

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

| NOGA ID   |  |  | Applio   | cation stamp-in date and t   | time               |
|---|--|--|--|--|--------------------|
| TEA will only accept grant application docume grant applications and amendments. Submit of follows:   | •  | •  |  |  |                    |
| Competitive grant applications and amendme competitivegrants@tea.texas.gov.   | ents to  |  |  |  |                    |
| The application MUST bear the signature of a applicant to a contractual agreement   | a person auth  | orized to bind the   |  |  |                    |
| Authorizing legislation: PL 117-159 Bipartisa   | n Safer Comn   | nunities Act Title II So   | chool Improvement  | Programs, BSCA   |                    |
| Grant period: From 11/15/2023 to 09/30/202  | 25   | Pre-award costs:   | ARE NOT perm   | itted for this grant   |                    |
| Required attachments: N/A   |  |  |  |  |                    |
| Amendment Number  |  |  |  |  |                    |
| Amendment number (For amendments only;  | enter N/A wh   | en completing this   | form to apply for  | grant funds): N/A  | ١                  |
| 1. Applicant Information  |  |  |  |  |                    |
| Name of organization   Moran ISD  |  |  |  |  |                    |
| Campus name Moran ISD   | CDN 20990  | Vendor ID 75-6   | 6002093 ESC 1  | 4 UEI C2MZGI   | KUJ2N              |
| Address 900 Main St.  | Cit  | y Moran  | ZIP 76464  | Phone 325-945-   | 3101               |
| Primary Contact Robert Stanley  | Email rstan  | ley@moran.esc14.   | net  | Phone 325-945-   | 3101               |
| Secondary Contact Bobbi Jarvis  | Email bjarv  | is@moran.esc14.n   | et   | Phone 325-945-   | 3101               |
| 2. Certification and Incorporation  |  |  |  |  |                    |
| I understand that this application constitutes a binding agreement. I hereby certify that the correct and that the organization named above a legally binding contractual agreement. I cert accordance and compliance with all applicable I further certify my acceptance of the requirent applicable, and that these documents are incompliant Award (NOGA):  Grant Award (NOGA):  General Provisions and Assurances  Application-Specific Provisions and Assurances | information of<br>the has author<br>tify that any of<br>the federal and<br>the federal and the federal and<br>the federal and the federal and the federal and the federal and<br>the federal and the federal and | contained in this ap<br>ized me as its repre-<br>ensuing program ar<br>I state laws and reg<br>ed in the following<br>reference as part o<br>Debarment an<br>Lobbying Cert | plication is, to the esentative to oblique activity will be equipartions.  portions of the grant application of the grant | best of my know<br>gate this organiza<br>conducted in<br>ant application, as<br>ation and Notice o | ledge,<br>ition in |
| Authorized Official Name Dr. John Denson  | TitleSupe  | rintedent Email  | jdenson@moran.   | esc14.net  |                    |
| Phone 325-945-3101 Signature  |  |  |  | Date   |                    |
| Grant Writer Name Robert Stanley S  | ignature   |  |  | Date   |                    |
| ● Grant writer is an employee of the applicant org  | ganization.  | ◯ Grant writer is <b>no</b>  | t an employee of the   | ne applicant organiz   | zation.            |
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| RFA/SAS # 701-23-120/634-24   | 2024   | -2025 Stronger Cor   | nections Grant   | Page   | 1 of 11            |

| CDN 209902 | Vendor ID 75-6002093 | Amendment # |
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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  |
|---|---|
| Moran ISD is aware that roughly 60% of our students deal with low self-esteem from lack of support from family, friends, or others in their lives. This leads to our students either being bullied or becoming the bully. | Moran ISD staff, students and parents will recieve training on assisting students in this area, along with bringing in counseling help for the students. Our goal for the funds would be for the students within one school year to see support provided to them to assist with self-esteem and develop a positive self-worth.  |
| Moran ISD is aware that at least 95% of our students recieve free or reduced lunch due to the poverty levels of the community. The poverty issue in the community translates into self-doubt of the students.             | Moran ISD plans to offer services such as presentations on how to overcome setbacks in life such as this. Our goal is within 1 year to see the development of self-worth that doesn't include doubt of their abilities or future. Additionally, staff members will be trained for encouragement and motivation of the students. |
| that encourage thoughts of suicide. Staff members   | Moran ISD plans to solicate aid from vendors to help train staff members as well as give students assistance with this topic. Our plan is to assess students position on the topics that cause suicide feelings. Then, our goal is to reduce those feelings with the aide of a vendor's training for all at Moran ISD.          |

