

NOGA ID	Application stamp-in date and time
TEA will only accept grant application documents by <b>email</b> , including competitive grant applications and amendments. Submit grant applications and amendments as follows:	
Competitive grant applications and amendments to competitivegrants@tea.texas.gov.	
The application MUST bear the signature of a person authorized to bind the applicant to a contractual agreement	
Authorizing legislation: PL 117-159 Bipartisan Safer Communities Act Title II School Im	provement Programs, BSCA ·
Grant period: From 11/15/2023 to 09/30/2025 Pre-award costs: ARE M	NOT permitted for this grant
Required attachments: N/A	
Amendment Number	
Amendment number (For amendments only; enter N/A when completing this form to	apply for grant funds): NA
1. Applicant Information	
Name of organization CROSSTIMBERS ACADEMY CHARTER SCHOOL	
Campus name Crosstimbers Academy CDN 184801 Vendor ID 175285533	4 ESC XI UEI wvmvngtyjys3
Address PO BOX 1327 City Weatherford ZIP 7	76086 Phone 8175946220
Primary Contact JASON BUNTING Email JBUNTING@CTACHARTER.C	OM Phone 8175946220
Secondary Contact THEA DAMON Email TDAMON@CTACHARTER.CC	DM Phone 8175946220
2. Certification and Incorporation	
I understand that this application constitutes an offer and, if accepted by TEA or rener a binding agreement. I hereby certify that the information contained in this application correct and that the organization named above has authorized me as its representation a legally binding contractual agreement. I certify that any ensuing program and activit accordance and compliance with all applicable federal and state laws and regulations I further certify my acceptance of the requirements conveyed in the following portions applicable, and that these documents are incorporated by reference as part of the gr Grant Award (NOGA):	n is, to the best of my knowledge, we to obligate this organization in ty will be conducted in s. s of the grant application, as ant application and Notice of ension Certification
Authorized Official Name JASON BUNTING Title CEO Email JBUNT	NG@CTACHARTER.COM
Phone 8175946220 Signature	Date 7/13/23
Grant Writer Name ELIZABETH ROOK Signature EROOR	Date 7/13/23
	ployee of the applicant organization.
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The application MUS <sup>-</sup> applicant to a contrac	•	e of a person a	authori	zed to bin	d the				
Authorizing legislati	ion: PL 117-159 Bip	oartisan Safer Co	ommur	nities Act Ti	tle II So	chool Impr	ovement	Programs	, BSCA
Grant period: From	11/15/2023 to 09/3	80/2025	P	re-award	costs:	ARE NO	<b>)T</b> permi	tted for th	nis grant
Required attachmen	nts: N/A					L			
Amendment Numb	ber								
Amendment number	(For amendments	only; enter N/A	when	completir	ng this	form to a	apply for	grant fun	ds):
1. Applicant Inform	nation				-			-	· []
Name of organization	ו								
Campus name		CDN		Vendor I	D		ESC	UEI	
Address			City			ZIP		Phone	
Primary Contact		Email						Phone	
Secondary Contact		Email						Phone	
2. Certification and	Incorporation						,		
General Provision	I hereby certify that rganization named ractual agreement. pliance with all app ceptance of the reconses documents ar	at the information above has aut I certify that and licable federal quirements con the incorporated astructions	on cor thorize ny ens and st veyed	tained in f d me as if uing prog ate laws a in the foll erence as Debarm Lobbyin	this ap ts repro- ram ar and reg owing part c part c nent an g Cert	plication esentativ d activity gulations. portions of the gra d Suspen ification	is, to the e to oblig will be o of the gra nt applica nsion Ce	best of n gate this c conducted ant applic	ny knowledge, organization in d in cation, as Notice of
Authorized Official Na	ame	Title		E	Email [				
Phone	Signature							Date	
Grant Writer Name		Signature						Date	
⊖Grant writer <b>is</b> an err	nployee of the applic	ant organization	. C	Grant write	er is <b>no</b>	t an empl	oyee of th	ne applica	nt organization.
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# 3. Shared Services Arrangements

Shared services arrangements (SSAs) are not permitted for this grant.

## 4. Identify/Address Needs

List up to three quantifiable needs, as identified in your needs assessment, that these program funds will address. Describe your plan for addressing each need.

Quantifiable Need	Plan for Addressing Need

### 5. SMART Goal

Describe the summative SMART goal you have identified for this program (a goal that is Specific, Measurable, Achievable, Relevant, and Timely), either related to student outcome or consistent with the purpose of the grant.

