| Letter of Interest  |   | _                                  | •                                    |                     |                           |                       | 23                            |                            |
|---|---|------------------------------------|--------------------------------------|---------------------|---------------------------|-----------------------|-------------------------------|----------------------------|
| Texas Education Agency NOGA ID  |   |                                    |                                      |                     |                           |                       |                               |                            |
| Authorizing legislation   |   |                                    |                                      |                     |                           |                       |                               |                            |
| This LOI application must be submitted via email to   | loiapplication                          | ons@tea.                           | texas.gov.                           |                     |                           | Applio                | cation stamp-in d             | ate and time               |
| The LOI application may be signed with a digital ID are acceptable.   | or it may be s                          | signed by                          | hand. Both                           | forms of            | signature                 |                       |                               |                            |
| TEA must receive the application by 11:59 p.m. CT,  | , July 14, 202                          | 3.                                 |                                      |                     |                           |                       |                               |                            |
| Grant period from Septem  | ber 1, 2023                             | - Augus                            | st 31, 202                           | 4                   |                           |                       |                               |                            |
| Pre-award costs permitted from P  | re-Award C                              | Costs Are                          | Not Pern                             | nitted              |                           |                       |                               |                            |
| <b>Required Attachments</b> (linked along with thi Excel workbook with the grant's budget sche Attachment 1: Program Agreement  |   | TEA Grant                          | s Opportunit                         | ies page            | )                         |                       |                               |                            |
| Amendment Number  |   |                                    |                                      |                     |                           |                       |                               |                            |
| Amendment number (For amendments only   | /; enter N/A                            | when co                            | mpleting                             | this for            | m to app                  | ly for gra            | nt funds):                    |                            |
| Applicant Information   |   | 1                                  |                                      |                     |                           |                       |                               |                            |
| Organization  | CDN                                     | C                                  | ampus                                |                     | ESC                       | UEI                   |                               |                            |
| Address   |   | City [                             |                                      |                     | ZIP                       |                       | Vendor ID                     |                            |
| Primary Contact   | Email                                   |                                    |                                      |                     |                           |                       | Phone                         |                            |
| Secondary Contact   | Email                                   |                                    |                                      |                     |                           |                       | Phone                         |                            |
| Certification and Incorporation   |   |                                    |                                      |                     |                           |                       |                               |                            |
| I understand that this application constitutes<br>binding agreement. I hereby certify that the<br>and that the organization named above has<br>binding contractual agreement. I certify that<br>compliance with all applicable federal and st | informatior<br>authorized<br>any ensuin | n contain<br>me as its<br>g progra | ed in this<br>represent<br>m and act | applica<br>ative to | tion is, to<br>o obligate | the best<br>this orga | of my knowl<br>anization in a | edge, correct<br>a legally |
| I further certify my acceptance of the require and that these documents are incorporated I  |   | •                                  |                                      | • .                 |                           |                       | •                             | • •                        |
| LOI application, guidelines, and instruction  |   |                                    |                                      |                     |                           | •                     | nsion Certifi                 | cation                     |
| General and application-specific Provisio   | ns and Assu                             | ırances                            |                                      | Lob                 | bying Cer                 | tification            |                               |                            |
| Authorized Official Name  |   |                                    |                                      | Title               |                           |                       |                               |                            |
| Email   |   |                                    |                                      |                     | Phone                     |                       |                               |                            |

