

Authorizing le	gis	lation
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This LOI application must be submitted via email to <b>loiapplications@tea.texas.gov.</b>	Application stamp-in date and time
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 <b>11:59 p.m. CT, July 14, 2023</b> .	
Grant period from September 1, 2023 - August 31, 2024	
Grant period from September 1, 2023 - August 51, 2024	
Pre-award costs permitted from <b>Pre-Award Costs Are Not Permitted</b>	
<b>Required Attachments</b> (linked along with this form on the TEA Grants Opportunities page)	
Even werken als with the grantic budget echadules	

Excel workbook with the grant's budget schedules Attachment 1: Program Agreement

Amendment Number					
Amendment number (For amendment	s only; enter N/A wh	en completing th	is form to apply	for 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					
binding agreement. I hereby certify tha and that the organization named above binding contractual agreement. I certify compliance with all applicable federal a I further certify my acceptance of the re and that these documents are incorpor	e has authorized me / that any ensuing p and state laws and re quirements conveye	as its representat rogram and activ gulations. ed in the followin	ive to obligate tl ity will be condu g portions of the	his organization in a cted in accordance LOI application, as	a legally and applicable,
LOI application, guidelines, and inst	ructions		Debarment and	d Suspension Certifi	cation
General and application-specific Pro	ovisions and Assurar	ices	Lobbying Certif	fication	
Authorized Official Name			Title		
Email			Phone		
Signature			Da	ite	
RFA # 701-24-106 SAS # 636-24	2023-2024 Effec	tive Advising Im	plementation (	Grant Year 2	Page 1 of 9

CDN Vendor ID	Amendment #
Shared Services Arrangements	
Shared services arrangements (SSAs) are	NOT permitted for this grant. Check the box below if applying as fiscal agent.
Statutory/Program Assurances	
The following assurances apply to this progracomply with these assurances.	am. In order to meet the requirements of the program, the applicant must
Check each of the following boxes to indicate	
(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 rd of Education rules, or local policy.
—	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 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 pility Guidelines.

# **Program Requirements**

### 1. Summary of Program:

a) Provide an overview of the program to be implemented with grant funds.

b) Include how this program will support individual planning in the context of comprehensive school counseling.

c) Include how this program will foster innovation in CTE programming and/or promote careers pathways aligned to high-skill, high-wage careers or industries.

d) Explain in detail how the district met the CTE defined criteria listed in the Eligible Applications section of these Program Guidelines. Include information for each criterion met by the district.

Vendor ID

# Program Requirements, cont'd.

#### 2. Project Leadership:

a) **EAF Coach** - Who is the EAF Coach and what are their qualifications? What is the process the partner ESC undertook to ensure they have the appropriate time and capacity to provide the necessary support? What percentage of their time will be allocated specifically to the district to support implementation and what is the ESC fee for the contracted support? What other roles does the EAF Coach hold at the ESC and what is the amount of time allocated to other projects?

b) **Project Lead** - Who is the Project Lead and what are their qualifications? What is the process the district undertook to identify them and ensure they have the appropriate time and capacity to provide the necessary support? What percentage of their time is allocated to this project? In addition, please include the district's strategy for supporting the Project Lead in obtaining the necessary support from the steering committee and all stakeholders to effectively lead this project. Include the stipend amount allocated for the Project Lead.

c) **District Steering Committee** - Who will be the steering committee members as defined in the EAF and included below in the Description of Program? For each member, please answer the following: their role and/or qualifications to serve on the committee, and percentage of their time that will be allocated to this project. Include the stipend amount allocated for each steering committee member. Please include representatives from K-12. Consider including someone from the finance department to support this aspect of the grant.

d) **District Commitment** - Outline the district's commitment to this project. Consider the District Commitments of the EAF in your response. Describe district leadership's involvement in the planning year and the evidence of support shown for this initiative. In addition, how will the district communicate this initiative to necessary stakeholders in this grant project to ensure buy-in and foster an internal culture of advising? Consider the Communication Plan in the district EAF Implementation Plan in your response.

## Program Requirements, 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.

3. District Implementation Plan cont'd.

Vendor ID

## Program Requirements, cont'd.

### 4. Budget:

(a) How will the proposed budget meet the goals of the proposed program? Include the following: how the budget aligns to the Implementation Plan and Year 2EAF
Priorities, justification for the specific funding allocations in the proposed budget, and explanation of pay rates and hours expected for services rendered.
(b) Organize the proposed budget breakdown into the following categories: funds for leadership and planning, school counselors and advisors, internal partners, external partners, and high-quality materials and assessments. Indicate the budget code(s) for each category aligned to payroll, professional and contracted services, supplies and materials, and other operating costs.

CDN Vendor ID	Amendment #
Equitable Access and Participation	
	whether any barriers exist to equitable access and participation for any groups
that receive services funded by this program	exist to equitable access and participation for any groups receiving services
<sup>o</sup> funded by this program.	exist to equitable access and participation for any groups receiving services
Barriers exist to equitable access and p	participation for the following groups receiving services funded by this grant, as
described below.	
Group	Barrier
PNP Equitable Services	
Are any private nonprofit schools located with	thin the applicant's boundaries?
⊖Yes ⊖No	
	, stop here. You have completed the section. Proceed to the next page.
Are any private nonprofit schools participation	ng 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	
	onsultation requirements as listed in Section 1117(b)(1) and/or
	all eligible private nonprofit schools located within the LEA's boundaries.
manner and time requested.	nations of Consultation will be provided to TEA's PNP Ombudsman in the
5B: Equitable Services Calculation	
1   EA's student enrollment	

LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)	
7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)	
6. Total LEA amount for provision of ESSA PNP equitable services (line 4 minus line 5)	
5. LEA reservation for direct administrative costs, not to exceed the program's defined limit	
4. Total current-year program allocation	
3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)	
2. Enrollment of all participating private schools	
I. LEA'S student enrollment	

