



2019-2020 Perkins Reserve Grant

COMPETITIVE GRANT Application Due 5:00 p.m. CT, February 14, 2019

NOGA ID [Redacted]

Authorizing Legislation **Carl D. Perkins Career and Technical Education Act of 2006, P.L. 109-270, Title I, Part C, S112(a)(1)**

Applicants must submit one original copy of the application and two copies of the application (for a total of three copies of the application). All three copies of the application MUST bear the signature of a person authorized to bind the applicant to a contractual agreement. **Applications cannot be emailed.** Applications must be received no later than the above-listed application due date and time at:

Document Control Center, Grants Administration Division
Texas Education Agency
1701 N. Congress Avenue
Austin, TX 78701-1494



Grant period from **July 1, 2019 - August 31, 2020**

Pre-award costs are not permitted.

Required Attachments

No attachments are required to be submitted with this application.

Amendment Number

Amendment Number (For amendments only; enter N/A when completing this form to apply for grant funds): [Redacted]

Applicant Information

Organization **Sweeny ISD** CDN **020906** Vendor ID **1746002347** ESC **4** DUNS **078421245**

Address **1310 N. Elm St.** City **Sweeny** ZIP **77422** Phone **979-491-8000**

Primary Contact **Mark Manley** Email **mmanley@sweenyisd.org** Phone **979-491-8082**

Secondary Contact **Amy Pope** Email **apope@sweenyisd.org** Phone **979-491-8016**

Certification and Incorporation

I understand that this application constitutes an offer and, if accepted by TEA or renegotiated to acceptance, will form a binding agreement. 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 certify that any ensuing program and activity will be conducted in accordance and compliance with all applicable federal and state laws and regulations.

I further certify my acceptance of the requirements conveyed in the following portions of the grant application, as applicable, and that these documents are incorporated by reference as part of the grant application and Notice of Grant Award (NOGA):

- Grant application, guidelines, and instructions
- Debarment and Suspension Certification
- General Provisions and Assurances
- Lobbying Certification
- Application-specific Provisions and Assurances

Authorized Official Name **Tory Hill** Title **Superintendent**

Email **tchill@sweenyisd.org** Phone **979-491-8010**

Signature Date **2/7/19**

Grant Writer Name **Mark Manley** Signature Date **2/7/19**

Grant writer is an employee of the applicant organization. Grant writer is not an employee of the applicant organization.

2019-2020

Shared Services Arrangements

SSAs are **not permitted** for this grant. Check the box below if applying as a fiscal agent.

The applicant organization submitting this application is the fiscal agent of a planned SSA. All participating agencies will enter into a written SSA agreement describing fiscal agent and SSA member responsibilities. All participants understand that the written SSA agreement is subject to negotiation and must be approved before a NOGA can be issued.

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
Increase the number of certifications Health Science Practicum students earn by 40% by July 2020.	Add EKG/ECG certification opportunities to students in our health science program, by implementing a proven certification preparation curriculum used by other districts throughout the state.
Provide leadership and support in curriculum development/alignment in the Health Science program.	Provide ECG Certification curriculum to provide a proven successful platform that supplements existing lessons and allows the opportunity for the instructor to develop other curriculum related to the course.

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.

Increase the number of Industry Based Certifications Health Science students earn by 30% by June of 2020.

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
 Purchase Kaduceus ECG (EKG) Technician Certification Preparation Curriculum Package including all lab equipment and supplies.
 Register Instructor and make training arrangements so Teachers will be able demonstrate competency to teach the ECG curriculum.

Measurable Progress (Cont.)

Second-Quarter Benchmark

Students will be taught the ECG curriculum and given multiple pre-tests.
Pre- test scores will be used to identify each students' strengths and weaknesses.
Review material will be tailored to each students' needs to assure mastery of the material, before retaking pre-tests and performance will be compared to previous score.

Third-Quarter Benchmark

Students will demonstrate mastery of the last pre-test and must score an 85 or higher in order to take the certification exam.

Students will take the certification exam.

Unsuccessful students will be identified and tailored instruction will be given to the student in efforts to prepare them for passing the Certification Exam.

Project Evaluation and Modification

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

Students progress will be monitored during each unit and assessed at the end of the unit with results being reported to the CTE Coordinator for evaluation as to student progress. Results of the assessment will be discussed with the instructor and plans based accordingly to the results of the assessment. Student averages on Assessment should be targeted at 80% success, anything below will require analysis to identify areas of need and plan made to re-teach as needed.