#### 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.

Specifically, we plan to address the students self-worth or self-esteem. The plan of action will be to train staff members and students to assist with this issue. We will be able to measure this by seeing the difference in our students self-perceptions due to the training recieved from the vendors. This will be achievable by providing an assessment before, throughout, and at the end of training to see how the students have grown. This grant money and the time used to accomplish our goal is relevant to our students and the future of this community. There's a mentality of we are small, poor, and not talented inside the community and that is reflected in our students. With the assistance of these funds, our goal is within a year we can change the direction of our students' self-worth.

#### 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**

During the first quarter, the plan of aciton would to be identify the current feelings of our student body. With the assistance of a hired vendor, we will give an assessment where students and their parents rank how the student feels about various topics. This benchmark will be used as our baseline results to show growth of each students worth. Once we have obtained these results, we pass them along to our vendor to assist with training of staff members and students. Presentations will be offered on various dates to students. We will also use positive language from staff members to students as trainings are presented to staff members. At the conclusion of this quarter, we hope to have a baseline of student feelings and some training starting for staff and students.

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| CDN | 209902 |
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| CDN | 209902 |

Vendor ID 75-6002093

Amendment #

# 6. Measurable Progress (Cont.)

#### Second-Quarter Benchmark

During the second quarter, we plan to continue training and counseling for students. At some point we plan to do a mid-term assessment of the students and parents to see what growth the program has had or other areas we need to focus on. Our primary goal throughout this term is to raise the self-esteem of our students and reduce the feeling of suicide or bullying issues. With that said, training will be modified throughout the term of the grant to reinforce students ability to see their own self-worth in hopes they develop better feelings about themselves for years to come. We hope to have a licensed counselor available to our students for the one-on-one factor as we are 30 minutes from nearest counseling options. At the conclusion of this time period, we plan to have a mid-term assessment, adjust training, and give the option of one-on-one counseling to our students.

#### Third-Quarter Benchmark

As we enter the third quarter, we hope we have students developing positive images of themselves. We are offering counseling services for each student to utilize throughout this time period. The goal of training staff members and parents are to help each student strive to see the part they play in our community. The staff members will have concluded their traning by now, and will reinforce the positive message to each student in hopes of reducing bullying and suicide thoughts. As we wrap up the term, we plan to give another assessment (students and parents) that asks questions based on how they once felt vs. how the feel at this point of the project. With this data, we plan to reinforce any areas that are still critical as needed. The goal would show parents how this project has impacted their students and we hope to keep counseling services offered.

# 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.

Moran ISD plans to use project evalution data in two methods, formal and informal. Formally, we plan to give a pre-assessment, mid-project assessment, and a post assessment. By using these formal methods, we will use that data to drive initial training and target areas needed for staff and parent training. This data will be purpose driven data at the beginning in our pre-assessment. We plan to target the areas (reflection of feelings, emotions, etc. from student and parent perspective) most critically needed and will offer that training to staff members and students with the hopes that it will mean we need to modify at the mid-project assessment. Once we reach roughly mid-project, another formal assessment will be used to determine areas we need to modify or shift the focus to due to adaquate growth. Finally, we will issue a post-assessment towards the end of the project and compare those results to the previous two benchmarks to determine the growth and future needs of the project.

Secondly, as we are moving throughout the project, staff members will use informal assessment methods to determine how each kid is reciving the training and their outlook on it. By using the informal method, staff members can see day to day how kids are responding to various methods we plan to use in this project. We hope to have something similar from stakeholders being communicated back to staff as well.

By using both formal and informal, we will see what growth or lack thereof is happening. With these two methods, we should have enough data to show how training for staff and students will need to be modified. Our desire is to see enough growth and to have interest from the students and parents to keep the program running post-project. In the long run, with the aide of this grant, hopefully students in the small community of Moran will develop a great sense of pride inside themselves and that will transform the landscape of the community.

