		)24 Effective Advi Interest (LOI) Appl	_	_			y 7, 202	23		
Texas Educati	® NOGA ID				-		-			
Authorizing le										
							App	ication stamp	o-in date	and time
This LOI applica	ation must be submitted	via email to <b>loiapplicatio</b>	ons@tea.t	exas.gov.						
The LOI applica are acceptable.		a digital ID or it may be s	igned by I	nand. Both fo	orms of	signature				
TEA must recei	ve the application by <b>11:</b>	59 p.m. CT, July 7, 2023	•							
Grant period	from	September 1, 2023	- Augus	t 31, 2024						
·	sts permitted from	Pre-Award C					1			
Required At	tachments (linked al	long with this form on the 1	ΓΕΑ Grants	Opportuniti	es page	)				
	ok with the grant's bu : Program Agreemen	_								
Amendmen	t Number									
Amendment	number (For amendi	ments only; enter N/A	when co	mpleting t	:his for	m to app	ly for gra	ant funds):	: [	
Applicant II	nformation	·								
Organization		CDN		Campus		ESC	UEI			
Address			City			ZIP		Vendor I		
Primary Cont	act	Email						Phone		
Secondary Co	ontact	Email						Phone		
	n and Incorporation									
binding agree and that the obinding conti compliance w I further certif	ement. I hereby certiforganization named a ractual agreement. I c vith all applicable fed fy my acceptance of t	constitutes an offer an y that the information above has authorized retify that any ensuing eral and state laws and he requirements converporated by reference	containe me as its g progra d regulat eyed in t	ed in this a representa m and acti ions. the followi	pplica ative to vity wi ng por	tion is, to o obligate II be cond tions of t	the best this org ducted in he LOI a	of my kno panization n accordar oplication	owled in a le nce an , as ap	ge, correct gally d plicable,
	ation, guidelines, and		as parc					ension Ce		
	_	ic Provisions and Assu	rances		_	oying Cer	•			
Authorized C	Official Name				Title					
Email						Phone				

Date

Signature

RFA # 701-24-104 SAS # 701A-24

CDN Vendor ID	Amendment #	
Shared Services Arrangements		
Shared services arrangements (SSAs) are	permitted for this grant. <b>Check the box below if applying as fiscal agent.</b>	
into a written SSA agreement descr	lication is the fiscal agent of a planned SSA. All participating agencies will ente ibing the fiscal agent and SSA member responsibilities. All participants es Arrangement Attachment" must be completed and signed by all SSA fore the NOGA is issued.	r
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	
(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 Increase roughly representation of the purposes of the supplicant provides assurance that program services and activities to be any 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 t t (FERPA) from general release to the public.	he
☐ 3. The applicant provides assurance to ad 2023-2024 Effective Advising Planning Gr	here to all the Statutory and TEA Program requirements as noted in the rant Program Guidelines.	
	here to all the Performance Measures, as noted in the 2023-2024 Effective nes, and shall provide to TEA, upon request, any performance data necessary t	:О
	ic Information Resources (EIR) produced as part of this agreement will comply rements as specified in 1 TAC 206, 1 TAC Chapter 213, Federal Section 508 bility Guidelines.	

CDN		Vendor ID		Amendment #				
Prog	ram Reg	uirements						
1. <b>Sun</b> individ	. <b>Summary of Program</b> : a) Provide an overview of the program to be implemented with grant funds. b) Describe how this program will support ndividual planning in the context of comprehensive school counseling. c) Describe how this program will foster innovation in CTE programming and/or promote careers pathways aligned to high-skill, high-wage careers or industries.							

CDN		Vendor ID		Amendment #			
Prog	ram Req	uirements	, cont'd.				
your ju	2. <b>Project Leadership:</b> a) Explain the <b>EAF Coach</b> selection. Include the following: Who will serve as the EAF Coach(es)? What are this person's qualifications and what is your justification for selecting them as the EAF Coach? What percentage of time will the EAF Coach(es) be allocated to this project? Include any other roles the EAF Coach holds and the percentage of time they are allocated to other projects, not to exceed 100%. If selecting more than one EAF Coach, indicate which district(s) each coach will be held accountable for supporting for the duration of the grant cycle.						
Coach	Provide an overview of the <b>EAF Coach Strategy</b> for implementing this project. Include the following: What is the training and communication strategy the EAF Coach(es) will use to ensure participating districts fulfill their commitments to the deliverables of this project? How will the EAF Coach(es) monitor progress toward completion of deliverables? How will an EAF Coach intervene, if necessary, with districts who are not meeting expectations?						
resour What p	Provide an overview of the <b>ESC's strategy</b> for overseeing this project. Include the following: How will the ESC ensure the EAF Coach(es) have the necessary time and esources to successfully complete all grant requirements? How will the ESC monitor the performance of the EAF Coach(es) and track progress toward grant deliverables? What protocol and strategy will be followed if the ESC recognizes the EAF Coach is at risk or if they are notified by TEA that an EAF Coach is at-risk? What steps will be aken if the ESC does not retain the selected EAF Coach(es) for the entirety of the grant? How will the ESC ensure the grant project is integrated with other internal efforts?						

CDN		Vendor ID		Amendment #				
Prog	ram Req	uirements	, cont'd.					
select	partner distric	<b>nip</b> : a) Provide a cts, reasoning be y, that informed	hind your selection, con	ion process for <b>partner school districts</b> . Include the following: an outline of the process you undertook to sidering key elements such as current initiatives, participation in other projects, district and/or campus level				
	Explain in detail how the districts you have selected meet the CTE defined criteria listed in the Eligible Applications section of these Program Guidelines. Include formation for each criterion met by the individual districts.							
	gy for each dis			ject Leads at each partner district and what are their qualifications to serve as Project Lead? Include the the district will ensure this person has the necessary time and resources to successfully complete grant				

CDN		Vendor ID		Amendment #
		uirements		
4. Bud allocat	get Justification in the pro	on: Describe hoposed budget a	w the proposed budget and provide detail on sti	will meet the needs and goals of the proposed program. Include justification for the specific funding pends and hours expected for services rendered.

CDN	Vendor ID		Amen	dment #	
<b>Equitable A</b>					
that receive se	ervices funded	l by this program		, .	
	blicant assures 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	○ No				
If you answere	d "No" to the p	receding question	, stop here. You have completed the section. Proceed to the next page.		
5A: Assuran	ces				
1 1			onsultation requirements as listed in Section 1117(b)(1) and/or 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 participa	ating private scho	pols		
3. Total enroll	ment of LEA a	nd all participatir	ng PNPs (line 1 plus line 2)		
4. Total currer	4. Total current-year program allocation				
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	A amount for	provision of ESS.	A 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	Amendi	ment #
Appendix I: <i>I</i>	Amendment Description and	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" documer for an amendment: (1) Page ficial's signature and date, (2) ation or budget affected by the endment Instructions with mo	ne program plan or budget is altered for the reasons described in the posted on the Administering a Grant page. The following are 1 of the application with updated contact information and currer Appendix I with changes identified and described, (3) all update changes identified below, and, if applicable, (4) Amended Budgere details can be found on the last tab of the budget template.  You may duplicate this page  Reason for Amendment	required to nt ed sections
RFA # 701-24	I-104 SAS # 701A-24	2023-2024 Effective Advising Planning Grant	Page 8 of 8