-24

Date

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Shared Services Arrangements	
Shared services arrangements (SSAs) are	e NOT permitted for this grant. Check the box below if applying as fiscal agent.
Statutory/Program Assurances	
	am. In order to meet the requirements of the program, the applicant must
comply with these assurances.	
(replace) state mandates, State Board of E applicant provides assurance that state of because of the availability of these funds.	program funds will supplement (increase the level of service), and not supplant Education rules, and activities previously conducted with state or local funds. The r local funds may not be decreased or diverted for other purposes merely. The applicant provides assurance that program services and activities to be ary to existing services and activities and will not be used for any services or
	the application does not contain any information that would be protected by the t (FERPA) from general release to the public.
3. The applicant provides assurance to ad 2023-2024 Effective Advising Implementa	lhere to all the Statutory and TEA Program requirements as noted in the ation Grant Year 1 Program Guidelines.
	There to all the Performance Measures, as noted in the 2023-2024 Effective ogram Guidelines, and shall provide to TEA, upon request, any performance data ogram.
	nic Information Resources (EIR) produced as part of this agreement will comply irements as specified in 1 TAC 206, 1 TAC Chapter 213, Federal Section 508 cility Guidelines.

CDN		Vendor ID		Amendment #
Prog	ram Req	uirements)	
a) Provido) Includo) Includo) Includo d) Expla	de how this po de how this pr	w of the progran rogram will supp ogram will foste	er innovation in CTE prog	th grant funds. in the context of comprehensive school counseling. gramming and/or promote careers pathways aligned to high-skill, high-wage careers or industries. ia listed in the Eligible Applications section of these Program Guidelines. Include information for each criterion

CDN		Vendor ID		Amendment #		
Prog	rogram Requirements, cont'd.					
a) EAR capace for the b) Pro approo strates stipen c) Discommends the sti to sup d) Discomvolv stakeh	ity to provide a contracted so ject Lead - W priate time an gy for support d amount allo crict Steering per, please ans pend amount port this aspe trict Commits ement in the p	o is the EAF Coac the necessary su upport? What otl tho is the Project d capacity to pro- ing the Project L cated for the Pro- Committee - W wer the followin allocated for eac ct of the grant. ment - Outline the planning year an	pport? What percentage her roles does the EAF C Lead and what are theil ovide the necessary supple lead in obtaining the necessary ject Lead. If ho will be the steering of their role and/or qual ch steering committee re the district's commitments the evidence of suppose	alifications? What is the process the partner ESC undertook to ensure they have the appropriate time and e of their time will be allocated specifically to the district to support implementation and what is the ESC fee toach hold at the ESC and what is the amount of time allocated to other projects? In qualifications? What is the process the district undertook to identify them and ensure they have the port? What percentage of their time is allocated to this project? In addition, please include the district's cessary support from the steering committee and all stakeholders to effectively lead this project. Include the committee members as defined in the EAF and included below in the Description of Program? For each ifications to serve on the committee, and percentage of their time that will be allocated to this project. Include member. Please include representatives from K-12. Consider including someone from the finance department at to this project. Consider the District Commitments of the EAF in your response. Describe district leadership's ort shown for this initiative. In addition, how will the district communicate this initiative to necessary r an internal culture of advising? Consider the Communication Plan in the district EAF Implementation Plan in		