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| CDN 209902  | Vendor ID 75-6002093  | Amendment #  |  |  |  |  |
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|   | Program Assurances  | , unoridinent ,  |  |  |  |  |
| The following a   |   | program. In order to meet the requirements of the grant, the grantee   |  |  |  |  |
| Check each of   | the following boxes to indicate   | e your compliance.   |  |  |  |  |
| (replace) stat<br>applicant pro<br>the availabilit<br>grant will be s | The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of |  |  |  |  |  |
|   |   | application does not contain any information that would be protected by the ERPA) from general release to the public.  |  |  |  |  |
| Measures, as  | s noted in the 2024–2025 Stronge  | e to all Statutory Requirements, TEA Program Requirements, and Performance er Connections Grant Program Guidelines, and shall provide the Texas nance data necessary to assess the success of the grant program.   |  |  |  |  |
| intermediate/ ⊠ aligned to the has few than                           | middle school, one high school) to<br>training and support provided by<br>three campuses or does not hav  | ent Support Program at three district campuses (one elementary, one to address school climate and establish a student support team structure by the Texas Center for Student Supports and the regional ESC. If the applicant e three of the listed types of campuses, the applicant will establish the Student m structure at all campuses, up to three, served in the district.               |  |  |  |  |
| ESC. Comple   | ete the transaction with the regior   | unds for contracted services for technical assistance provided by the regional nal ESC in a timely manner. Time is of the essence in completing the transaction iciently and effectively to successfully achieve the goals of the program.   |  |  |  |  |
| Texas Center the essence  | r for Student Support and TEA. C  | funds for professional and contracted services with a partner approved by the complete the transaction with the regional ESC in a timely manner. Time is of ensure that the program is implemented efficiently and effectively to successfully   |  |  |  |  |
| ⋈ build support implementation  | with parents and families prior to<br>on process to facilitate a student  | nt playbook developed by the Texas Center for Student Supports to partner and a student support team assessment, and during the student support support partnership with families.   |  |  |  |  |
| Student Supp  | oort Program.   | nt, and staff advisory committee to provide input on the establishment of the  |  |  |  |  |
|   | ant will engage in Student Suppor<br>on at the beginning of the 2024-2  | rt Program planning activities from the beginning of the grant program through 2025 school year.   |  |  |  |  |
| ⊠ 10. The appli<br>aligned to the                                     | cant will establish and implement<br>e content and training provided by   | t at the beginning of the 2024-2025 school year, the Student Support Program the Texas Center for Student Supports.  |  |  |  |  |
| ⊠ 11. The appli and support p   | cant will incorporate a case mana<br>provided by the Texas Center for   | agement system into the student support team structure aligned to the training Student Supports.   |  |  |  |  |
| ⊠ 12. The appli outcomes to   | cant will align the student suppor<br>ensure that students are well sup   | t team structure with behavioral threat assessment team operation and oported and that the effectiveness of interventions are monitored.   |  |  |  |  |
| Supports to g student supports outcomes (e. students, red             | gather and analyze data to monito<br>ort team structure, quality of supp<br>g. increase in student support tea  | ection and reporting system developed by the Texas Center for Student or efficacy of the implementation of the Student Support Program, including port leading to positive outcomes, and data related to increases in desired am referrals for nonacademic needs, increase in effective supports received by eduction in bullying and harassment, increase in referrals for mental health c.). |  |  |  |  |
| 14. The appli   | cant will provide timely response   | to requests from TEA for information and data regarding program development,   |  |  |  |  |