Signature

RFA # 701-24-106 SAS # 636-24

Date

| CDN Vendor ID  | Amendment #  |
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| Shared Services Arrangements   |  |
| Shared services arrangements (SSAs) are  | NOT permitted for this grant. Check the box below if applying as fiscal agent.   |
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| 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<br>applicant provides assurance that state o<br>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.  |
| <ul><li>3. The applicant provides assurance to ad<br/>2023-2024 Effective Advising Implementa</li></ul>                                | lhere to all the Statutory and TEA Program requirements as noted in the ation Grant Year 2 Program Guidelines.   |
|  | lhere 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.   |
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| CDN  |                                  | Vendor ID  |                           | Amendment #   |
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| Prog   | ram Req                          | uirements  | )                         |   |
| a) Provido) Includo)<br>Includo) Includo<br>d) Expla | de how this po<br>de how this pr | w of the progran<br>rogram will supp<br>ogram will foste | er innovation in CTE prog | th grant funds.<br>in the context of comprehensive school counseling.<br>gramming and/or promote careers pathways aligned to high-skill, high-wage careers or industries.<br>ia listed in the Eligible Applications section of these Program Guidelines. Include information for each criterion |
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| 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<br>ject Lead - W<br>priate time an<br>gy for support<br>d amount allo<br>crict Steering<br>per, please ans<br>pend amount<br>port this aspe<br>trict Commits<br>ement in the p | o is the EAF Coac<br>the necessary su<br>upport? What otl<br>tho is the Project<br>d capacity to pro-<br>ing the Project L<br>cated for the Pro-<br>Committee - W<br>wer the followin<br>allocated for eac<br>ct of the grant.<br>ment - Outline the<br>planning year an | pport? What percentage<br>her roles does the EAF C<br>Lead and what are theil<br>ovide the necessary supple<br>lead in obtaining the necessary<br>ject Lead.<br>If ho will be the steering of<br>their role and/or qual<br>ch steering committee re<br>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 nember. 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 |  |  |
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| CDN  |                        | Vendor ID     |                          | Amendi   | ment #      |
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| Prog   | ram Requ               | iirements     | , cont'd.                |  |             |
| 3. District Implementation Plan: a) Implementation Plan - What is the summary of the district's EAF Implementation Plan for Year 2 of implementation? b) EAF Priorities - Indicate the EAF Priorities for Year 2 of Implementation. Please include the following for each EAF Priority: a description of the identified EAF Priority to be implemented in Year 2, the targeted grade-level(s), number of students impacted, developmental area addressed (academic, career, personal and social, or financial literacy), alignment to grade-level expectation(s) developed in the planning year, the metrics to be monitored throughout implementation to demonstrate the impact of the EAF Priority (may include participation data, process data, or outcome data), the EAF levers or essential actions identified to support fidelity of implementation, the key staff (leadership, school counselors or advisors, internal partners, external partners) who will support implementation, the communication and/or professional development needed to address implementation of the priority, the quality materials and tools that will be utilized to support implementation, and the anticipated student outcomes and their alignment to the metrics. Consider your EAF Priority Map in your response. c) Intervention Plan - Consider the grade-level expectations that are aligned to your EAF Priorities. Describe the strategy for monitoring student progress toward indicated outcomes for each priority throughout the grant project. How will you monitor student progress? How will you communicate progress to all stakeholders? Describe the Tier 2 and 3 targeted supports for students in need of these levels of intervention.  Implementation of grade level expectations and/or priorities for Grades 5-12 only will be accepted for this grant application. A minimum of three EAF Priorities or grade level expectations connected to EAF Lever(s) and/or Essential Action(s) must be indicated to implement with grant funds for Year 2 of Implementation. |                        |               |                          |  |             |
| ievere   | лрестанон <b>з</b> сог | mected to EAF | Level(s) and/Of Essellia | ii Action(3) mast be indicated to implement with grant funds for fear 2 of implementation. |             |
|  |                        |               |                          |  |             |
|  |                        |               |                          |  |             |
| RFA #  | 701-24-1               | 06 SAS #      | 636-24 20                | 023-2024 Effective Advising Implementation Grant Year 2                                    | Page 5 of 9 |

| CDN           |              | Vendor ID    |            | Amendment # |  |
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|               |              | uirements    |            |             |  |
| 3. <b>D</b> i | strict Imple | mentation Pl | an cont'd. |             |  |
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| Prog                          | ram Req   | uirements                           | s, cont'd.   |  |
| Prioriti<br>(b) Org<br>partne | w will the proples, justification<br>janize the propers, and high-c | n for the specif<br>posed budget I  | ic funding allocations in<br>breakdown into the follo<br>s and assessments. Indica | posed program? Include the following: how the budget aligns to the Implementation Plan and Year 2EAF 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 |
| (b) Org                       | ganize the pro<br>rs, and high-c                                    | posed budget l<br>quality materials | breakdown into the follo<br>s and assessments. Indica                              | wing categories: funds for leadership and planning, school counselors and advisors, internal partners, external  |
|                               |   |                                     |  |  |

| CDN  | Vendor ID   |                    | Amen  | dment #        |  |
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| <b>Equitable A</b>   |   |                    |   |                |  |
| that receive se  | 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. |                    |   |                |  |
|  | blicant assures<br>by this progra   |                    | exist to equitable access and participation for any groups receiving  | , services     |  |
| Barriers   | exist to equit  |                    | participation for the following groups receiving services funded by   | this grant, as |  |
| describe   | ed below.   |                    | _   |                |  |
| Group  |   |                    | Barrier   |                |  |
| Group  |   |                    | Barrier   |                |  |
| Group  |   |                    | Barrier   |                |  |
| Group  |   |                    | Barrier   |                |  |
| <b>PNP Equitab</b>   | le Services   |                    |   |                |  |
| Are any privat   | e nonprofit sc  | hools located wit  | thin the applicant's boundaries?  |                |  |
| ○ Yes  | ○No   |                    |   |                |  |
| If you answere   | d "No" to the p   | receding question  | , stop here. You have completed the section. Proceed to the next page.  |                |  |
| Are any privat   | e nonprofit so  | hools participatir | ng in the program?  |                |  |
| ○ Yes  | ○Yes ○No  |                    |   |                |  |
| If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page. |   |                    |   |                |  |
| 5A: Assuran  | 5A: Assurances  |                    |   |                |  |
| 1 1  |   |                    | onsultation requirements as listed in Section 1117(b)(1) and/or<br>all eligible private nonprofit schools located within the LEA's bour | ndaries.       |  |
|  |   |                    | nations of Consultation will be provided to TEA's PNP Ombudsmar   |                |  |
| manne  | r and time red  | quested.           | ·   |                |  |
| 5B: Equitabl   | e Services C  | alculation         |   |                |  |
| 1. LEA's stude   | nt 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 a   | 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)   |                    |   |                |  |
|  | LI  | EA's total require | ed ESSA PNP equitable services reservation (line 7 times line 2)  |                |  |

| CDN  | Vendor ID   | Amendment #   |
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| Appendix I: /  | Amendment Description ar  | nd Purpose (leave this section blank when completing the initial application for funding)   |
| "When to Am<br>be submitted<br>authorized of<br>of the applica | end the Application" docume<br>for an amendment: (1) Page<br>ficial's signature and date, (2<br>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  |
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