Statutory/Program Assurances

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

Check each of the following boxes to indicate your compliance.

- 1. The applicant provides assurance that program funds will supplement (increase the level of service), and not 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 they will continue to meet all Statutory Requirements as outlined in their 2019–2020 Perkins Formula Grant, which is incorporated by reference.
- 4. The applicant provides assurance that curriculum will be appropriately aligned to regional labor market supported CTE programs of study.
- 5. The applicant provides assurance to adhere to all Statutory Requirements and TEA Program Requirements as noted in the 2019–2020 Perkins Reserve Grant Program Guidelines.
- 6. The applicant provides assurance to adhere to all Performance Measures, as noted in the 2019–2020 Perkins Reserve Grant Program Guidelines, and shall provide the Texas Education Agency, upon request, any performance data necessary to assess the success of the program.
- 7. **Focus Area 1** applicants provide assurance that they will submit a Memorandum of Understanding (MOU) detailing the relationship between the institute of higher education, the LEA, and business and industry partner(s) within 90 days of the grant start date. The MOU will establish joint decision-making procedures that allow for planning and implementation of a coherent program across the institutions. The partnership and the MOU must include provisions and processes for collecting, sharing, and reviewing student data to assess the progress of the students.
- 8. **Focus Area 1** applicants provide assurance that they and at least one representative from each required partner organization will attend all required conferences as described in the 2019–2020 Perkins Reserve Grant Program Guidelines.
- 9. **Focus Area 2** applicants provide assurance that any industry-based certifications supported through this grant are listed on the 2018–2019 or 2019–2020 Final List of Industry-Based Certifications of the A-F Accountability System.

TEA Program Requirements

1. **FOCUS AREA 1 APPLICANTS:** Identify partner organizations the applicant organization has collaborated with to implement the proposed project. Identify high-wage and in-demand occupations and CTE programs of study that lead to these occupations. Include and explain how regional labor market information was used in identifying and determining the CTE programs of study in collaboration with partner organizations.

TEA Program Requirements

2. **FOCUS AREA 1 APPLICANTS:** Provide a design for at least one CTE program of study that spans secondary and postsecondary education and includes an appropriate sequence of courses that are aligned with high-wage and in-demand occupations identified by the local regional workforce board. The design must:

- Describe the commitment from all partners to assist with curriculum development to support relevant and frequent industry experiences for students participating in the program.
- Identify strategic partnerships that are already in place that provide an advantage in implementing the proposed project.

TEA Program Requirements

3. **FOCUS AREA 1 APPLICANTS:** Provide a sample crosswalk that identifies postsecondary coursework that would be required of a student in the program of study in order to complete a certificate or receive an associate degree from the partnering general academic teaching institution(s) within two to three years of graduating from high school. The crosswalk should align to higher education program of study curricula where applicable and also demonstrate how the project can lead to a bachelor's degree.

TEA Program Requirements

4. **FOCUS AREA 1 APPLICANTS:** Propose a sustainability plan to ensure that the applicant and partner organizations will continue to meet the goals of the grant after the end of the grant program.

[Empty response box for item 4]

5. **FOCUS AREA 1 APPLICANTS:** Identify and describe the operational capacity (i.e. dedicated personnel, advisory boards, data-sharing agreements) and recent track record of the identified grant intermediary in supporting key functions including work-based learning, cross-sector partnerships, collective impact initiatives, and multi-stakeholder grants.

[Empty response box for item 5]

TEA Program Requirements

6. **FOCUS AREA 2 APPLICANTS:** Identify industry-based certifications and programs of study for the proposed project. Include information provided by local workforce development boards, economic development organizations, and/or chambers of commerce to determine high-wage and in-demand occupations and programs of study that lead to these occupations. Include and explain how regional labor market information was used in identifying and determining the industry-based certifications selected.