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| CDN 209902 Vendo  | or ID 75-6002093   |   | Amendment #   |
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| 9. Statutory/ TEA P   | rogram Requiremen  | nts   |   |
|   |  | uses that will participate in the establishment of the second repair in |   |
| per year. The smaller size<br>healthy mental worthing<br>students living in pover   | ze of school doesn't mean<br>ness of the students. As a<br>rty drives the need for the   | sy determination of this area. Moran ISD serves arou<br>in the need for funds is any less as we have many issu<br>matter of fact, the size of the school and community<br>lese funds more. We plan to offer this program to all<br>cations will be different per age level.   | ues that distract from<br>y along with nearly all   |
| counseling assistance f<br>result of this, the staff n<br>this grant, Moran ISD ca  | or their children as neede<br>nembers (which aren't hi<br>an employ a staff membe  | most of the parents here do not have the means ne<br>ed. Whether that is transprotation methods or lack of<br>ighly qualified) end up having to serve in that capaci<br>er that is responsible for the mental well-being of all<br>idal thoughts, or other related mental health issues t   | of personal funds. As a<br>ity. With the award of<br>students giving each   |
|   |  |   |   |
| 2.Describe how the LI Support Program.  | EA will ensure that cam  | npus leaders and staff are committed to the succe   | ess of the Student  |
| The Moran ISD admin<br>they feel mentally safe<br>employed at the districtrain all members of the<br>committed to offering<br>healthy mental state. It<br>member sign a pledge<br>how dedicated the state<br>outlined in this applicate<br>additional step for me-<br>calendar to meet with | e and worthy. The admitict, no matter position from the staff, notice how the this training to all and was an extra part of the act to ensure the buy in from the thick that Moran ISD are to eatton become more difficulties. | eed for this program to ensure that each student instration team will recieve training along with all om superintedent to bus driver. If awarded, the futerm teachers have not been used in this applicate will encourage the positive development of every assurances to the organizing body of this grant, where all members. The same will be used on the steach student enrolled here. Without the funds, accult to obtain and may require longer time frames all utilize Professional Development days each medial aspects of the project. Same will be used to blanned meetings that happen at least once every   | staff members unds will be used to ation. Moran ISD is student having a we will have every staff student level to show chieving the goals is to achieve it. An onth on school meet with |

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| CDN 209902 Vendor ID 75-6002093       | Amendment # |
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| 9. Statutory/Program Requirements (Co | nt.)        |

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

Essentially we will use similar methods outlined in the previous section. The goal will be to invite the community into the school for a kick-off meeting to this project. We plan to be transparent with the stakeholders of the community and show them what the project will look like over the course of the year. We will not only offer signed pledges to staff members and students, but similarily to the parents as well. The means to the project is to help each student to achieve a healthy state of mind and try to illiminate thoughts of bullying, anxiety, stress, or suicide in every student. Parents, guardians, and families play an important part in this project too. The stakeholders will be offered chances to hear some of the training or presentations to see the committment of Moran ISD staff members to their students. These stakeholders are allowed to see the assessments offered to the students and have access to the trainings presented to the staff to avoid any conflicts. As discussed earlier, stakeholders are the parents, gaurdians or other family members. We plan to offer meetings or trainings at least once per a two month time period.

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

Moran ISD is committeed to offering a position for a staff member to be hired for the sole purpose of the mental well-being of students. This position will be housed on campus, and will be available for walk in or scheduled appointments. Other members will be hired to assist with paperwork related issues so the licensed professional is able to focus on the main goal of this project. The goal of this grant is to give our small community access for improving mental health. With the addition of a staff member and proper training for all remaining staff, the goal is to have 100% of employees able to guide and redirect students as needed when negativity enters their minds. Funding will be requested for the addition of a staff member and proper training for this project. We plan to hire training groups to give presentations at various dates and times. We are looking at a few software options that will give lessons the be taught daily in classes as well as allowing students to reach out individually to our licensed professional. Staff members will also be trained on such software being used.

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| RFA/SAS#                  | 701-23-120/634-24                   |           | 2024-2025 Stron | ger Connections Grant            | Page 6 of 11 |

