Texas Education Agency Standard Application System (SAS)

Program authority:		ation Code	e, 29.027 as adde	adents with led by House Bill 2			R TEA U	ISE ONLY
Grant Period:	May 1, 2018		·	<u> </u>				
Application deadline:			e, March 8, 2018			F	Place date s	tamp here.
Submittal	·		<u> </u>	y of the applicatio	n with on	_		
information:	original signal only and signal contractual a	ature, and ned by a p greement	two copies of the person authorized	application, printe to bind the applic d no later than the	ed on one side ant to a		7018 3119 -6	\$ 5
				ts Administration I 1 North Congress 01-1494			6 翻 9:	
Contact information:	Karin Miller, I	karin.mille	er@tea.texas.gov,	(512) 463-9581	<u></u>			
		Schee	dule #1—Genera	i Information		نخ	0	2
Part 1: Applicant Infor	mation							
Organization name		County	-District #		A	mendm	nent#	
CANTON ISD		234-90			<u> ``</u>		10111111	
Vendor ID #		ESC Re	egion#					
		10						
Mailing address				City	S	ate	ZIP (Code
1045 S. BUFFALO ST				CANTON	T.	K	7510)3-
Primary Contact								
irst name		M.I.	Last name		Title	Title		
BRENDA			SANFORD		CURRICI	CURRICULUM DIRECTOR		
Telephone #		Email address		FAX#				
903-567-4179		BSANFORD@CANTONISD.COM 903		903-567-	3-567-2370			
Secondary Contact								
irst name		M.I.	Last name		Title			
DENISE					BUSINES	SINESS DIRECTOR		}
Telephone #		Email address FAX #						
Celephone # 103-567-4179		Ellian at	uuress		17/1/1/19			

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

Authorized Official:

First name Brenda

M.I. Last name Title

Telephone # 903-567-4179

Sanford Email address

Director of Curriculum FAX#

bsanford@cantonisd.com

903-567-2370

Signature (blue ink preferred)

Date signed

03/02/2018

Schedule #1—General Information						
County-district number or vendor ID:	Amendment # (for amendments only):					
Part 3: Schedules Required for New or Amended Applications						

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application. For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule	Schedule Name	Applicat	Application Type	
#		New	Amended	
1	General Information			
2	Required Attachments and Provisions and Assurances		N/A	
3	Certification of Shared Services	X		
4	Request for Amendment	N/A		
5	Program Executive Summary			
6	Program Budget Summary		Ti-	
7	Payroll Costs (6100)	*See	<u> </u>	
8	Professional and Contracted Services (6200)	important		
9	Supplies and Materials (6300)	note for	<u></u> _	
10	Other Operating Costs (6400)	competitive	一百	
11	Capital Outlay (6600)	grants		
12	Demographics and Participants to Be Served with Grant Funds	X		
13	Needs Assessment		<u> </u>	
14	Management Plan	N N		
15	Project Evaluation	X		
16	Responses to Statutory Requirements		<u> </u>	
17	Responses to TEA Requirements			

*IMPORTANT NOTE FOR COMPETITIVE GRANTS: Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, the application will be disqualified.

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Via telephone/fax/email (circle as appropriate)	By TEA staff person:

Schedule #2—Required Attachments and Provisions and Assurances						
Amendment # (for amendments only):						

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No f	iscal-related attachments are re	quired for this grant.
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No p	program-related attachments are	e required for this grant.
Part	2: Acceptance and Complian	Се

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and

require a separate certification.

x	Acceptance and Compliance
\boxtimes	I certify my acceptance of and compliance with the General and Fiscal Guidelines.
	I certify my acceptance of and compliance with the program guidelines for this grant.
	I certify my acceptance of and compliance with all General Provisions and Assurances requirements.
	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all Debarment and Suspension Certification requirements.

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Via telephone/fax/email (circle as appropriate)	By TEA staff person:			

Schedule #2—Required Attachments and Provisions and Assurances County-district number or vendor ID: 234902 Part 3: Program-Specific Provisions and Assurances Amendment # (for amendments only):

