

# Texas Education Agency Standard Application System (SAS)

<b>2018–2019 Services to Students with Dyslexia</b>		
<b>Program authority:</b>	Texas Education Code, 29.027 as added by House Bill 21, Section 3, 85 <sup>th</sup> Texas Legislature, 2017	<b>FOR TEA USE ONLY</b> Write NOGA ID here:
<b>Grant Period:</b>	May 1, 2018, to August 31, 2019	
<b>Application deadline:</b>	5:00 p.m. Central Time, March 8, 2018	Place date stamp here
<b>Submittal information:</b>	<p>Applicants must submit one original copy of the application with an original signature, and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address:</p> <p style="text-align: center;">Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494</p>	RECEIVED TEXAS EDUCATION AGENCY 2018 MAR - 8 AM 7:19 DOCUMENT CONTROL CENTER GRANTS ADMINISTRATION
<b>Contact information:</b>	Karin Miller, <a href="mailto:karin.miller@tea.texas.gov">karin.miller@tea.texas.gov</a> , (512) 463-9581	

### Schedule #1—General Information

Part 1: Applicant Information				
Organization name	County-District #	Amendment #		
Mount Pleasant ISD	225902			
Vendor ID #	ESC Region #			
	8			
Mailing address	City	State	ZIP Code	
P.O. Box 1117	Mount Pleasant	TX	75456-1117	
Primary Contact				
First name	M.I.	Last name	Title	
Tracie	A	Johnson	Director of Special Services	
Telephone #	Email address		FAX #	
903-575-2040	tjohnson@mpisd.net		903-575-2014	
Secondary Contact				
First name	M.I.	Last name	Title	
Shirley		Peterson	Director of State and Federal Programs	
Telephone #	Email address		FAX #	
903-575-2000	speterson@mpisd.net		903-575-2014	

### Part 2: Certification and Incorporation

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	M.I.	Last name	Title
Judd		Marshall	Superintendent
Telephone #	Email address		FAX #
903-575-2000	jmarshall@mpisd.net		903-575-2014

Signature (blue ink preferred) \_\_\_\_\_ Date signed 3/7/18

Only the legally responsible party may sign this application.

701-18-108-020

**Schedule #1—General Information**

County-district number or vendor ID: 225902

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

**\*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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Changes on this page have been confirmed with:

Via telephone/fax/email (circle as appropriate)

On this date:

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 225902	Amendment # (for amendments only):
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**Part 1: Required Attachments**

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 fiscal-related attachments are required for this grant.		
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		

**Part 2: Acceptance and Compliance**

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
X	I certify my acceptance of and compliance with the General and Fiscal Guidelines.
X	I certify my acceptance of and compliance with the program guidelines for this grant.
X	I certify my acceptance of and compliance with all General Provisions and Assurances requirements.
X	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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**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 3: Program-Specific Provisions and Assurances**

X I certify 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: 225902

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
<b>Fiscal Agent</b>				
1.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Member Districts</b>				
2.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
3.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
4.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
5.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
6.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
7.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
8.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	

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**Schedule #3—Certification of Shared Services (cont.)**

County-district number or vendor ID: 225902 Amendment # (for amendments only):

#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
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**Member Districts**

9.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
10.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
11.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
12.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
13.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
14.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
15.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
16.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
17.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
18.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
19.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
20.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Grand total:</b>				

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**Schedule #4—Request for Amendment**

County-district number or vendor ID: 225902

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 TEA Grant Opportunities 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**

			A	B	C	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 direct costs:		\$	\$	\$	\$
7.	Indirect cost ( %):		\$	\$	\$	\$
8.	Total costs:		\$	\$	\$	\$

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**Schedule #4—Request for Amendment (cont.)**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 4: Amendment Justification**

Line #	Schedule # Being Amended	Description of Change	Reason for Change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 225902

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.