| CDN 209902 Vendor ID 7  | 5-6002093  | Amendment #   |
|---|--|---|
| 9. Statutory/Program Red  | quirements (Cont.)   |   |
|   |  | ed by the grant program, if awarded, currently conduct Il incorporate current systems into the student support team   |
| awareness of mental issues at this point in time is lack of staff members the ability to a whose sole priority is the stuff the grant is awarded to Moare trained to assist with pos  | surrounding our students is time or training to meet the assess behavioral threats in dents mental health or behavioral ISD, the current system sitive growth of each student The ulitmate goal of the pro | Inteering information or reaction to cries of help. Some is known as of date. The unfortunate issue for staff members in a timely manner. Also, the addition of another staff member avorial health will greatly impact the students.  In will transform into a newer system where all staff members into metal state. Including stakeholders, like parents, will help be used to be state of mind.   |
|   |  |   |
|   |  | pport needs and how it identifies and establishes<br>I health providers to meet student needs.  |
| the staff members get to kno<br>day-to-day lives of the stude<br>will ask a few questions to as<br>refer to the principal about a<br>address the issue. She will to<br>example suicide, requires im-<br>parents in hopes they reach | ow their students due to a sints here, the staff members ssess where that student is n issue dealing with a certa alk with the student at the timediate attention from the out. Due to the size of school. | is that are in need of mental health related issues. Several of mall school setting. Since this is a luxury to know the scan see patterns developing. Occasionally, staff members at. At some point the staff member, mainly the teachers, will in student. At this point, the principal does what she can to me of the mental health issue. Occasionally the issue, for parents. She provides a list of licensed professionals to the pol and poverty level, we do have parents that can not afford, to the nearest licensed professional. |
| professional via our Shared students at Moran ISD. Unfo   | Services agreement. This is rtunately, the burden to ide   | EP, that student does have access to a licensed a limited opportunity at times and does not cover all ntify and establish partnerships falls on the shoulders of the ained to handle mental health related issues that this grant   |

| CDN 20990   | 2 Vendor ID 75-600209   | 3  | Amendment #  |
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|   | <br>ry/Program Requireme  |  |  |
| 7. Describe   | how the LEA currently pa  | tners with the regional ESC to support improve ical health and wellbeing, and improving acade  |  |
| to meet wit<br>person per<br>Region 14,<br>Region 14<br>huge impac  | n our principal to cover thin<br>form any counseling to the<br>but not adequate enough t<br>s a good resource for staff<br>at on the students. As a res   | egion 14 through a contracted service agreements like schedules or other required paperwork. Students attending the school. Some training is a identify all mental health related issues for the members, but her time is very limited and is not all, the partnership between Moran ISD and Rotts or parents of the community.  | . Very few times does this s provided to staff members via ne students. The person from ot regular enough to make a  |
|   |   | grant program to supplement current work to in<br>motional health, and physical health and wellr   |  |
| As stated in when it conschool with short of giv being on casee an imp to sign pleastakeholderstudents and things, I goal that case | boxes 6 and 7, I hope that hes to addressing the ment a high rate of poverty. If M ng every success to the stampus daily, regular training rovement in the mental heat ges to be 100% committed as so that every member of hieve great things. The go feel great about myself, and the accomplished. These drive the program. My good | the committee can see that the current situation health issues for our students. As stated severan ISD is afforded the opportunity this grant idents and parents. With the planned addition for all staff members, and using data to drive the outlook. This grant will open the door to state to this program. Trainings will be offered regulate Moran ISD community understands the implementation of the would be to have students daily and regularly discount of the world be grately appreciated and used wis list to see every student have a high self-estee. | ion at Moran ISD is very bleak veral times, we are a small is offering, we would not fall of a licensed professional our program: every student will aff, students, and stakeholders larly to staff, students, and aportance of helping our y attending school saying I can g and data, this should be a sely by the team we would |
| 9. Enter the  | LEA Total Enrollment:   | 120  |  |
|   |   | ice Center that serves the LEA: 14   |  |
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| RFA/SAS#  | 701-23-120/634-24   | 2024-2025 Stronger Connections   | Grant Page 8 of 11   |

