

## 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
EA will only accept grant application documents by <b>email</b> , including competitive rant applications and amendments. Submit grant applications and amendments as bllows:								
competitive grant applications and amendments to ompetitivegrants@tea.texas.gov.								
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 actions	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 <b>is</b> an employee of the applicant of	-		Grant writer i	s <b>no</b> 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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CDN		Vendor ID		Amendment #
			ngements	
Share	ed services	arrangeme	nts (SSAs) <b>are no</b> t	t permitted for this grant.
4. lde	entify/Add	dress Need	ds	
_ist u	p to three o	quantifiable	needs, as identified	d in your needs assessment, that these program funds will address.
Desci	<u> </u>		essing each need.	
	Qı	uantifiable	Need 	Plan for Addressing Need
	IART Goal		MART goal you bay	ve identified for this program (a goal that is Specific, Measurable,
				ted to student outcome or consistent with the purpose of the grant.
6. Me	asurable F	Progress		
			t you will use at the	e end of the first three grant quarters to measure progress toward
	-		plementation goals	defined for the grant.
First	-Quarter E	Benchmark		
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			_	

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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 #
8. St	atutory/	Program A	ssurances			
	•	assurances a vith these as		rant	program. In order to meet the requirements of the grant, the	grantee
Chec	k each of	the following	g boxes to ind	dicate	e your compliance.	
(reap	place) sta plicant pro availabili ant will be	te mandates, ovides assurar ty of these fun supplementar	State Board of nce that state o nds. The applica	Educ or loca ant p ervice	ram funds will supplement (increase the level of service), and not so cation rules, and activities previously conducted with state or local finds may not be decreased or diverted for other purposes mere rovides assurance that program services and activities to be funders and activities and will not be used for any services or activities reported policy.	unds. The ly because of d from this
					application does not contain any information that would be protecte ERPA) from general release to the public.	d by the
	easures, a	s noted in the	2024-2025 St	ronge	e to all Statutory Requirements, TEA Program Requirements, and Fer Connections Grant Program Guidelines, and shall provide the Telephance data necessary to assess the success of the grant program.	
☐ int	ermediate	/middle schoo	l, one high sch	iool) t	ent Support Program at three district campuses (one elementary, one address school climate and establish a student support team struy the Texas Center for Student Supports and the regional ESC.	
	C. Compl	ete the transa	ction with the r	egior	unds for contracted services for technical assistance provided by the nal ESC in a timely manner. Time is of the essence in completing the liciently and effectively to successfully achieve the goals of the programmer.	ne transaction
Te ☐ the	xas Cente e essence	er for Student	Support and TE the transactior	EA. C	funds for professional and contracted services with a partner appro complete the transaction with the regional ESC in a timely manner. ensure that the program is implemented efficiently and effectively to	Time is of
☐ bu	ild suppor	t with parents	and families pr	rior to	nt playbook developed by the Texas Center for Student Supports to a student support team assessment, and during the student support partnership with families.	
		cant will estab port Program.		tuder	nt, and staff advisory committee to provide input on the establishme	nt of the
					rt Program planning activities from the beginning of the grant progra 2025 school year.	am through
					t at the beginning of the 2024-2025 school year, the Student Suppo y the Texas Center for Student Supports.	rt Program
					agement system into the student support team structure aligned to Student Supports.	the training
					t team structure with behavioral threat assessment team operation ported and that the effectiveness of interventions are monitored.	and
Su stu ou stu	pports to question	gather and an oort team struc .g. increase in luction in disc	alyze data to moture, quality of student suppo	nonito f supp ort tea its, re	ection and reporting system developed by the Texas Center for Student efficacy of the implementation of the Student Support Program, in port leading to positive outcomes, and data related to increases in cam referrals for nonacademic needs, increase in effective supports eduction in bullying and harassment, increase in referrals for mentals.).	ncluding desired received by
			ide timely resp rmance and ev		to requests from TEA for information and data regarding program dition measures.	development,
For T	EA Use Or	nly:				
			been confirmed	d with		·
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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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CDN	Ven	dor ID		Amendment #
			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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CDN	Vendor ID		Amendr	nent #
9. Statutor	y/Program Ro	equirements (C	ont.)	
conduct be			s that will be supported by the grant program, if awarded, curr how the campus will incorporate current systems into the stud	
			student support needs and how it identifies and establishes behavioral health providers to meet student needs.	
			<u></u>	
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CDN		Vendor ID				Amendment #	
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 whether any barriers exist to equitable access and participation for any groups that receive services funded by this grant.				
The applicant assures that no barrie	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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CDN		Vendor ID		Amend	lment #
		t for Grant F			
budget	ed for	each activity.	Group similar acti	s for which you are requesting grant funds. Include the amou vities and costs together under the appropriate heading. Dur our planned expenditures on a separate attachment provided	ing
Payrol	I Cost	S			
1.					
2.					
3.					
4.					
5.					
Profes	siona	and Contrac	ted Services	,	
6. Requ	uired 6	% of funds for	technical assista	nce provided by the regional ESC	
7. Requ	uired 1	0% of funds to	the Texas Cente	er for Student Supports	
8.					
9.					
10.					
Suppli	es and	d Materials			
11.					
12.					
13.					
14.					
Other (	Opera	ting Costs			
15.					
16.					
17.					
Debt S	ervice	es			
18.					
19.					
				Direct administrative costs:	
				Indirect administrative costs:	
				TOTAL GRANT AWARD REQUESTED:	
For TEA					
				of TEA by phone / fax / email on	
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CDN Vendor ID	Amendment #
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). <b>To fax:</b> 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. <b>To mail:</b> three ment (including budget attachments), along with a completed and signed iled amendment instructions can be found on the last page of the budget <b>You may duplicate this page.</b>
	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 <b>Section Being Negotiated or Amended</b>	Negotiated Change or Amendment
Coolinia Bolling Regionalization Almonata	regulated change of Americanonic
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