I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

	Teartry my acceptance of and compliance with all program-specific provisions and assurances listed below.
#	Provision/Assurance
1.	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 the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurance that the program will operate as an independent campus or a separate program from the campus in which the program is located, with a separate budget.
4.	The applicant provides assurance that the program will give priority for enrollment to students with dyslexia.
5.	The applicant provides assurance that the program will limit enrollment and services to students who are at least three years of age and younger than nine years of age or are enrolled in the third grade or a lower grade level.
6.	The applicant provides assurance that the program will allow a student who turns nine years of age or older during a school year to remain in the program until the end of that school year.
7.	The applicant provides assurance that the local educational program (LEA) will not charge a fee for the program, other than those authorized by law for students in public schools.
8.	The applicant provides assurance that the LEA will not require a parent to enroll a child in the program.
9.	The applicant provides assurance that the LEA will not allow an admission, review, and dismissal committee to place a student in the program without the written consent of the student's parent or guardian.
10.	The applicant provides assurance that the LEA will not continue the placement of a student in the program after the student's parent or guardian revokes consent, in writing, to the student's placement in the program.
11.	The applicant provides assurance that the program will incorporate meaningful inclusion.
12.	The applicant provides assurance that it will develop appropriate systems and processes to collect and report baseline academic and functional data and achievements for students enrolled in the program as required by TEA.
13.	The applicant provides assurance that it will submit data on the academic and functional achievements to TEA, in a TEA approved format, by the requested date. This data may be the basis for awarding continuation grants.

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Schedule #3—Certification of Shared Services County-district number or vendor ID: 234902 Amendment # (for amendments only):

I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all shared services arrangement (SSA) activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy(ies) occurred.

Any additional funds that result from an increase will not require additional signatures. Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in Schedule #2, Parts 2 and 3, as applicable. Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount	
Fis	cal Agent				
1.	County-District #	Name	Telephone number	Funding amount	
ι.	County-District Name		Email address		
Me	mber Districts				
2.	County-District #	Name	Telephone number		
۷.	County-District Name		Email address	Funding amount	
3.	County-District #	Name	Telephone number	Funding amount	
ა.	County-District Name		Email address		
4.	County-District #	Name	Telephone number		
4.	County-District Name		Email address	Funding amount	
5.	County-District #	Name	Telephone number		
J.	County-District Name		Email address	Funding amount	
6.	County-District #	Name	Telephone number	Funding amount	
0.	County-District Name		Email address		
7.	County-District #	Name	Telephone number		
<i>(</i> .	County-District Name		Email address	Funding amount	
	County-District #	Name	Telephone number		
8.	County-District Name		Email address	Funding amount	

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Col	unty-district number or vende	or ID: 234902	Amendment # (i	for amendments only):	
#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount	
Me	mber Districts		1		
9.	County-District #	Name	Telephone number		
9.	County-District Name		Email address	Funding amount	
10.	County-District #	Name	Telephone number		
10.	County-District Name		Email address	Funding amount	
11.	County-District #	Name	Telephone number		
11.	County-District Name		Email address	Funding amount	
12.	County-District #	Name	Telephone number		
12.	County-District Name		Email address	Funding amount	
40	County-District #	Name	Telephone number		
13.	County-District Name		Email address	Funding amount	
14.	County-District #	Name	Telephone number		
14.	County-District Name		Email address	Funding amount	
15.	County-District #	Name	Telephone number		
15.	County-District Name		Email address	Funding amount	
16.	County-District #	Name	Telephone number		
10.	County-District Name		Email address	Funding amount	
17.	County-District #	Name	Telephone number		
17.	County-District Name		Email address	Funding amount	
18.	County-District #	Name	Telephone number		
10.	County-District Name		Email address	Funding amount	
	County-District #	Name	Telephone number		
19.	County-District Name		Email address	Funding amount	
,	County-District #	Name	Telephone number		
20.	County-District Name		Email address Funding amount		
			Grand total:		

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Via telephone/fax/email (circle as appropriate)	By TEA staff person:		

Schedule #4—Request for Amendment					
County-district number or vendor ID: 234902 Amendment # (for amendments only):					
Part 1: Submitting an Amendment					

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). Do not submit this schedule with the original grant application. Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail *or* by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the <u>TEA Grant Opportunities</u> page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

Part 2: When an Amendment Is Required

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division Administering a Grant page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

Part 3: Revised Budget						
			Α	В	С	D
#	Schedule #	Class/ Object Code	Grand Total from Previously Approved Budget	Amount Deleted	Amount Added	New Grand Total
1.	Schedule #7: Payroll	6100	\$	\$	\$	\$
2.	Schedule #8: Contracted Services	6200	\$	\$	\$	\$
3.	Schedule #9: Supplies and Materials	6300	\$	\$	\$	\$
4.	Schedule #10: Other Operating Costs	6400	\$	\$	\$	\$
5.	Schedule #11: Capital Outlay	6600	\$	\$	\$	\$
6.	Total di	rect costs:	\$	\$	\$	\$
7.	Indirect cost (%):		\$	\$	\$	\$
8.	Total costs:		\$	\$	\$	\$