| CDN 209902   | Vendor ID 75-6  | 002093  |                         | Α   | mendment #        |
|--|---|---|-------------------------|---|-------------------|
| 10. Equitable  | Access and P  | articipation  |                         |   |                   |
| groups that rece<br>The applies<br>services for Barriers e                 | eive services fun<br>cant assures tha<br>unded by this gr | ded by this grant.<br>t no barriers exist to<br>ant.<br>access and particip | o equitable access an   | o equitable access and part d participation for any grou                                | os receiving      |
| Group  |   | Barrier   |                         |   |                   |
| Group  |   | Barrier   |                         |   |                   |
| Group  |   | Barrier   |                         |   |                   |
| Group  |   | Barrier   |                         |   |                   |
| 11. PNP Equit  | table Services  |   |                         |   |                   |
| <i>page.</i><br>Are any private<br>⊜Yes(                                   | I "No" to the pred<br>nonprofit school<br>◯ No            | s participating in the  | e grant?                | inpleted the section. Procee  |                   |
| page.<br><b>Assurances</b>   |   |   |                         |   |                   |
| Section 8  The LEA  the mann   | 3501(c)(1), as ap   | plicable, with all eliq<br>ropriate Affirmation<br>ested.                   | gible private nonprofit | s listed in Section 1117(b)(1<br>schools located within the<br>be provided to TEA's PNP | LEA's boundaries. |
| 1. LEA's studer  |   |   |                         |   | 120               |
| 2. Enrollment of   | f all participating                                       | private schools   |                         |   | 0                 |
| 3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2) |   |   |                         |   | 120               |
| 4. Total current-year grant allocation 0                                   |   |   |                         |   | 0                 |
| 5. LEA reservat  | tion for direct adr                                       | ninistrative costs, n   | ot to exceed the gran   | t's defined limit   | \$20,000          |
| 6. Total LEA an  | nount for provision                                       | on of ESSA PNP ed   | quitable services (line | 4 minus line 5)   | \$20,000          |
| 7. Per-pupil LE  | A amount for pro  | vision of ESSA PN   | P equitable services (  | line 6 divided by line 3)   | \$166.67          |
|  | LEA's total red   | uired ESSA PNP  | equitable services r    | eservation (line 7 times lin  | ne 2) \$333.34    |
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| CDN 20990     | 2 Vendor ID 75-6002  | 2093                     |   | Amendment #              |
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|               | t for Grant Funds  |                          |   |                          |
| budgeted fo   | each activity. Group s<br>you will be required to          | imilar activities and co | ou are requesting grant funds<br>osts together under the appro<br>expenditures on a separate at | priate heading. During   |
| 1. Professi   | onal Licensed Counsel                                      | or                       |   | \$100,000                |
| 2. Program    | Administrator  |                          |   | \$100,000                |
|               | Personel   |                          |   | \$35,000                 |
|               |  | do                       |   |                          |
|               | Team Member Stipen   |                          |   | \$20,000                 |
| 5             |  |                          |   |                          |
|               | Il and Contracted Ser                                      |                          | l h #h  |                          |
| ). Required   | 6% of funds for technic                                    | al assistance provided   | by the regional ESC   | \$60,000                 |
| 7. Required   | 10% of funds to the Tex                                    | as Center for Studen     | t Supports  | \$100,000                |
| 8. Professi   | onal Development for S                                     | staff                    |   | \$225,000                |
| 9. Parent C   | oaching for student en                                     | gagement                 |   | \$225,000                |
| 10.           |  |                          |   |                          |
| Supplies ar   | d Materials  |                          |   |                          |
| 11. Printing  | materials, handouts, pa                                    | implets, other necess    | ary items   | \$10,000                 |
| 12. Media te  | chnology for student se                                    | ervices                  |   | \$50,000                 |
| 13. Mental H  | ealth training materials                                   | 3                        |   | \$10,000                 |
| Other Oper    | ating Costs  |                          |   |                          |
| 15. Attend T  | raining sessions for sta                                   | ff and parents on lead   | dership team  | \$25,000                 |
| 16. On-site t | On-site training sessions for staff, students, and parents |                          |   | \$20,000                 |
| 17. Discretio | nary services costs  |                          |   | \$20,000                 |
| Debt Servic   | es   |                          |   |                          |
| 18.           |  |                          |   |                          |
| 19.           |  |                          |   |                          |
| Capital Out   | ay   |                          |   |                          |
| 20.           |  |                          |   |                          |
|               |  |                          | Direct admini   | strative costs: \$585,00 |
|               |  |                          | Indirect admini   | strative costs: \$415,00 |
|               |  |                          | TOTAL GRANT AWARD R   | REQUESTED: \$1,000,00    |
| For TEA Use   | Only:<br>n this page have been cor                         | firmed with              | by of TEA by ;  | phone / fay / email on   |
| RFA/SAS#      | 701-23-120/634-24  |                          | 24-2025 Stronger Connections  |                          |

| CDN 209902 | Vendor ID 75-6002093 | Amendment #   |
|------------|----------------------|---------------|
| 05.11      | Verider IB Freezes   | , anonamone n |