Within our school district, we believe in the greatness that resides in each and every one of our students. We believe it is our responsibility to provide each student with the specific tools necessary to unleash their unique talents which will propel them to reach their maximum potential. With the awarding of this grant, barriers will be removed through the resources provided to implement our TIGER Academy which focuses on innovative practices to effectively address the unique academic and functional needs of students with dyslexia or reading difficulties. TIGER Academy, which stands for Together... Inspiring Greatness in Every Reader, integrates every stakeholder into the development, implementation, and growth mindset of a program designed to equip identified dyslexia students in obtaining success. Open lines of communication will be established to ensure the voices of all stakeholders are being heard. In implementing TIGER Academy, a school-within-a school framework will be utilized on each of the four Elementary campuses to establish a proactive approach in the early identification of students with dyslexia, and provide an innovative, cohesive, comprehensive program involving the use of technology to effectively address each student's specific needs. Once a student is identified and placed in the program, the Therapist/Practitioner will assess/evaluate to establish a baseline measure. An individual needs plan will be developed to determine the specific plan of services needed, and to set goals for the student. In the goal setting process for each student, careful consideration will be given to strengths/talents, as well, to assist student in maximizing potential and finding success. Routine observations/assessments will be conducted, as well as, conversations held with stakeholders to ensure the student is continuing to make progress toward meeting established goals. Evaluative tools will be developed through conversations with stakeholders to routinely measure program effectiveness, areas needing revamping, and opportunities for enhancement/growth.

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By TEA staff person:

**Schedule #5—Program Executive Summary (cont.)**

County-district number or vendor ID: 225902

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.

[Empty response area for program executive summary]

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By TEA staff person:

<b>Schedule #6—Program Budget Summary</b>					
County-district number or vendor ID: 225902			Amendment # (for amendments only):		
Program authority: Texas Education Code, 29.027, House Bill 21, Section 3, 85 <sup>th</sup> Texas Legislature, 2017					
Grant period: May 1, 2018, to August 31, 2019			Fund code/shared services arrangement code: 429/459		
<b>Budget Summary</b>					
Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost
Schedule #7	Payroll Costs (6100)	6100	\$597,000.00	\$	\$597,000.00
Schedule #8	Professional and Contracted Services (6200)	6200	\$56,100.00	\$	\$56,100.00
Schedule #9	Supplies and Materials (6300)	6300	\$15,180.00	\$	\$15,180.00
Schedule #10	Other Operating Costs (6400)	6400	\$	\$	\$
Schedule #11	Capital Outlay (6600)	6600	\$95,828.00	\$	\$95,828.00
Total direct costs:			\$764,108.00	\$	\$764,108.00
Percentage% indirect costs (see note):			N/A	\$	
Grand total of budgeted costs (add all entries in each column):			\$	\$	<b>\$764,108.00</b>
<b>Shared Services Arrangement</b>					
6493	Payments to member districts of shared services arrangements		\$	\$	\$
<b>Administrative Cost Calculation</b>					
Enter the total grant amount requested:					
Percentage limit on administrative costs established for the program (15%):					x .15
Multiply and round down to the nearest whole dollar. Enter the result.					
This is the maximum amount allowable for administrative costs, including indirect costs:					

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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<b>Schedule #7—Payroll Costs (6100)</b>					
County-district number or vendor ID: 225902			Amendment # (for amendments only):		
Employee Position Title			Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted
<b>Academic/Instructional</b>					
1	Teacher	8 teachers (at least 4 Bilingual)	8		\$360,000.00
2	Educational aide	4 (Bilingual preferred)	4		\$90,000.00
3	Tutor				\$
<b>Program Management and Administration</b>					
4	Project director/administrator			1	\$10,000.00
5	Project coordinator	(combined with #4)			\$
6	Teacher facilitator	(Dyslexia therapists at each campus)		4	\$20,000.00
7	Teacher supervisor	(combined with #6)			\$
8	Secretary/administrative assistant	(combined with #14)			\$
9	Data entry clerk	(combined with #14)			\$
10	Grant accountant/bookkeeper	(combined with #14)			\$
11	Evaluator/evaluation specialist	(combined with #4)			\$
<b>Auxiliary</b>					
12	Counselor				\$
13	Social worker				\$
14	Community liaison/parent coordinator		1		\$20,000.00
<b>Other Employee Positions</b>					
15	Title				\$
16	Title				\$
17	Title				\$
18	Subtotal employee costs:				\$
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>					
19	6112	Substitute pay			\$2,000.00
20	6119	Professional staff extra-duty pay			\$
21	6121	Support staff extra-duty pay			\$
22	6140	Employee benefits			\$95,000.00
23	61XX	Tuition remission (IHEs only)			\$
24	Subtotal substitute, extra-duty, benefits costs				\$
25	<b>Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):</b>				<b>\$597,000.00</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #8—Professional and Contracted Services (6200)		
County-district number or vendor ID: 225902		Amendment # (for amendments only):
NOTE: Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.		
Professional and Contracted Services Requiring Specific Approval		
Expense Item Description		Grant Amount Budgeted
6269	Rental or lease of buildings, space in buildings, or land	\$
	Specify purpose:	
a. Subtotal of professional and contracted services (6200) costs requiring specific approval:		\$
Professional and Contracted Services		
#	Description of Service and Purpose	Grant Amount Budgeted
1	ESC 8 Dyslexia Specialist – Conduct ongoing training for classroom teachers of identified students in TIGER Academy	\$1,500.00
2	Training for Dyslexia Therapists in Pre-Flight/Take Flight	\$35,600.00
3	Training for Bilingual Therapists in ESPERANZA to become a Certified Practitioner	\$19,000.00
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
b. Subtotal of professional and contracted services:		\$56,100.00
c. Remaining 6200—Professional and contracted services that do not require specific approval:		\$
(Sum of lines a, b, and c) Grand total		\$56,100.00