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Schedule #4—Request for Amendment (cont.)							
		or vendor ID: 234902	Amendment # (for amendments only):				
Part 4	: Amendment Ju	ustification					
Line #	Schedule # Being Amended	Description of Change	Reason for Change				
1.							
2.							
3.							
4.							
5.							
6.							
7.							
		1					

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Schedule #5—Program Executive Summary

County-district number or vendor ID: 234-902

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

The program will be separate from the campus in which the program is located and operate within a separate budget as required by guidelines. The program will service students in grades K-2 which will fall within the guidelines of ages 3-9 and 3rd grade or lower. If a student is in the program and turns nine years of age during the course of the year, then the student will remain in the program until the end of the school year. There will be no fee for the program, and there will be no requirement for a parent to enroll the child into the program. Further our district will not allow an ARD Committee to place a student in the program without the written consent of the student's parent or guardian, and if a parent or guardian revokes consent in writing, the student will not continue in the program.

The program will be under the direction of a certified teacher who will be trained and certified in the Take Flight, which is a comprehensive intervention for students with Dyslexia that is based on research of Dr. Samual T. Orton, neuropsychiatrist and the educational and psychological insights of Anna Gillingham. The program will incorporate multi-sensory teaching techniques, current findings in learning theories, and discovery teaching. The program will serve as an intensive intervention covering phonemic awareness, phonics, fluency, vocabulary, and reading comprehension for dyslexic students. The curriculum will be delivered in a small group setting and will be a two year program taught 4-5 days per week at 45-60 minutes per day. The program will include 132 lessons with a total of 230 hours of direct instruction. The structure of the program will be simultaneous and multi-sensory to enhance learning and memory. It will be systematic and cumulative in that it will build on previous concepts learned with regular review and spiraling. It will be direct instruction with continuous assessment of individual needs with the goal of content being mastered to the degree of automaticity. It is a whole language program, but it will break down the parts with specific language goals based on student need and level. The program will further incorporate meaningful inclusion where the students demonstrate their newly found skills and strategies in the regular classroom.

The student will be assessed regularly and allowable adjustments made to meet needs; however student information will be protected by FERPA. Students who have been identified with Dyslexia will be given priority as this is a program that meets the needs and furthers the growth and development of students with Dyslexia. There will be continual and consistent reports kept outlining the beginning baseline, tracking the improvements of each individual student and evaluating the program as a whole. The academic and achievement data will be submitted to TEA in a TEA approved format by set deadlines as required.

The program will provide for early identification and immediate intervention using a proven, research based curriculum to allow students who have been identified with dyslexia to develop strategies to promote mastery in phonemic awareness, phonics, fluency, vocabulary, and reading comprehension.

We would also like to be able to add a two week summer school program to allow students with Dyslexia an opportunity to continue receiving intervention during the summer. This would allow for an extension that could continue to fill a gap for dyslexia students.

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Via telephone/fax/email (circle as appropriate)	By TEA staff person:		

	Schedule #6	—Program	Budget Summ	ary		
					fment # (for amendments only):	
Program author	ority: Texas Education Code, 29.027,	House Bill 2	1, Section 3, 8	5 th Texas Legislature,	2017	
Grant period: N	May 1, 2018, to August 31, 2019		Fund code/sh	ared services arrange	ment code: 429/459	
Budget Summ	пагу	***				
Schedule #	Title	Class/ Object Code	Program Co	st Admin Cost	Total Budgeted Cost	
Schedule #7	Payroll Costs (6100)	6100	\$2233.00	\$	\$2233.00	
Schedule #8	Professional and Contracted Services (6200)	6200	\$	\$	\$	
Schedule #9	Supplies and Materials (6300)	6300	\$6400.00	\$	\$6400.00	
Schedule #10	Other Operating Costs (6400)	6400	\$	\$	\$	
Schedule #11 Capital Outlay (6600) 6		6600	\$2170	\$	\$2170.00	
	Total di	rect costs:	\$	\$	\$	
	Percentage% indirect costs (see note):	N/A	\$	\$	
Grand total of budgeted costs (add all entries in each column):			\$	\$	\$10803.00	
	Shared	Services A	rrangement			
Payments to member districts of shared services arrangements			\$	\$	\$	
	Adminis	trative Cost	Calculation			
Enter the total g	rant amount requested:				\$10803.00	
Percentage limi	t on administrative costs established	for the prog	ram (15%):		x .15	
Multiply and rou This is the maxi	ind down to the nearest whole dollar. mum amount allowable for administra	Enter the reative costs, i	esult. ncluding indired	ct costs:	\$1620.45	

NOTE: Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. If indirect costs are claimed, they are part of the total grant award amount. They are not in addition to the grant award amount.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Do not submit an amendment solely for the purpose of budgeting indirect costs.