#### 6. Measurable Progress

Identify the benchmarks that you will use at the end of the first three grant quarters to measure progress toward meeting the process and implementation goals defined for the grant.

# **First-Quarter Benchmark**

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6. Measura	able Progress	s (Cont.)				
Second-Qu	larter Benchm	ark				
		6. Measurable Progress	CDN Vendor ID 6. Measurable Progress (Cont.) Second-Quarter Benchmark	6. Measurable Progress (Cont.)	6. Measurable Progress (Cont.)	6. Measurable Progress (Cont.)

### **Third-Quarter Benchmark**

# 7. Project Evaluation and Modification

Describe how you will use project evaluation data to determine when and how to modify your program. If your benchmarks or summative SMART goals do not show progress, describe how you will use evaluation data to modify your program for sustainability.

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# 8. Statutory/Program Assurances

The following assurances apply to this grant program. In order to meet the requirements of the grant, the grantee must comply with these assurances.

Check each of the following boxes to indicate your compliance.

	1. The applicant provides assurance that program funds will supplement (increase the level of service), and not s (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local tapplicant provides assurance that state or local funds may not be decreased or diverted for other purposes mere the availability of these funds. The applicant provides assurance that program services and activities to be funde grant will be supplementary to existing services and activities and will not be used for any services or activities re state law, State Board of Education rules, or local policy.	funds. The ly because of d from this
	2. The applicant provides assurance that the application does not contain any information that would be protecte Family Educational Rights and Privacy Act (FERPA) from general release to the public.	d by the
	3. The applicant provides assurance to adhere to all Statutory Requirements, TEA Program Requirements, and I Measures, as noted in the 2024–2025 Stronger Connections Grant Program Guidelines, and shall provide the Te Education Agency, upon request, any performance data necessary to assess the success of the grant program.	
	4. The applicant will formally establish a Student Support Program at three district campuses (one elementary, o intermediate/middle school, one high school) to address school climate and establish a student support team struational to the training and support provided by the Texas Center for Student Supports and the regional ESC. If the few than three campuses or does not have three of the listed types of campuses, the applicant will establish Support Program and the student support team structure at all campuses, up to three, served in the district.	ucture he applicant
	5. The applicant will allocate 6% of awarded funds for contracted services for technical assistance provided by th ESC. Complete the transaction with the regional ESC in a timely manner. Time is of the essence in completing the to ensure that the program is implemented efficiently and effectively to successfully achieve the goals of the prog	ne transaction
	6. The applicant will allocate 10% of awarded funds for professional and contracted services with a partner appro Texas Center for Student Support and TEA. Complete the transaction with the regional ESC in a timely manner. the essence in completing the transaction to ensure that the program is implemented efficiently and effectively to achieve the goals of the program.	Time is of
	7. The applicant will use the family engagement playbook developed by the Texas Center for Student Supports t build support with parents and families prior to a student support team assessment, and during the student supp implementation process to facilitate a student support partnership with families. 8. The applicant will establish a parent, student, and staff advisory committee to provide input on the establishme Student Support Program.	ort
	9.The applicant will engage in Student Support Program planning activities from the beginning of the grant progr implementation at the beginning of the 2024-2025 school year.	am through
	10. The applicant will establish and implement at the beginning of the 2024-2025 school year, the Student Suppo aligned to the content and training provided by the Texas Center for Student Supports.	ort Program
	11. The applicant will incorporate a case management system into the student support team structure aligned to and support provided by the Texas Center for Student Supports.	the training
	12. The applicant will align the student support team structure with behavioral threat assessment team operation outcomes to ensure that students are well supported and that the effectiveness of interventions are monitored.	and
	13. The applicant will implement the data collection and reporting system developed by the Texas Center for Stu Supports to gather and analyze data to monitor efficacy of the implementation of the Student Support Program, i student support team structure, quality of support leading to positive outcomes, and data related to increases in o outcomes (e.g. increase in student support team referrals for nonacademic needs, increase in effective supports students, reduction in disciplinary incidents, reduction in bullying and harassment, increase in referrals for menta services, reduction in removals from class, etc.).	ncluding desired received by
	14. The applicant will provide timely response to requests from TEA for information and data regarding program implementation, and performance and evaluation measures.	development,
	<sup>,</sup> <b>TEA Use Only:</b> ustments on this page have been confirmed with by of TEA by phone / fax / email on _	
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9. Statutory/	TEA Progra	am Requiremen	ts

1. Describe how the LEA will identify the campuses that will participate in the establishment of the Student Support Program described in the program description? Include the criteria or considerations that will influence the determination by the LEA.