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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<b>Schedule #9—Supplies and Materials (6300)</b>		
County-District Number or Vendor ID: 225902		Amendment number (for amendments only):
<b>Supplies and Materials Requiring Specific Approval</b>		
<b>Expense Item Description</b>		<b>Grant Amount Budgeted</b>
6300	Total supplies and materials that do not require specific approval:	\$15,180.00
<b>Grand total:</b>		<b>\$15,180.00</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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<b>Schedule #10—Other Operating Costs (6400)</b>		
County-District Number or Vendor ID: 225902		Amendment number (for amendments 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 requiring specific approval:		\$
Remaining 6400—Other operating costs that do not require specific approval:		\$
<b>Grand total:</b>		<b>\$</b>

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

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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<b>Schedule #11—Capital Outlay (6600)</b>				
County-District Number or Vendor ID: 225902			Amendment number (for amendments only):	
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted
<b>6669—Library Books and Media (capitalized and controlled by library)</b>				
1	Specific literature selected to enhance program curriculum	N/A	N/A	\$3,000.00
<b>66XX—Computing Devices, capitalized</b>				
2	IPADs for software use	48	\$400.00	\$19,200.00
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
<b>66XX—Software, capitalized</b>				
12	SMARTBoard Software	12	\$150.00	\$1,200.00
13	Read Naturally	480	\$10.00	\$4,800.00
14	Lexia	1	\$8,000.00	\$8,000.00
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
<b>66XX—Equipment or furniture</b>				
19	SMARTBoards	12	\$3,999.00	\$47,988.00
20	Desks for Students	48	\$150.00	\$7,200.00
21	Chairs for Students	48	\$30.00	\$1,440.00
22	Table for Teacher	12	\$150.00	\$1,800.00
23	Chair for Teacher	12	\$100.00	\$1,200.00
24			\$	\$
25			\$	\$
26			\$	\$
27			\$	\$
28			\$	\$
<b>66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>				
29				\$
<b>Grand total:</b>				<b>\$95,828.00</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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<b>Schedule #12—Demographics of Participants to Be Served with Grant Funds</b>			
County-district number or vendor ID: 225902		Amendment # (for amendments only):	
<b>Part 1: Students/Teachers To Be Served With Grant Funds.</b> Enter the total number of students and teachers in each grade projected to be served under the grant program. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.			
<b>School Type:</b>	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Open-Enrollment Charter	<input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Private For Profit <input type="checkbox"/> Public Institution
Grade	Number of Students	Number of Teachers	Student/Teacher Ratio
PK			
K	100	16	4:1
1 <sup>st</sup>	100	16	4:1
2 <sup>nd</sup>	80	16	4:1
3 <sup>rd</sup>	80	16	4:1
<b>COMMENTS</b>	Utilizing a school within a school approach, TIGER Academy will be housed in our 4 Elementary Campuses. This approach will allow for more students to receive the needed services. The number of teachers includes our current Dyslexia Therapists (one on each campus) to assist with additional students and the support of staff in addition to the students they are currently serving.		
<b>Part 2: Amount of Instruction.</b> Enter amount of instruction to be provided with grant funds. Use the comment section to add a description of any data not specifically requested that is important to understanding the amount of instruction to be provided by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.			
Amount of Instruction		COMMENTS	
School day hours (ex) 8:30am – 4:30pm	7:55am – 3:15pm	The amount of instruction will be scheduled accordingly to maximize the given amount of time in each school day.	
Number of days in school year	170 days	Participants will be served through TIGER Academy daily.	
Minutes of instruction per school year	78,720		

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Need

**Schedule #13—Needs Assessment**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 1: Process Description.** A needs assessment is a systematic process 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 needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the 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.

