

**Texas Education Agency
Standard Application System (SAS)**

2018–2019 Services to Students with Autism

Program authority:	Texas Education Code, 29.026 as added by House Bill 21, Section 3, 85 th Texas Legislature, 2017	FOR TEA USE ONLY Write NOGA ID here:
Grant Period:	May 1, 2018, to August 31, 2019	
Application deadline:	5:00 p.m. Central Time, March 8, 2018	Place date stamp here
Submittal information:	<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>	
Contact information:	Amy Kilpatrick, (512) 463-9414, amy.kilpatrick@tea.texas.gov	

Schedule #1—General Information

Part 1: Applicant Information

Organization name	County-District #	Amendment #
Mercedes Special Education Coop	108907	
Vendor ID #	ESC Region #	
108907	One	
Mailing address	City	State ZIP Code
P.O. Box 419	Mercedes	TX 78570

Primary Contact

First name	M.I.	Last name	Title
Delia Castillo		Castillo	Special Education
Telephone #	Email address		FAX #
956-825-5034	delia.castillo@misdtx.net		956-514-2029

Secondary Contact

First name	M.I.	Last name	Title
Dana		Yates	Assistant Superintendent for C&I
Telephone #	Email address		FAX #
956-825-5031	dana.yates@misdtx.net		956-514-2095

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
Daniel		Trevino	Superintendent of Schools
Telephone #	Email address		FAX #
956-514-2022	daniel.trevino@misdtx.net		956-514-2033
Signature (blue ink preferred)		Date signed	

Only the legally responsible party may sign this application.

701-18-107-028

RFA #701-18-107; SAS #291-18
2018–2019 Services to Students with Autism

Page 1 of 30

Schedule #1—General Information

County-district number or vendor ID: 108907

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:

On this date:

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: 108907

Amendment # (for amendments only):

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
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No fiscal-related attachments are required for this grant.

#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
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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
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the General and Fiscal Guidelines .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all General Provisions and Assurances requirements.
<input checked="" type="checkbox"/>	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: 108907

Amendment # (for amendments only):

Part 3: Program-Specific Provisions and Assurances☒ 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 autism.
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 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.
12.	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: 108907

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
Fiscal Agent				
1.	108907 Mercedes ISD	Dr. Daniel Trevino 	956-514-2022 Daniel.trevino@misdtx.net	1,000,000.00
Member Districts				
2.	031913 Santa Maria ISD	Maria Chavez 	956-565-6308 mchavez@smisd.net	500,000.00
3.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
4.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
5.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
6.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
7.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
8.	County-District # County-District Name	Name	Telephone number Email address	Funding amount

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

County-district number or vendor ID:

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	
Grand total:				

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Schedule #4—Request for Amendment

County-district number or vendor ID:

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:

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: 108907

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.

In response to the rising numbers of students with Autism Spectrum Disorders in our schools, Mercedes Special Education Cooperative, which serves Mercedes ISD and Santa Maria ISD, previously provided access to research based structured teaching methodology training provided by such entities as the *TEACCH* Center from North Carolina based on Dr. Eric Schopler and UNC's research, and the *SLATE* program from Dr. Art Flores and his team. The *TEACCH* methodology is a great set of tools to assist children with Autism make sense of their environment, function within structured instructional tasks, and initiate and practice independent learning outcomes by providing visual structures that facilitate learning. Our last cooperative wide training was conducted during the 2006-2007 school year. The majority of the staff trained with these strategies and approaches has since left the district, or are no longer in a teaching role, yet our number of students with ASD have significantly increased at each campus. The need to update structured teaching and Autism training is prevalent in our special education and general education classrooms in our cooperative.

With this grant, we would like to provide access to our educators to a ***Classroom 360*** training that provides the structured teaching components such as those of *TEACCH*, some basic *ABA* methodology, and reading and writing strategies for our students on the spectrum.