If selected for a competitive grant, your award amount will be the lesser of the grand total of budgeted costs as stated on this schedule (the box with the bold outline), or the sum of all line items listed on this schedule, or the maximum allowable award amount. TEA is not responsible for math errors.

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	Schedule #7-	—Payroll Costs (6100)	300	
Со	ounty-district number or vendor ID: 234902	Amen	dment # (for am	endments only):
	Employee Position Title	Estimated # of Positions 100% Grant Funded	# of Positions <100% Grant Funded	Grant Amount Budgeted
Ac	ademic/Instructional	runded	Tunded	
1	Teacher			\$
2	Educational aide			\$
3	Tutor	1		\$1544.00
Pro	ogram Management and Administration			
4	Project director/administrator			\$
5	Project coordinator			\$
6	Teacher facilitator			\$
7	Teacher supervisor			\$
8	Secretary/administrative assistant			\$
9	Data entry clerk			\$
10	Grant accountant/bookkeeper			\$
11	Evaluator/evaluation specialist			\$
_	xiliary			
2	Counselor			\$
3	Social worker			\$
4	Community liaison/parent coordinator		\$	
Oth	er Employee Positions			
5	Bus Driver/Transportation	1		\$689.00
6	Title			\$
7	Title			\$
8		Subtotal emp	lovee costs:	\$
ub	estitute, Extra-Duty Pay, Benefits Costs			
9	6112 Substitute pay			\$
0	6119 Professional staff extra-duty pay	\$		
1	6121 Support staff extra-duty pay \$			
2	6140 Employee benefits			\$
3	61XX Tuition remission (IHEs only)			\$
1		I substitute, extra-duty, be	nefits costs	\$
5	Grand total (Subtotal employee costs plus subto			\$2233.00

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-	_			
		Schedule #8—Professional and Contracted	Services (6200)	
		y-district number or vendor ID: 234902	Amendment # (fo	r amendments only):
NC	TE	: Specifying an individual vendor in a grant application does not meet	the applicable re	quirements for sole-source
pro	<u>bivo</u>	ers. TEA's approval of such grant applications does not constitute app	roval of a sole-so	ource provider.
		Professional and Contracted Services Requiring	Specific Appro	val
		Expense Item Description		Grant Amount
				Budgeted
		Rental or lease of buildings, space in buildings, or land	и:	
62	69	Specify purpose:	\$	
		<u> </u>		
	a.		equiring	•
		specific approval:		\$
		Professional and Contracted Serv	ices	
#		Description of Service and Purpose		Grant Amount
	\perp			Budgeted
1	<u> </u>		-	\$
2	\perp			\$
3	<u> </u>			\$
4	_			\$
5	↓_			\$
6	<u> </u>			\$
7	<u> </u>			\$
8	_			\$
9				\$
10	-			\$
11	_			\$
12	_			
13	_			\$
14	Ļ			\$
	b.			\$
	C.	Transming very literaction and continuous activities that do	not require	\$
		specific approval:		4
		(Sum of lines a, b, and	c) Grand total	\$

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Via telephone/fax/email (circle as appropriate)	By TEA staff person:			

Schedule #9Supplies	s and Materials (6300)	
County-District Number or Vendor ID: 234902	Amendment number (for ar	mendments only):
Supplies and Materials Re	quiring Specific Approval	
Expense Item Description		Grant Amount Budgeted
6300 Total supplies and materials that do not require speci	ific approval:	\$
	Grand total:	\$

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Changes on this page have been confirmed with:	On this date:
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	Schedule #10—Other Operating	Costs (6400)		
County	y-District Number or Vendor ID: 234902	Amendment number (for a	mendments only);	
	Expense Item Description		Grant Amount Budgeted	
6411	Out-of-state travel for employees. Must be allowable per Program Guidelines and grantee must keep documentation locally.			
	Subtotal other operating costs requ	iring specific approval:	\$	
	Remaining 6400—Other operating costs that do not rec	quire specific approval:	\$6400.00	
		Grand total:	\$6400.00	

In-state travel for employees does not require specific approval.