# 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 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        |
|---|---------------------------------------|
|   |                                       |
|   |                                       |
| <b>V</b>  |                                       |
|   |                                       |
| <b>V</b>  |                                       |
| For TEA Use Only: Adjustments on this page have been confirmed with | n by of TEA by phone / fax / email on |
| rajasanona on ans pago nave been conmined will                      | n by of TEA by phone / fax / email on |



# 2024-2025 Stronger Connections Grant

| NOGA ID  |  |   |   | li je  | Appl   | ication star  | np-in date and time   |
|--|--|---|---|--|--|---|---|
| TEA will only accept grant application documers grant applications and amendments. Submit follows:   | <b>*</b>   | T.,   | ~ .   |  |  |   |   |
| Competitive grant applications and amendme competitivegrants@tea.texas.gov.  | ents to  |   |   |  |  |   |   |
| The application MUST bear the signature of a applicant to a contractual agreement  | persor   | authori   | ized to bind the  |  |  |   |   |
| Authorizing legislation: PL 117-159 Bipartisa  | ın Safer   | Commur  | rities Act Title II S   | School In  | provemen   | t Prograi   | ms, BSCA  |
| Grant period: From 11/15/2023 to 09/30/202   | 25   | Р   | re-award costs  | : ARE  | NOT pern   | nitted fo   | r this grant  |
| Required attachments: N/A  |  |   |   |  |  |   |   |
| Amendment Number   |  |   |   |  |  |   |   |
| Amendment number (For amendments only;   | enter N  | /A when   | completing this   | s form to  | apply for  | grant f   | unds): N/A  |
| 1. Applicant Information   |  |   |   |  |  |   |   |
| Name of organization   Moran ISD   | ******   |   |   |  |  |   |   |
| Campus name Moran ISD  | CDN  | 209902  | Vendor ID 75-   | 600209   | 3 ESC  | 14 UEI  | C2MZGKUJ2N  |
| Address 900 Main St.   |  | City  | /loran  | ZIP  | 76464  | Phone   | e 325-945-3101  |
| Primary Contact Robert Stanley   | Email  | Email rstanley@moran.esc14.net                          |   |  | Phone  | e 325-945-3101  |   |
| Secondary Contact Bobbi Jarvis   | Email  | bjarvis@moran.esc14.net                                 |   |  | Phone  | 325-945-3101  |   |
| 2. Certification and Incorporation   |  |   |   |  |  |   |   |
| I understand that this application constitutes a binding agreement. I hereby certify that the correct and that the organization named above a legally binding contractual agreement. I cert accordance and compliance with all applicable further certify my acceptance of the requiremapplicable, and that these documents are incomplicable, and that these documents are incomplicable, and (NOGA):  Solution Grant Award (NOGA):  General Provisions and Assurances  Application-Specific Provisions and Assurances  | informate has a tify that he federate the federate tions | tion con<br>uthorize<br>any ens<br>onveyed<br>ed by ref | tained in this ap<br>d me as its rep<br>uing program a<br>ate laws and re<br>in the following | resentation active gulation of the gulation the gulation the gulation of the gulation the gulati | n is, to the ive to oblicate to oblicate side of the grant application Cension | e best of gate this conduction are application are estimated as a conduction are estimated as a | of my knowledge, sorganization in ted in olication, as nd Notice of |
| Authorized Official Name Dr. John Denson   | Title  | Superin   |   |  | @moran   |   |   |
| Grant Writer Name Robert Stanley S  Grant writer is an employee of the applicant orgonical section of the secti | ignature   |   | celd  | ot an em   | ployee of t  | Dat<br>he applic  |   |
| For TEA Use Only:<br>Adjustments on this page have been confirmed with   |  | by  |   | of TEA b   | y phone / fa   | ax / emai   | on  |
| RFA/SAS # 701-23-120/634-24  |  | 2024-20   | 25 Stronger Co  | nnection   | s Grant  |   | Page 1 of 11  |