2.Describe how the LEA will ensure that campus leaders and staff are committed to the success of the Student Support Program.

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9. 518	atutory/Program Re	equirements (C	ont.)

3. Describe how the LEA will engage parents and families to solicit support for the program.

4. Describe how the LEA will ensure that there is adequate staff to support the establishment and implementation of the Student Support Program.

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9. Statuto	vrv/Program Re	equirements (Cont.)	

5. Describe how each of the campuses will be supported by the grant program, if awarded, currently conduct behavioral threat assessments and how the campus will incorporate current systems into the student support team structure.

6. Describe how the LEA currently identifies student support n	eeds and how it identifies and establishes
partnerships with external mental health and behavioral health	n providers to meet student needs.

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CDN Vendor ID	Amendment #
9. Statutory/Program Requirements (Co	ont.)
	vith the regional ESC to support improvement in student mental health, alth and wellbeing, and improving academic outcomes for students.

8. Describe how the LEA will use this grant program to supplement current work to improve services and supports for the mental health, behavioral and emotional health, and physical health and wellness of students.

9. Enter the L	EA Total Enrollment:					
	-	Serv	ice Cente	er that serves the LEA	x:	
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	10. Equitable Access and Participation					
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 grant. 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 and participation for the following groups receiving services funded by this grant, as described below.						
Group			Barrier			
Group			Barrier			
Group			Barrier			
Group			Barrier			
11. PNP Equ	itable Servi	ices				
Are any private	e nonprofit so	hools located wi	ithin the	applicant's boundaries?		
<ul> <li>Yes ○No</li> <li>If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.</li> <li>Are any private nonprofit schools participating in the grant?</li> <li>Yes ○No</li> <li>If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.</li> </ul>						
Assurances						
The LEA assures that it discussed all consultation requirements as listed in Section 1117(b)(1) and/or Section 8501(c)(1), as applicable, with all eligible private nonprofit schools located within the LEA's boundaries. The LEA assures the appropriate Affirmations of Consultation will be provided to TEA's PNP Ombudsman in the manner and time requested.						
1. LEA's stude						
	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 grant allocation						
5. LEA reservation for direct administrative costs, not to exceed the grant'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 LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)						
	LEA's tota	al required ESS	A PNP e	equitable services reservation (line 7 times line 2		

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# 12. Request for Grant Funds

List all of the allowable grant-related activities for which you are requesting grant funds. Include the amounts budgeted for each activity. Group similar activities and costs together under the appropriate heading. During negotiation, you will be required to budget your planned expenditures on a separate attachment provided by TEA.

## **Payroll Costs**

1.	
2.	
3.	
4.	
5.	

## **Professional and Contracted Services**

6. Required 6% of funds for technical assistance provided by the regional ESC					
7. Required 10% of funds to the Texas Center for Student Supports					
8.					
9.					
0.					
Supplies and Materials					

11.	
12.	
13.	

## **Other Operating Costs**

15.	
16.	
17.	
Debt Services	
18.	
19.	

# **Capital Outlay**

20.			
		Direct administrative costs:	
		Indirect administrative costs:	
	TOTAL (	GRANT AWARD REQUESTED:	
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# Appendix I: Negotiation and Amendments

Leave this section blank when completing the initial application for funding.

An amendment must be submitted when the program plan or budget is altered for the reasons described in the "When to Amend the Application" document posted on the Administering a Grant page of the TEA website and may be mailed OR faxed (not both). **To fax:** one copy of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to either (512) 463-9811 or (512) 463-9564. **To mail:** three copies of all sections pertinent to the amendment (including budget attachments), along with a completed and signed page 1, to either (source), along with a completed and signed page 1, to the address on page 1. More detailed amendment instructions can be found on the last page of the budget template.

## You may duplicate this page.

For amendments, choose the section you wish to amend from the drop down menu on the left. In the text box on the right, describe the changes you are making and the reason for them.

Always work with the most recent negotiated or amended application. If you are requesting a revised budget, please include the budget attachments with your amendment.

Section Being Negotiated or Amended	Negotiated Change or Amendment		
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