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Via telephone/fax/email (circle as appropriate)	By TEA staff person:			

Cou	nty-District Number or Vendor ID: 234902	Ame	endment numbe	r (for amendments only):
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgete
6669	—Library Books and Media (capitalized and c	ontrolled by library)	3
1		N/A	N/A	\$
	(—Computing Devices, capitalized			
2	laptop	1	\$1200	\$1200
3	scanner	1	\$550	\$550
4	computer docking station and monitor	1	\$420	\$420
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
	—Software, capitalized			
12			\$	\$
13		,	\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
	—Equipment or furniture			
19			\$	\$
20			\$	\$
21			\$	\$
22			\$	\$
23			\$	\$
24			\$	\$
25			\$	\$
26			\$	\$
27			\$	\$
28			\$	\$
6XX- ncrea	—Capital expenditures for additions, improver use their value or useful life (not ordinary repa	nents, or modificat	ions to capital :	assets that materially
29			<u></u>	\$
			Grand total:	\$2170

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	#12—Demog	raphics of Pai	rtininanto to D		1 20 0		
			ilicipants to Bi	e Serv	ed with G	rant Funds	5
er or ven	dor ID: 23490	2	Amendment # (for amendments only):				
served i I that is i	under the grai mportant to ur	nt program. Us nderstanding th	se the comment e population to	sectio	n to add a	description	of any data not
ublic	☐ Open-Enro	ollment Charter	☐ Private Non	profit	☐ Private	e For Profit	☐ Public Institution
Numb	er of Student	S	Number of To	eacher	s	Student/Teacher Ratio	
30	·		1 teacher for	teacher for 1st & 2nd		9 students max for each section/8 sections total	
33			I TEACHER FOR ISTA JAN I			max for each sections total	
COMMENTS							
ny data r	ot specifically	requested tha	t is important to	under	standing t	he amount	of instruction to be
nount of	Instruction				CON	MENTS	
School day hours (ex) 8:30am – 4:30pm				Based on school calendar		ndar	
Number of days in school year				Based on school calendar		ndar	
Minutes of instruction per school year				Based on school calendar			
	that is inded. Use ublic Number this stage to 30 33 struction by data in programmount of the column of the colu	schers To Be Served served under the gran that is important to unded. Use Arial font, no ublic	served under the grant program. Use that is important to understanding the ded. Use Arial font, no smaller than 1 ublic	there To Be Served With Grant Funds. Enter the served under the grant program. Use the comment that is important to understanding the population to ded. Use Arial font, no smaller than 10 point. Dopen-Enrollment Charter Private Non Number of Students Number of Tour this will be indentification stage to begin service in 1st grade	Achers To Be Served With Grant Funds. Enter the total name served under the grant program. Use the comment section that is important to understanding the population to be served. Use Arial font, no smaller than 10 point. Aublic Open-Enrollment Charter Private Nonprofit Number of Students Number of Teacher This will be indentification stage to begin service in 1st grade 30 1 teacher for 1st & 20 33 1 teacher for 1st & 20 Struction. Enter amount of instruction to be provided with grant data not specifically requested that is important to under program. Response is limited to space provided. Use Arial mount of Instruction 7:55-3:12 School year 175 Ba	served under the grant program. Use the comment section to add a that is important to understanding the population to be served by this ded. Use Arial font, no smaller than 10 point. Description Open-Enrollment Charter Private Nonprofit Private	served under the grant program. Use the comment section to add a description that is important to understanding the population to be served by this grant prograded. Use Arial font, no smaller than 10 point. Open-Enrollment Charter Private Nonprofit Private For Profit

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Need

Schedule #13—Needs Assessment

County-district number or vendor ID: 234902	Amendment # (for amendments only):
Part 1: Process Description. A needs assessment is a systematic process	s for identifying and prioritizing needs, with
"need" defined as the difference between current achievement and desired	outcome or required accomplishment.
Describe your needs assessment process, including a description of how r	needs are prioritized. If this application is for a
district level grant that will only serve specific campuses, list the name of the	ne campus(es) to be served and why they
were selected. Response is limited to space provided, front side only. Use	Arial font, no smaller than 10 point.
Canton ISD conducts comprehensive needs assessments with a co	mmittee composed of administrators,
teachers, special program directors, parents, students and commun	ity leaders. Special consideration is
taken in the areas of demographics, student achievement, special p	
parent and community involvement, and technology. Data reviewed	
Performance Report (TAPR) from the previous year, STAAR and TA	
students and special programs, special program evaluations, invent	· · · · · · · · · · · · · · · · · · ·
results, staff development records, NCLB reports, School Report Ca	
meet to review data and prioritize campus and district needs. The n	
increased numbers of dyslexic students being serviced at the interm	•
determined that there was a need for improving early detection and	
, , ,	<u> </u>
curriculum at an earlier age. The data also revealed a need for add	•
students to promote mastery of grade level academics. The data fu	
group and intensive intervention at the elementary level in order to e	
tools they needed to be successful in the higher grades. It was dete	rmined that the district should use a
proven method to begin identification in Kindergarten and then begin	n servicing students with an aligned,
research based and proven curriculum beginning in 1st Grade	

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Schedule #13—Needs Assessment (cont.)