Over the past four years through the analysis of assessment data, our district has identified a need for our elementary-age students, specifically K-1<sup>st</sup>, to have access to specific interventions to assist the students who are showing early signs of reading difficulties. Through researched-based assessments, such as TPRI/TEJAS LEE, our district has been able to identify the students who are exhibiting reading difficulties. Interventions have been put in place to meet the needs of our students. The continuous challenge is having the appropriate resources to ensure students are identified early and are receiving the needed services to reach their maximum potential.

In our District, we know that early identification is key. We have four Elementary campuses which serve K-4<sup>th</sup> students. The campuses are Frances Coprew Elementary, EC Brice Elementary, Annie Sims Elementary, and Vivian Fowler Elementary. The funds from this grant will go to fund the implementation of the TIGER Academy on each of the Elementary campuses. Upon the implementation of our TIGER Academy, the funds from this grant would be used to remove the barriers of limited resources to be able to early identify students with reading difficulties and provide a comprehensive, innovative program of best practices to meet the individual needs of each student. Currently, our students, 7 years & older, are receiving services through our Take Flight Program. We are in need of additional staff trained in the best practices of PreFlight/Take Flight to assist with the serving of our identified students in K-1st. In addition, we serve a significant number of bilingual students who would best be served through the ESPERANZA Program, which is a Spanish multi-sensory, structured literacy program for Spanish-speaking students. Additional personnel would need to be trained so that the maximum number of students are provided the best practices to meet their specific needs in reading. In receiving the funds from this grant, our desire is to implement an innovative program that will effectively meet the unique needs of our identified students resulting in them reaching their maximum potential.

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**Schedule #13—Needs Assessment (cont.)**

County-district number or vendor ID: 225902

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.	Personnel (Staff) to identify and serve struggling readers who show characteristics of dyslexia.	Provide funds to be able to hire the needed personnel.
2.	Training of staff in research-based programs (Pre-Flight/Take Flight Program/ESPERANZA Program)	Provide funds to train the personnel hired to provide services to identified students.
3.	Materials/Equipment/Resources	Provide funding for purchase of materials to provide services to meet the specific, unique need of our identified students.
4.		
5.		

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**Schedule #14—Management Plan**

County-district number or vendor ID: 225902 Amendment # (for amendments only):

**Part 1: Staff Qualifications.** List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	Dyslexia Therapists on Campuses	Certified personnel with experience working with students with reading difficulties and students identified with Dyslexia.
2.	Dyslexia Specialist with ESC Region 8	Partnership with scheduling and providing on-going professional development for classroom teachers of identified students participating in TIGER Academy.
3.	Instructional Training Staff	Qualified instructors in Pre-Flight/Take Flight Program/Best Practices Qualified instructors in ESPERANZA Program/Best Practices
4.	Dyslexia Therapists in Training	Experience working with students with reading difficulties. Preference – at least 1 Bilingual Therapist per campus.
5.		

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Hire/Train Desired Personnel	1. Train in Pre-Flight/Take Flight (2 year process)	XX/XX/XXXX	XX/XX/XXXX
		2. Train in ESPERANZA (2 year process)	XX/XX/XXXX	XX/XX/XXXX
		3. Attend at least one PD/Conference per year	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
2.	PD for classroom teachers of identified students	1. Professional development during inservice	XX/XX/XXXX	XX/XX/XXXX
		2. On-going professional development	XX/XX/XXXX	XX/XX/XXXX
		3. Ongoing collaboration with Dyslexia therapists	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
3.	Utilize required K-1 screener	1. Early identification of students in need	XX/XX/XXXX	XX/XX/XXXX
		2. Provide ongoing, specific intervention in small group	XX/XX/XXXX	XX/XX/XXXX
		3. Track student progress in classroom setting	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
4.	Increase parent involvement	1. Individual communication with each parent	XX/XX/XXXX	XX/XX/XXXX
		2. Educate parents with strategies to use at home	XX/XX/XXXX	XX/XX/XXXX
		3. Solicit feedback on how better to serve them	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
5.	Community involvement in TIGER Academy	1. Partnership to read in schools	XX/XX/XXXX	XX/XX/XXXX
		2. Mentors for struggling readers	XX/XX/XXXX	XX/XX/XXXX
		3. Outreach opportunities for students and families	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX

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**Schedule #14—Management Plan (cont.)**

County-district number or vendor ID: 225902

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.