CDN		Vendor ID		Amendn	nent #	
Prog	ram Requ	uirements	, cont'd.			
a) Imp b) EAR be imp literace the EA staff (I develor studen c) Inte indica Descri	Friorities - In plemented in Y y), alignment to F Priority (may eadership, schoopment needed to outcomes are revention Planted outcomes to the Tier 2 and mentation of g	Plan - What is to addicate the EAF fear 1, the target or grade-level existed to address implied their alignment of Consider the for each priority and 3 targeted surade level experience.	Priorities for Year 1 of Im ted grade-level(s), numb expectation(s) developed pation data, process data or advisors, internal parti plementation of the prior ent to the metrics. Considured y throughout the grant pupports for students in nuctations and/or priorities	ict's EAF Implementation Plan for Year 1 of implementation? Implementation. Please include the following for each EAF Priority : a description of the identified beer of students impacted, developmental area addressed (academic, career, personal and social in the planning year, the metrics to be monitored throughout implementation to demonstrate a, or outcome data), the EAF levers or essential actions identified to support fidelity of implementers, external partners) who will support implementation, the communication and/or professionity, the quality materials and tools that will be utilized to support implementation, and the another your EAF Priority Map in your response. It is that are aligned to your EAF Priorities. Describe the strategy for monitoring student progress project. How will you monitor student progress? How will you communicate progress to all stake eed of these levels of intervention. So for Grades 5-12 only will be accepted for this grant application. A minimum of three EAF Priorial Action(s) must be indicated to implement with grant funds for Year 1 of Implementation.	, or financial the impact of ntation, the kenal ticipated toward eholders?	f ey
level e	xpectations co	nnected to EAF	- Lever(s) and/or Essentia	al Action(s) must be indicated to implement with grant runds for Year 1 of Implementation.		\neg
RFA :	701-24-1	105 SAS #	635-24 20	023-2024 Effective Advising Implementation Grant Year 1	Page 5 of	9

CDN		Vendor ID		Amendment #		
		uirements				
3. Di	3. District Implementation Plan cont'd.					

CDN		Vendor ID		Amendment #
		uirements	s, cont'd.	
Priorit (b) Org partne	w will the pro ies, justification ganize the pro ers, and high-o	on for the specif oposed budget I	ic funding allocations in breakdown into the follo s and assessments. Indica	posed program? Include the following: how the budget aligns to the Implementation Plan and Year 1 EAF the proposed budget, and explanation of pay rates and hours expected for services rendered. wing categories: funds for leadership and planning, school counselors and advisors, internal partners, external ate the budget code(s) for each category aligned to payroll, professional and contracted services, supplies and

CDN	Vendor ID	Amen	dment #		
	cess and Participation				
Check the appropriate box below to indicate whether any barriers exist to equitable access and participation for any groups					
	rvices funded by this progran	n. exist to equitable access and participation for any groups receiving	n services		
	by this program.	exist to equitable access and participation for any groups receiving	, services		
		participation for the following groups receiving services funded by	this grant, as		
Г	ed below.				
Group		Barrier			
Group		Barrier			
Group		Barrier			
Group		Barrier			
PNP Equitab	le Services				
Are any private	e nonprofit schools located w	ithin 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	○ Yes ○ No				
If you answered	If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.				
5A: Assurance	5A: Assurances				
		onsultation requirements as listed in Section 1117(b)(1) and/or			
	• •	n all eligible private nonprofit schools located within the LEA's bour			
	A assures the appropriate Affir r and time requested.	mations of Consultation will be provided to TEA's PNP Ombudsma	n in the		
	e Services Calculation				
1. LEA's studer	it enrollment				
2. Enrollment	2. Enrollment of all participating private schools				
3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)					
4. Total current-year program allocation					
5. LEA reserva	5. LEA reservation for direct administrative costs, not to exceed the program's defined limit				
6. Total LEA amount for provision of ESSA PNP equitable services (line 4 minus line 5)					
7. Per-pupil LE	7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)				
	LEA's total requi	ed ESSA PNP equitable services reservation (line 7 times line 2			

CDN	Vendor ID	Amendment #
Appendix I: /	Amendment Description ar	nd Purpose (leave this section blank when completing the initial application for funding)
"When to Am be submitted authorized of of the applica	end the Application" docume for an amendment: (1) Page ficial's signature and date, (2 ation or budget affected by the	the program plan or budget is altered for the reasons described in the ent posted on the Administering a Grant page. The following are required to e 1 of the application with updated contact information and current 2) Appendix I with changes identified and described, (3) all updated sections ne changes identified below, and, if applicable, (4) Amended Budget fore details can be found on the last tab of the budget template. You may duplicate this page
Amended Se	ction	Reason for Amendment