

2024-2025 Stronger Connections Grant Competitive Grant Application: Due 11:59 p.m. CT, July 18, 2023

NOGA ID						Annli	cation stamn-	in date and time
			1 1				cation stamp	in duce and time
FEA will only accept grant application documents by email , including competitive grant applications and amendments. Submit grant applications and amendments as ollows:								
Competitive grant applications and amendm competitivegrants@tea.texas.gov.	nents to							
The application MUST bear the signature of applicant to a contractual agreement	a person	author	ized to bind t	he				
Authorizing legislation: PL 117-159 Bipartis	san Safer (Commu	nities Act Title	II Sc	hool Im	provement	Programs	s, BSCA
Grant period: From 11/15/2023 to 09/30/2	025	P	re-award co	sts:	ARE I	NOT perm	itted for t	his grant
Required attachments: N/A								
Amendment Number								
Amendment number (For amendments only	; enter N/	'A wher	n completing	this	form to	apply for	grant fun	ıds):
1. Applicant Information								
Name of organization								
Campus name	CDN		Vendor ID			ESC	UEI	
Address		City			ZIP		Phone	
Primary Contact	Email [Phone	
Secondary Contact	Email						Phone	
2. Certification and Incorporation							_	
I understand that this application constitutes a binding agreement. I hereby certify that the correct and that the organization named about a legally binding contractual agreement. I contractual agreement. I contractual agreement. I contractual agreement. I contractual agreement applical I further certify my acceptance of the require applicable, and that these documents are in Grant Award (NOGA): Grant application, guidelines, and instruction. General Provisions and Assurances Application-Specific Provisions and Assurances	e informa ove has a ertify that a ble federa ements co corporate uctions	tion cor uthorize any ens al and s onveyec	ntained in this ed me as its is suing progran tate laws and I in the follow	s apprepried and and and and and and and and and an	olications sentated activulation portion for the guide Suspfication of	n is, to the live to oblicity will be as. s of the grant application Central C	e best of r gate this conducte ant applic ation and ertification	my knowledge, organization in d in cation, as I Notice of
Authorized Official Name	Title		Em	nail				
Phone Signature							Date	
Grant Writer Name	Signature	;					Date	
Grant writer is an employee of the applicant of	-		Grant writer i	s no 1	t an em	ployee of t	 he applica	nt organization.
For TEA Use Only: Adjustments on this page have been confirmed wit	th	b	у	0	f TEA b	y phone / fa	ax / email o	n
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	ared Services Arran		
Shared	d services arrangemen	nts (SSAs) are not	permitted for this grant.
4. Ide	ntify/Address Need	S	
_ist up	to three quantifiable n	eeds, as identified	in your needs assessment, that these program funds will address.
Descri	be your plan for addres		
	Quantifiable N	leed	Plan for Addressing Need
	ART Goal	IART goal you hay	re identified for this program (a goal that is Specific, Measurable,
			ted to student outcome or consistent with the purpose of the grant.
6. Mea	surable Progress		
		you will use at the	e end of the first three grant quarters to measure progress toward
	g the process and imp	lementation goals	defined for the grant.
First-	Quarter Benchmark		
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6. Measurable Progress (Cont.)	
Second-Quarter Benchmark	
Third-Quarter Benchmark	
7. Project Evaluation and Modific	cation
	lluation data to determine when and how to modify your program. If your pals do not show progress, describe how you will use evaluation data to
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CDN		Vendor ID)	Amend	ment #
3. Sta	tutory	//Program A	ssurances		
The fo	ollowing		apply to this gra	ant program. In order to meet the requirements of the grant, the	grantee
Check	c each	of the followin	g boxes to indic	cate your compliance.	
rep) app the gra	olace) s olicant p availab nt will b	tate mandates, rovides assura ility of these fur e supplementa	State Board of E nce that state or nds. The applicar	program funds will supplement (increase the level of service), and not selected and activities previously conducted with state or local flocal funds may not be decreased or diverted for other purposes mere not provides assurance that program services and activities to be funde vices and activities and will not be used for any services or activities report local policy.	unds. The ly because of d from this
				he application does not contain any information that would be protecte t (FERPA) from general release to the public.	d by the
☐ Me	asures,	as noted in the	e 2024–2025 Stro	here to all Statutory Requirements, TEA Program Requirements, and I onger Connections Grant Program Guidelines, and shall provide the Te formance data necessary to assess the success of the grant program.	
inte alig has	ermediation	te/middle schoo the training and an three campu	ol, one high scho d support provide uses or does not l	tudent Support Program at three district campuses (one elementary, o ol) to address school climate and establish a student support team structure of the Texas Center for Student Supports and the regional ESC. If the three of the listed types of campuses, the applicant will establish team structure at all campuses, up to three, served in the district.	ucture ne applicant
–ր ES	C. Com	plete the transa	action with the re	ed funds for contracted services for technical assistance provided by the gional ESC in a timely manner. Time is of the essence in completing the lefficiently and effectively to successfully achieve the goals of the pro	ne transaction
☐ Tex	kas Cen essend	ter for Student	Support and TEA g the transaction	ded funds for professional and contracted services with a partner appro A. Complete the transaction with the regional ESC in a timely manner. to ensure that the program is implemented efficiently and effectively to	Time is of
bui imp 8.	ld suppo lementa The app	ort with parents ation process to	and families price o facilitate a stude olish a parent, stu	ement playbook developed by the Texas Center for Student Supports to a student support team assessment, and during the student support support partnership with families. Ident, and staff advisory committee to provide input on the establishment.	ort
				oport Program planning activities from the beginning of the grant progra 24-2025 school year.	am through
				nent at the beginning of the 2024-2025 school year, the Student Supports.	rt Program
				nanagement system into the student support team structure aligned to for Student Supports.	the training
				pport team structure with behavioral threat assessment team operation supported and that the effectiveness of interventions are monitored.	and
Sup stud out stud	oports to dent sup comes (dents, re	o gather and an oport team stru (e.g. increase in eduction in disc	nalyze data to mo cture, quality of s n student support	collection and reporting system developed by the Texas Center for Sturnitor efficacy of the implementation of the Student Support Program, in support leading to positive outcomes, and data related to increases in at team referrals for nonacademic needs, increase in effective supports as, reduction in bullying and harassment, increase in referrals for mental, etc.).	ncluding desired received by
[_] imp	olement	ation, and perfo		nse to requests from TEA for information and data regarding program luation measures.	development,
	A Use (e been confirmed	with of TEA by phone / fax / email on _	
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	-			<u> </u>	, .