Access to this grant funding would ensure we continue to support innovative school wide models to provide exceptionally effective services to all our students with autism. The funding would also give students with ASD access to technology such as tablets and computers with communication programs that facilitate communication for our students on the spectrum, thus addressing the communication disorders often associated with Autism. The electronic devices would also give touch screen access to the Unique Learning System, the structured curriculum used by our students on the spectrum in life skills classrooms.

In order to address the sensory issues most of our students on the spectrum display, we intend to use the grant funding to provide students with sensory motor labs that include engaging equipment such as mechanical swings, tactile devices, balance beams, vestibular equipment, proprioceptive equipment, etc. In the past, access to such equipment has assisted in extinguishing some inappropriate behaviors that some students engage in due to not having their sensory needs met.

Recently we have had to collaborate with our local ESC, Region One, to provide technical support in helping us address student's explosive or aggressive behaviors. Their recommendation was for us to continue to provide access to training for staff working with students on the Autism Spectrum. Access to this grant funding ensures that the critical needs of our students with Autism Spectrum Disorders are met because they will have access to trained staff, engaging technology, safe sensory equipment, and abundant instructional materials to address their significant needs.

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Schedule #5—Program Executive Summary (cont.)

County-district number or vendor ID: 108907

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 budget was developed by acquiring quotes from vendors for materials and supplies, proposals for training, and reviewing data on staff members' training in all areas of the Autism spectrum. We reviewed the flyers send out to us from Region One, Region Two and vendors on the cost for Autism training opportunities and attending Autism Conferences.

Reviewing the historical data from Skyward, our students who have identified with Autism has increased since our last TEAACH Training in 2016-2007.

Our team specialist in Autism who is composed of our VI/Lead Teacher, Certified Occupational Therapist Assistant and Special Education Counselor/Behavior Specialist conduct walk throughs, make observations on behaviors that are explosive and disruptive to make recommendations or request technical assistance from the service center specialist. We conduct a needs assessment during the spring to determine what our needs are for the following year. This school year, we started conducting surveys to all teachers, Coop Staff and Administrators to their campus needs for training in the area of accommodations, disability awareness, scheduling, Co-Teaching, Effective Teaching Strategies other areas to focus on student success.

We have monthly meetings with Coop Staff and Progress Monitoring Meetings with the Special Education teachers every six weeks. Our focus during these meetings is student success and making necessary recommendations on how to provide support to campuses.

Currently we review and monitor Benchmarks and STAAR/STAAR Alt data using DMAC and the Unique Learning System has excellent reports comparing data from Benchmark to Benchmark and Checkpoints to Checkpoints to see progress. The n2y Goals, Preferences, Skills, educators now have an effective means to determine each student's current level of performance, develop individualized Educational Plan goals, and collect and evaluate data to define the next appropriate goal for their students. Administrators can manage faculty and students, monitor progress, customize reporting, and oversee implementation of Unique Learning System in our district.

I followed the guidance provided for each schedule by clicking the link that lead me to the instructions and I also asked Region One for technical assistance. By following these links I feel confident that the application is completely and accurately answering all statutory requirements and TEA requirements.

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By TEA staff person:

Schedule #6—Program Budget Summary

County-district number or vendor ID:

Amendment # (for amendments only):

Program authority: Texas Education Code, 29.026, House Bill 21, Section 3, 85th Texas Legislature, 2017

Grant period: May 1, 2018, to August 31, 2019

Fund code/shared services arrangement code: 429/459

Budget Summary

Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost
Schedule #7	Payroll Costs (6100)	6100	\$	\$	\$35,000.00
Schedule #8	Professional and Contracted Services (6200)	6200	\$550,000	\$	\$530,000.00
Schedule #9	Supplies and Materials (6300)	6300	\$450,000	\$	\$435,000.00
Schedule #10	Other Operating Costs (6400)	6400	\$275,000	\$	\$275,000.00
Schedule #11	Capital Outlay (6600)	6600	\$	\$	\$
Total direct costs:			\$	\$	\$
Percentage% <u>indirect costs</u> (see note):			N/A	\$225,000	\$225,000.00
Grand total of budgeted costs (add all entries in each column):				\$	\$ 1,500,000.00