The Sweeny High School Health Science program would like to implement an EKG certification to enhance our existing Health Science Clinical Program of Study, based on recommendations from local partners. Currently, students are tested on-site and are able to earn the NHA Certified Medical Assistant Certification (CCMA). Sweeny ISD Administrators met with Sweeny Community Hospital Administrators to follow up and continue certification discussions that started during the 1st semester CTE Advisory meeting. The hospital staff identified the top certifications that would benefit students and prospective employers in our region. Based on the input of the meeting, Sweeny ISD has chosen to implement the EKG certification program for the following reasons:

- A. Most hospitals and clinics in our area immediate area do not have EKG/ECG Techs on staff and it is important that potential employees have EKG/ECG experience.
- B. The EKG/ECG Certification curriculum and testing could be implemented into our existing courses/pathway without adding an additional classes or staff. Typically, Rural hospitals/clinics such as our local hospital do not employ ECG technicians. However, they require almost every employee (EMS, nurses, medical assistants, certified nursing assistants, etc.) to be certified in ECG. Students earning this certification will benefit from this because it will make them more employable in any of those positions. Students in the program will also be earning a Certified Clinical Medical Assistant certification, which will allow them to work in many different healthcare settings. Students could also benefit from the ECG certification if they chose to work in a larger hospital environment and be employed as and ECG technician.
- C. Provide our instructor/instructors with an established curriculum, that is utilized by other districts across the state, that consists of hands-on lessons along with the industry expertise needed for teachers to guide their students toward successful certification completion in alignment with SISD Pillar I One for Continuous Improvement, Objective 1 & \$4 .

Based on reports from Texas Labor Analysis (<https://texaslaboranalysis.com/>) SOC 29-2031 Cardiovascular Technologists and Technicians will see a 19.4 % growth between now and 2026 in the Gulf Coast & Golden Crescent WDA regions. This does not include the other medical professions that may require or recommend EKG/ECG certification as a basis for employment in areas outside urban populations. Also, the Health Care and Social Assistance industry will grow 26% or 399,445 jobs (<https://texaslmi.com/Home/PopularDownloads>).

TEA Program Requirements

7. **FOCUS AREA 2 APPLICANTS:** Identify how many students will benefit from the grant funding and explain how offering of industry-based certifications will benefit students currently enrolled in the aligned CTE programs of study.

- If choosing to **certify a teacher in the industry-based certification to test students**, identify how many students will benefit from the grant funding and explain how this will benefit students.
- If choosing to **become a testing site**, the identify how many students will benefit from the grant funding and describe how becoming a testing site will benefit students in the LEA and within the region.

Currently, there are 172 students enrolled in the Health Science pathway. Average enrollment for grades 9-1 is 48 students. Senior year Health Science Practicum enrollment is limited to 26 students due to limited work sites for clinical rotations. Sweeny ISD will be offering offering Anatomy & Physiology, as a 4th year science credit in efforts to keep students that are not in the Practicum class, engaged in the Health Science Pathway. This proposed certification (EKG/ECG Certification) will allow up to 26 students per year to gain certification in Certified Medical Assistant and EKG/ECG Tech, increasing their opportunities for employment in our region even if they leave to pursue higher education in the field. Based on a survey of Sweeny ISD employees, out of 123 employees that responded , 70% graduated from Sweeny ISD. The survey, although not perfect, illustrates the high percentage of former students whom either stay or return to the area to live. Based on input from partners regarding EKG/ECG certifications, mentioned in the previous section, students whom choose to work in the medical profession in the area will benefit form the certification.

Sweeny ISD has been a testing site for National Heathcareers Association for several years, 10 students passed the Certified Medical Assistant (CCMA) exam last year and 24 the previous year. If the NHA EKG/ECG certification does not make the Texas IBC list, we will need to become authorized by approved EKG/ECG certification testing authority.

TEA Program Requirements**8. FOCUS AREA 2 APPLICANTS:** Explain the process for paying for exams for students.

Currently, Sweeny ISD pays for the certification exams if students pass the Practice test with an 85 or above. Students that do not pass the initial Practice test with an 85% will be given remedial assistance to improve their score. Students must pass a pre-test with an 85% or greater to be eligible for school funding for the exam. Students that do not pass the Practice test have the option to pay for the exam if they choose, however, the district encourages students to take the necessary steps to achieve 855 on practice tests before attempting the certification Exam.

9. FOCUS AREA 2 APPLICANTS: Explain efforts that have already been made to ensure success during the grant period.

Current Health Science Practicum students are being trained in ECG as a component of their Certified Clinical Medical Assistant program, which will compliment the ECG Curriculum that is proposed to help better prepare students for Certification. Students also participate in Clinical settings with area hospitals and clinics and are exposed to the realities of skills they will need when entering the medical profession, which incentives them to be active participants in the learning process and recognize the importance of being able to demonstrate the skills needed and having the required certification to prove it.