CDN	Vendor ID		Amendr	nent #
9. Statutory	// TEA Program	Requiremer	nts	
			uses that will participate in the establishment of the Student Supp? Include the criteria or considerations that will influence the dete	
2.Describe l Support Pro		sure that cam	npus leaders and staff are committed to the success of the St	udent
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			equirements (C	
3. Des	scribe how the	E LEA w	vill engage parent	s and families to solicit support for the program.
4. Des	scribe how the	LEA w	vill ensure that the	ere is adequate staff to support the establishment and implementation of
the St	udent Suppor	t Progra	am.	
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9. Statutory	//Program Requi	rements (C	Cont.)	
			be supported by the grant program, if awarded, currently cond campus will incorporate current systems into the student supp	
			student support needs and how it identifies and establishes behavioral health providers to meet student needs.	
partiferships	with external ment		benavioral nealth providers to meet student needs.	
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9. St	tatutory	//Program R	equirem	ents (Co	nt.)		
					ith the regional ESC to support improvement in st alth and wellbeing, and improving academic outco		١,
					ogram to supplement current work to improve ser		
for t	ne ment	al health, beha	Vioral and	d emotion	al health, and physical health and wellness of stud	lents.	\neg
9. Er	iter the L	.EA Total Enro	lment:				
10. E	nter the	Regional Educ	ational So	ervice Cei	ter that serves the LEA:		
	EA Use (Only: n this page have	been confi	rmed with	by of TEA by phone / fax	/ email on	
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10. Equitable Access and Participati					
Check the appropriate box below to indicate groups that receive services funded by this	e whether any barriers exist to equitable access and	d participation for any			
The applicant assures that no barriers exist to equitable access and participation for any groups receiving					
services funded by this grant. Barriers exist to equitable access an	d participation for the following groups receiving serv	vices funded by this			
grant, as described below.					
Group	Barrier				
Group	Barrier				
Group	Barrier				
Group	Barrier				
11. PNP Equitable Services					
Are any private nonprofit schools located v	vithin the applicant's boundaries?				
○Yes ○No					
If you answered "No" to the preceding que page.	stion, stop here. You have completed the section. Pr	roceed to the next			
Are any private nonprofit schools participat	ing in the grant?				
○Yes ○No	otion standard Variabase as manlated the continua Di	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
page.	stion, stop here. You have completed the section. Pr	roceed to the next			
Assurances					
	Il consultation requirements as listed in Section 1117 ith all eligible private nonprofit schools located within	` , ` ,			
` / ` /	firmations of Consultation will be provided to TEA's F				
the manner and time requested.					
Equitable Services Calculation					
LEA's student enrollment					
2. Enrollment of all participating private sci					
Total enrollment of LEA and all participa	iting PNPs (line 1 plus line 2)				
Total current-year grant allocation					
5. LEA reservation for direct administrative	costs, not to exceed the grant's defined limit				
6. Total LEA amount for provision of ESSA	PNP equitable services (line 4 minus line 5)				
7. Per-pupil LEA amount for provision of E	SSA PNP equitable services (line 6 divided by line 3	3)			
LEA's total required ES	SA PNP equitable services reservation (line 7 tim	es line 2)			
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	st for Grant Funds		
List all of the budgeted for negotiation,	e allowable grant-rela r each activity. Group you will be required t	ted activities similar activ	s for which you are requesting grant funds. Include the amounts vities and costs together under the appropriate heading. During our planned expenditures on a separate attachment provided by TEA.
Payroll Cos	ts		
1.			
2.			
3.			
4.			
5.			
Professiona	al and Contracted S	ervices	
6. Required (6% of funds for techn	ical assistan	nce provided by the regional ESC
7. Required	10% of funds to the T	exas Center	er for Student Supports
8.			
9.			
10.			
Supplies an	nd Materials		
11.			
12.			
13.			
Other Opera	ating Costs		
15.			
16.			
17.			
Debt Servic	es		
18.			
19.			
Capital Out	lay		
20.			
			Direct administrative costs:
			Indirect administrative costs:
			TOTAL GRANT AWARD REQUESTED:
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	on this page have been o	confirmed with	
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Appendix I: Negotiation and Amendmer	its
Leave this section blank when completing the	· ·
"When to Amend the Application" document be mailed OR faxed (not both). To fax: one of attachments), along with a completed and sign copies of all sections pertinent to the amenda page 1, to the address on page 1. More deta template.	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.
	sh to amend from the drop down menu on the left. In the text box on the
right, describe the changes you are making a	· · · · · · · · · · · · · · · · · · ·
•	or amended application. If you are requesting a revised budget, please
include the budget attachments with your an Section Being Negotiated or Amended	Negotiated Change or Amendment
Coolinia Bolling Regionalization Almonata	regulated change of Americanonic
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