County-district number or vendor ID: 234902

Amendment # (for amendments only):

Part 2: Alignment with Grant Goals and Objectives. List your top five needs, in rank order of assigned priority.

Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Consistent and early identification of Dyslexic students.	The teacher acquired through this grant would be fully trained and dedicated to the identification and service of Dyslexic students at the Elementary level.
2.	Early intervention with a highly qualified teacher beginning in the 1st Grade.	The teacher acquired through this grant would begin servicing 1st and 2nd grade students who had been identified in Kindergarten, 1st or 2nd grade.
3.	A certified teacher who has been trained/completed a course(s) related to a proven curriculum.	The teacher who was acquired through this grant would be trained and certified in the Take Flight Program.
4.	Implementation of a research based, proven curriculum to promote mastery of skills and that provides strategies and tools that the students can continue to use.	The Take Flight Program would be implemented to service 1 st and 2 nd grade students.
5.	Summer School intervention continuation.	We would have a Dyslexia Specialist work with dyslexic students for 10 days during the summer.

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Schedule #14—Management Plan						
C	ounty-district number	or ve	ment # (for amend	ments only).		
P	art 1: Staff Qualifica	tions.	external consultan	ts projected to be		
In	Part 1: Staff Qualifications. List the titles of the primary project personnel and any external consultants projected to I involved in the implementation and delivery of the program, along with desired qualifications, experience, and any					
re	equested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.					
#	Title		Desired Qualifications, Experience,	Certifications		
		Certfie	d Teacher who has experience in teaching Reading an	d has been/will be	trained in the	
١.		Take Flight Program				
1.	- J					
	Specialist					
\vdash						
2.						
3.	1					
						
4.						

5.						
-	10 10					
Pa	rt 2: Milestones and	Time	line. Summarize the major objectives of the planned pr	oject, along with d	efined milestones	
		Kesh	onse is limited to space provided, front side only. Use A	Ariai font, no smaile	er than 10 point.	
#	Objective	1.	Milestone	Begin Activity	End Activity	
			Identify students through TPRI.	05/18/2018	05/24/2019	
	Early identification	2.	Intervene with those early identified to determine if	05/18/2018	05/24/2019	
1.	of K-1 Dyslexic		they need mild intervention or intensive intervention.			
	students	3.	Place students in the appropriate group for level of	05/18/2018	05/24/2019	
		4.	intervention needed.	VVVVVVV	VV 0/1/ 0/1/ 1/1/	
		1.	Have a certified reading teacher trained in Take	XX/XX/XXXX	XX/XX/XXXX	
	2		Flight. (2 year program)	05/18/2018	08/31/2019	
i			Have the trained teacher (Dyslexia Specialist)	05/18/2018	07/15/2019	
	Have certified		attend updates throughout the school year to stay	03/10/2010	0111312019	
2.	teacher trained in		current and up to date on any areas in which we			
	Take Flight.		could improve our program.			
		3.		XX/XX/XXXX	XX/XX/XXXX	
		4.		XX/XX/XXXX	XX/XX/XXXX	
		1.	Show progress in acquiring and mastering skills and	08/20/2018	08/31/2019	
	Implementation of		strategies to promote academic success.			
	the Take Flight	2.	Track student through assessments to determine	08/20/2018	08/31/2019	
3.	program for 1st		success within the program or need to adapt the			
	and 2nd Grade		program to meet student needs.			
	Students	3.	Data showing that students have evidenced growth	08/20/2018	08/31/2019	
			in the areas of phonemic awareness, phonics,			

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Schedule #14—Management Plan (cont.)

County-district number or vendor ID: 234902

Amendment # (for amendments only):

Part 3: Feedback and Continuous Improvement. Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

At the campus level, teachers use data from a variety of types of assessments to create subject area goals, grade level goals, and individual student goals. Those goals are discussed with co-workers/team teachers as well as their campus administrators. The goals are monitored at three week intervals when progress reports are evaluated, again when unit assessments are given, when quarterly assessments are given, and when standardized testing methods are used. The teachers are supported in their goals by local as well as District administration. The teachers collaborate subject to subject and grade to grade across the district. The teachers also collaborate with surrounding districts as well as utilizing our Regional Service Center for support. Data is used to drive instruction so that individual student needs are addressed.