Our districts utilizes a number of data points to monitor the growth and success of our students. Through the use of assessments such as Renaissance, IStation, TPRI, District Benchmarks, and STAAR, the district is able to progress monitor students to measure growth. Regularly scheduled data meetings are conducted to analyze the collected data to determine each student's progress, and to determine if additional interventions or services are needed. Data meetings are held with administration, teachers, and students, and may be a combination of any of the above. In addition to data meetings, parent conferences are scheduled to discuss their student's progress, as well as, answer any questions or concerns that the parent may have. If a change is necessary, communication is provided to all stakeholders through face-to-face meetings, social media outlets, written communication or verbal communication via phone call.

**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.

Currently, our district maximizes efforts to service as many students as possible. Specific interventions are provided to meet the needs of those students who are not currently identified as a student with dyslexia. Our district is committed to identifying innovative ways to address the unique academic and functional needs of students with reading difficulties and those identified with dyslexia. With the implementation of TIGER Academy, the programs/resources implemented will hold participants accountable for the fidelity of services received resulting in the continued success of the participant and therefore the program, as well. Through the program, participants will gain the necessary strategies to sustain continued success throughout the program, as well as, throughout their life-long learning.

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**Schedule #15—Project Evaluation**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 1: Evaluation Design.** List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment
1.	Progress Monitoring	1. Mastery of concepts taught
		2.
		3.
2.	TPRI/Renaissance	1. Showing development of skills
		2.
		3.
3.	RITE Flight Fluency	1. Conitnuous increase in reading fluency
		2.
		3.
4.	Benchmarks/State Assessments	1. Show growth between each administration
		2. A minimum of Met Standard on State Assessment
		3.
5.	Continuous feedback from all stakeholders	1. Administer survey to all stakeholders specific to their involvement
		2. "Coffee Talks" with stakeholders
		3.

**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.

A multi-faceted approach is key when gathering data to evaluate the effectiveness of the program. Input from all stakeholders is vital data to determine success and sustainability of the program. This type of data will be collected routinely through face-to-face conversations and through conducting surveys. In addition to this data, specific assessment data will be collected and analyzed to determine student success in the program. Below is a schedule of assessments and a timeline as to when the data will be collected:

Progress monitor each student in the program: at least 3 times a year – BOY, MOY, and EOY.

Renaissance: 2X a month

TPRI: MOY & EOY (Kinder) BOY, MOY, & EOY (1<sup>st</sup>-3<sup>rd</sup>)

RITE Flight Fluency: ongoing 2X weekly

Benchmarks: Campus-specific (K-3<sup>rd</sup>) throughout the year  
District-wide (3<sup>rd</sup>) 2x-3x a year

Attendance: Weekly

Having multiple, routine data/feedback points will assist with identifying any problems within the program or specifically with the growth of a student, and allow us to address them immediately. We desire our program to be one that is proactive not reactive when needing to address any questions or concerns.

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

County-district number or vendor ID:

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.

TIGER Academy will incorporate evidence and research based design in the use of Pre-Flight/Take Flight which were developed to enable students with dyslexia to achieve and maintain better word recognition, reading fluency, reading comprehension, and assist the student when transitioning from a small group, therapeutic setting to the classroom setting, and successfully be able to apply the strategies they have learned. In addition, ESPERANZA is a comprehensive intervention program for Spanish-speaking students who have been identified with dyslexia, or struggle with reading difficulties. Two software programs requested to utilize as resources in this project are Read Naturally and Lexia. Read Naturally Live is a computer program for reading fluency to be used with students that have completed the dyslexia intervention program as well as other students needing a fluency intervention. Lexia is a research-based reading program proven to accelerate the development of critical fundamental literacy skills in elementary age students. These two programs will assist students as they work independently to sharpen their skill set and practice the learned strategies to help them find success. In utilizing some of the above mentioned programs, technology will be incorporated in the forms of IPADs, computers, and SMARTboards. Students will have the opportunity to learn in different modalities which will aide in the retention of strategies learned.