TEA Program Requirements

10. **FOCUS AREA 2 APPLICANTS:** Explain how the applicant organization will ensure that students are prepared for the industry-based certification exams.

Students will begin the 30 hour curriculum in the fall semester to prepare for the practice test at the beginning of the 2nd semester, which will allow enough time for remediation if necessary.

Student progress will be monitored through informal and formal assessment as provided in the ECG curriculum. Informal, day-to-day measures of student progress may include:

- observation
- questioning strategies
- hands-on demonstrations

Practice tests will be utilized before administration of the certification exam, and provide information on areas that may need to be revisited or re-taught.

11. **FOCUS AREA 2 APPLICANTS:** Identify strategic partnerships already in place that provide an advantage in implementing the proposed project.

Sweeny Community Hospital, Matagorda Regional Hospital, Sweeny House (nursing home) and other medical/doctor offices clinics in the area provide opportunities for our students to participate in Clinical rotations. In addition, Sweeny Community Hospital and Brazosport College Health Science Instructors participate on the CTE Advisory Committee.

Equitable Access and Participation

Check the appropriate box below to indicate whether any barriers exist to equitable access and participation for any groups that receive services funded by this grant.

- The applicant assures that no barriers exist to equitable access and participation for any groups receiving services funded by this grant.
- Barriers exist to equitable access and participation for the following groups receiving services funded by this grant, as described below.

Group Barrier

Group Barrier

Group Barrier

Group Barrier

PNP Equitable Services

Are any private nonprofit schools located within the applicant's boundaries?

- Yes
- No

If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.

Are any private nonprofit schools participating in the grant?

- Yes
- No

If you answered "No" to the preceding question, stop here. You have completed the section. Proceed to the next page.

5A: Assurances

- The LEA assures that it discussed all consultation requirements as listed in Section 1117(b)(1) and/or Section 8501(c)(1), as applicable, with all eligible private nonprofit schools located within the LEA's boundaries.
- The LEA assures the appropriate Affirmations of Consultation will be provided to TEA's PNP Ombudsman in the manner and time requested.

5B: Equitable Services Calculation

1. LEA's student enrollment	<input type="text"/>
2. Enrollment of all participating private schools	<input type="text"/>
3. Total enrollment of LEA and all participating PNPs (line 1 plus line 2)	<input type="text"/>
4. Total current-year grant allocation	<input type="text"/>
5. LEA reservation for direct administrative costs, not to exceed the grant's defined limit	<input type="text"/>
6. Total LEA amount for provision of ESSA PNP equitable services (line 4 minus line 5)	<input type="text"/>
7. Per-pupil LEA amount for provision of ESSA PNP equitable services (line 6 divided by line 3)	<input type="text"/>
LEA's total required ESSA PNP equitable services reservation (line 7 times line 2)	<input type="text"/>

Request for Grant Funds

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

PAYROLL COSTS (6100)

BUDGET

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PROFESSIONAL AND CONTRACTED SERVICES (6200)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SUPPLIES AND MATERIALS (6300)

Kaduceus ECG Stand Alone Certification Program	\$8,000
Additional ECG/EKG Machine to increase hands-on opportunities for students	\$3,955
<input type="text"/>	<input type="text"/>

OTHER OPERATING COSTS (6400)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CAPITAL OUTLAY (6600)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total Direct Costs

Indirect Costs

TOTAL BUDGET REQUEST (Direct Costs + Indirect Costs)

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

Negotiated/Amended Section

For amendments: Choose the section you wish to amend from the drop down menu.

Negotiated Change/Amendment

For amendments: 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.

[Empty box for section selection]

FOR TEA USE ONLY
Changes confirmed with _____ on this date _____
Via phone/fax/email by TEA staff person _____

[Empty box for describing changes]

[Empty box for section selection]

FOR TEA USE ONLY
Changes confirmed with _____ on this date _____
Via phone/fax/email by TEA staff person _____

[Empty box for describing changes]

[Empty box for section selection]

FOR TEA USE ONLY
Changes confirmed with _____ on this date _____
Via phone/fax/email by TEA staff person _____

[Empty box for describing changes]

[Empty box for section selection]

FOR TEA USE ONLY
Changes confirmed with _____ on this date _____
Via phone/fax/email by TEA staff person _____

[Empty box for describing changes]

[Empty box for section selection]

FOR TEA USE ONLY
Changes confirmed with _____ on this date _____
Via phone/fax/email by TEA staff person _____

[Empty box for describing changes]