At the District level, the Districtwide Education Committee is comprised of administrators, educators, students, parents and community leaders. The Committee meets and goes over data from a variety of sources (TAPR, PEIMS, Special Programs, etc.) to determine deficiencies and needs. The needs are prioritized and goals and plans to meet those goals are put in place. The data is reviewed with the Committee at various times throughout the year including progress report time (each 3 weeks), at nine week intervals, and at semester. Based on the progress or lack of, then the plans are modified and adapted and resources are gathered to continue to reach our goals. Our district also partners with other schools within our Region to collaborate and learn from each other.

Part 4: Sustainability and Commitment. Describe any ongoing, existing efforts that are similar or related to the planned project. How will you coordinate efforts to maximize effectiveness of grant funds? How will you ensure that all project participants remain committed to the project's success? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

We have other efforts that are similar in nature to our plan for Dyslexia Intervention. One such effort is an ELL intervention program in which we have a certified/bilingual teacher who offers intensive intervention to the ELL population. We monitor that program through assessments and continual collaboration with stakeholders. We have meetings to address successes and/or failures, needs such as additional or different resources and strategies, short term goals as well as long term goal evaluation and any additional concerns about the program. We continually monitor individual student growth and adapt as needed in order to ensure the program fulfills its purpose and does not grow stagnant. We offer support to the program through other our Region service center, other educators, campus administrators and district administrators.

We will coordinate efforts to maximize effectiveness of grant funds by consistent and meaningful collaboration amongst stakeholders. The Campus Administrator working with the Dyslexia Specialist and Curriculum Director will obtain data on individual growth as well as overall program growth and use that data to drive the program. We will address all needs as they become evident and not wait until certain time intervals to adapt to meet those needs.

We will further incorporate vested stakeholder input through our Districtwide Education Committee meetings where teachers, campus administrators, district administrators, parents, students and community leaders are given the opportunity to add to the planning process. These meetings will be held with structured agendas that will pinpoint areas of concern, needs, success/failures as well as built in time for open collaboration and discussion to find ways to continually improve the program.

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		5	Schedule #15—Project Evaluat	ion
Co	unty-district number or vendor ID: :	23490	02	Amendment # (for amendments only):
ette	rt 1: Evaluation Design. List the nectiveness of project strategies, inc	ludin	ds and processes you will use or g the indicators of program accor	n an ongoing basis to examine the
Ke	sponse is limited to space provided	l, fror	nt side only. Use Arial font, no sm	naller than 10 point.
#	Evaluation Method/Process		Associated Indic	ator of Accomplishment
1.	Formative Assessment	1.	progressing. Valuable and effer and make any needed adjustm	ement of where the student is and if they are ective feedback to guide the continuation ents in order to continue on with a lesson.
1.		3.	listening, if the student is maste through a lesson or unit.	pecialist can determine, by watching and ering skills and concepts as they proceed
	Summative Assessment	1.	This will be done during the cou	urse or each lesson. If a lesson and the conclusion of each unit.
2.		2.		skill/concept of the current unit/lesson?
	Diagnostic and Formative	1.	Has the student shown progres	s from prior IStation diagnostic sessions?
3.	Evaluation through IStation	2.	addressed (are there areas that	
		3.	Is the gap closing in the areas of	of weakness?

Part 2: Data Collection and Problem Correction. Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

3. 1.

2.

The teacher/specialist will work daily with each student and visually see struggles, improvements and success. By watching these students during formative assessment, the teacher can then redirect and lead students to discovering skills and strategies that meet their individual needs. This method of immediate assessment prompt feedback will allow the teacher an opportunity to collect valuable data to be used to continue with the program in the most effective manner for each individual student.

The Summative Assessment will be an additional tool that the teacher uses to determine if a student has mastered a particular lesson/unit and if they are ready to build upon that knowledge. This assessment will be crucial in determining the next step in each student's lessons. Since the Take Flight program is a building block full of lifelong skills and strategies, this will be crucial in determining when it is time to move on to the next step.

The Diagnostic Evaluation will provide valuable data that gives an initial baseline and then shows areas of growth, regression, concern and mastery. This data can then be used to adjust plans to continue growth and mastery and ensure skills and concepts are spiraling for automaticity.

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Schedule #16—Responses to Statutory Requirements (cont.)

County-district number or vendor ID: 234902

Amendment # (for amendments only):

Statutory Requirement 1: Describe how the program will incorporate evidence-based and research-based design and how the program will include effective use of technology. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The program will use TPRI-Early Reading Assessment as an instrument for identification. TPRI is a proven assessment that is used to identify the reading development of students in K-3rd. This evidence based assessment helps to provide teachers with data need to provide targeted instruction so students can improve in the area of reading.