**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.

Upon being identified using an approved screener/assessment from the upcoming requirement from TEA, a student will be placed in TIGER Academy. Once entered into the program, the student will be assessed/evaluated by the Therapist/Practitioner to determine the baseline of their current skill set (strengths and areas in need of assistance), and to gain insight into how to best serve the student to meet their unique needs. Routine observations/evaluations will be conducted to measure the rate of progress being demonstrated by each student in the program. The data collected will be analyzed to evaluate program effectiveness, identify areas that may need revamping, or explore opportunities for enhancing/growth of the program.

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

County-district number or vendor ID: 225902

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.

In the establishment of the TIGER Academy, parental involvement will be key in the success of each student within the program. Our goal is to maintain a partnership with our parents where we solicit feedback from them on a continuous basis. Communication is vital to the success of our program. We plan to maintain open lines of communication with our parents through the hiring of a parent liason who will conduct regularly scheduled face-to-face conversations with parents to discuss their child's progress and keep them informed as to the happenings in the program. We would like to hold monthly "Coffee Talks" and Parent Nights where parents are invited to come and discuss their questions or concerns, as well as, learn strategies to assist their child at home. Along with the face-to-face conversations, we would like to conduct parent surveys to receive feedback as to how we may continue to serve them, and improve our program, as well. We want our parents to be active participants, along with their child, in the program, as we strive to enhance the school-to-home relationship.

**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.

Our population in Mount Pleasant ISD is a good representation of the population in the State of Texas. We have a very diverse population with our Hispanic population being our largest. The diversity and need in our population has prompted us to think outside the box in ensuring that the diverse, unique needs of our students are being met. Over the last four years, we have seen a significant, positive growth in student success. Through being intentional with our analysis of data, we have been able to peel back the layers and identify the specific needs of our students. With the funds from this grant, we will be able to continue to be proactive through our early identification of students with signs of dyslexia and start early providing them with the strategies necessary to meet their unique academic and functional needs through this innovative program. The simplicity of our program makes it easier and more effective when replicating due to the notion that once the appropriate training is received the wheels are set in motion to provide the necessary strategies to identified students to meet their specific needs, so that he/she is propelled forward on the road to success.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**TEA Program Requirement 1:** Describe how the program will use innovative approaches to effectively address the unique academic and functional needs of students with dyslexia. Applicants may focus on new and innovative practices, new and innovative ways to remove barriers to effective implementation of accepted practices, or both. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Through the awarding of this grant, our district will establish the TIGER Academy utilizing a school-within-a school framework. Through this program, a proactive approach will be taken through the early identification of students with reading difficulties, or showing signs of dyslexia. These students will be placed in TIGER Academy, and an individual needs plan will be developed based on the assessment/evaluation of the Dyslexia Therapist/Practitioner. This individual needs plan will be developed specifically to address the unique academic and functional needs of the identified student. Utilizing the resources made possible through the grant, each plan will include a detailed game plan as to how each student will be served through the program. In developing the plan, conversations will be had with the student to set attainable goals for them to strive to meet through their participation in TIGER Academy. In addition, conversations will take place with parents, as well, to ensure they understand all aspects of the program, and to solicit input from them on how to best be of service to them and their child. Open lines of communication will be established with all stakeholders to ensure that we maximize the potential of each student. With the awarding of this grant, barriers will be removed through the provision of additional, needed, valuable resources to maximize the implementation of innovative, accepted practices, resulting in each student finding success.

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By TEA staff person:

**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: 225902

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.

In Mount Pleasant ISD, we are blessed to be surrounded by a community who supports their school district. Through this grant opportunity, we would like to continue to enhance our partnership with our community through our Titus County Reads Program. Through this program, community members volunteer their time to come into the Elementary schools and read with a 1<sup>st</sup> Grade student. Through this grant, we would like to see that program continue to grow, and possibly provide mentors for struggling readers in our TIGER Academy. We have seen success in our Titus County Reads program, and would like to continue to see that success impact our TIGER Academy participants in a mighty way. In addition to our Titus County Reads Program, we would like to partner with our community to provide outreach opportunities to our students and their families. For example, hosting a Family Night at the Public Library. We realize it takes a village to nurture, grow, and educate a child. It is vital to involve the community in the implementation and facilitation of our TIGER Academy. They are an integral part and will provide a wealth of knowledge and insight into assisting with the success of the program.

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