The program will use Take Flight as the Dyslexia Curriculum, which is a comprehensive intervention for students with Dyslexia that is based on research of Dr. Samual T. Orton, neuropsychiatrist and the educational and psychological insights of Anna Gillingham. The program will incorporate multi-sensory teaching techniques, current findings in learning theories, and discovery teaching. The program will serve as an intensive intervention covering phonemic awareness, phonics, fluency, vocabulary, and reading comprehension for dyslexic students. The curriculum will be delivered in a small group setting and will be a two year program taught 4-5 days per week at 45-60 minutes per day. The program will include 132 lessons with a total of 230 hours of direct instruction. The structure of the program will be simultaneous and multi-sensory to enhance learning and memory. It will be systematic and cumulative in that it will build on previous concepts learned with regular review and spiraling. It will be direct instruction with continuous assessment of individual needs with the goal of content being mastered to the degree of automaticity. It is a whole language program, but it will break down the parts with specific language goals based on student need and level. The program will further incorporate meaningful inclusion where the students demonstrate their newly found skills and strategies in the regular classroom.

Istation is an online program that will be used to allow students independent activities that can be used to show the baseline level as well as needs, growth, regression and mastery of skills related to reading. It is an engaging program that has computer adaptive diagnostic and screening programs that will provide valuable data to the Dyslexia Specialist.

Statutory Requirement 2: Describe how the program will collect empirical data on student achievement and improvement and use that data to support effective program implementation. The applicant should describe the process by which baselines for these metrics will be established. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The teacher/Dyslexia Specialist will collect data while continually using formative assessment in both the verbal and visual avenues. The students will be using skills and tools that are taught in the Take Flight program and then be allowed to experiement using those skills and tools on a daily basis. The teacher will be giving feedback during the course of these lessons.

The baseline for the student will be determined through TPRI, Istation, and Take Flight assessment tools. This baseline will be compared to newly acquired skills and strategies daily as they progress through the program, but also every 3 weeks at progress report time and Quarterly during Campus based assessments.

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	Schedule #16—Responses to Statutory Requirements (cont.)
	County-district number or vendor ID: 234902 Amendment # (for amendments only):
	Statutory Requirement 3: Describe how the program will incorporate parental support and collaboration. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.
	Parents are an integral part of our team as a whole, but even more so in specific programs. Parents are always include in parent/teacher conferences to regularly discuss concerns and to celebrate success. Parental input is taken into consideration when setting goals and throughout the course of monitoring and assessing the goals.
	Parents are also an integral part of our District Wide Education Improvement Committee who is responsible for doing or needs assessment for the campuses and the district as a whole.
	Statutory Requirement 4: Describe how the proposed program will reflect the diversity of the state and how the program can be replicated for students statewide. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.
	This program will be measurable against others throughout the district, region and state in that the data collected will be collected through evidenced based means that can be accurately compared with no fear of bias. The Istation program has many ways to compare our local data to our own district as well as others throughout the state.
	Also, the Take Flight program is highly used and respected, so there will be comparable data there as well. This is a program that has proven to be successful and continually changes to meet the every changing needs and demands of our children.

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exas Education Agency	Standard Application System (SAS)
Schedule #17—Responses to TEA Program	Requirements
County-district number or vendor ID: 234902	Amendment # (for amendments only):
TEA Program Requirement 1: Describe how the program will use innovation unique academic and functional needs of students with dyslexia. Applicants new and innovative ways to remove barriers to effective implementation of a limited to space provided, front side only. Use Arial font, no smaller than 10	ve approaches to effectively address the may focus on new and innovative practices, accepted practices, or both. Response is point.
This program will allow our district to successfully identify students with Dys in order to being intervention immediately. Early intervention is key in order successful in Reading. Re-training the brain is a method that is becoming in many areas other than Dyslexia as well. The research based curriculum, success in these areas.	to train the brain to adjust in order to be necessingly popular with acclaimed success
This program will allow our District the opportunity to service these students are in Intermediate they will have their own personal "toolbox" of skills and sthem the opportunity to not only be successful but to have the confidence to progress through life.	trategies to ensure success. This will allow
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Schedule #17—Responses to TEA Program Requirements (cont.)		
County-district number or vendor ID: 234902	Amendment # (for amendments only):	
TEA Program Requirement 2: Describe coordination of services with private or community-based providers. Response		
is limited to space provided, front side only. Use Arial font, no smaller than 10 point.		
☑ NA – Program will not coordinate with private or community based providers.		
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