Shared Services Arrangement

6493	Payments to member districts of shared services arrangements	100,000.00	\$	\$100,000.00
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Administrative Cost Calculation

Enter the total grant amount requested:	\$1,500,000.00
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:	\$225,000

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)

County-district number or vendor ID:		Amendment # (for amendments only):	
Employee Position Title	Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted
Academic/Instructional			
1 Teacher			\$
2 Educational aide			\$
3 Tutor			\$
Program 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			\$
Auxiliary			
12 Counselor			\$
13 Social worker			\$
14 Community liaison/parent coordinator			\$
Other Employee Positions			
15 Title			\$
16 Title			\$
17 Title			\$
18	Subtotal employee costs:		\$
Substitute, Extra-Duty Pay, Benefits Costs			
19 6112	Substitute pay		\$10,000.00
20 6119	Professional staff extra-duty pay		\$15,000.00
21 6121	Support staff extra-duty pay		\$10,000.00
22 6140	Employee benefits		\$
23 61XX	Tuition remission (IHEs only)		\$
24	Subtotal substitute, extra-duty, benefits costs		\$35,000.00
25	Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):		\$35,000.00

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

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Schedule #8—Professional and Contracted Services (6200)

County-district number or vendor ID: 108907

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	Building Blox; Classroom 360 Autism Training	\$17,850.00
2	Building Blox, Follow Up on Classroom 360 Autism Training	\$20,500.00
3	Building Blox, Progress Monitoring	\$10,000.00
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
b. Subtotal of professional and contracted services:		\$48,350.00
c. Remaining 6200—Professional and contracted services that do not require specific approval:		\$501,650.00
(Sum of lines a, b, and c) Grand total		\$550,000.00

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

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Schedule #9—Supplies and Materials (6300)

County-District Number or Vendor ID: 108907		Amendment number (for amendments only):
Supplies and Materials Requiring Specific Approval		
Expense Item Description		Grant Amount Budgeted
6300	Total supplies and materials that do not require specific approval:	450,000.00
Grand total:		450,000.00

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

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Schedule #10—Other Operating Costs (6400)

County-District Number or Vendor ID: 108907		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:		\$275,000
Grand total:		\$275,000

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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Schedule #11—Capital Outlay (6600)

County-District Number or Vendor ID:			Amendment number (for amendments only):	
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted
6669—Library Books and Media (capitalized and controlled by library)				
1		N/A	N/A	\$
66XX—Computing Devices, capitalized				
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
66XX—Software, capitalized				
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
66XX—Equipment or furniture				
19			\$	\$
20			\$	\$
21			\$	\$
22			\$	\$
23			\$	\$
24			\$	\$
25			\$	\$
26			\$	\$
27			\$	\$
28			\$	\$
66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)				
29				\$
Grand total:				\$

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 #12—Demographics of Participants to Be Served with Grant Funds

County-district number or vendor ID: 108907

Amendment # (for amendments only):

Part 1: Students/Teachers To Be Served With Grant Funds. 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.

School Type: ☒ Public ☐ Open-Enrollment Charter ☐ Private Nonprofit ☐ Private For Profit ☐ Public Institution

Grade	Number of Students	Number of Teachers	Student/Teacher Ratio
PK	6	1	6/1
K	4	1	4/1
1 st	7	2	3/1
2 nd	5	2	3/1
3 rd	3	2	3/1

COMMENTS

Part 2: Amount of Instruction. 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	7:45 – 3:15	
Number of days in school year	171	
Minutes of instruction per school year	71,820/33,345	Our Pre-K is half a day.

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Need

Schedule #13—Needs Assessment

County-district number or vendor ID:

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.

Mercedes Special Education Cooperatives which includes Mercedes ISD and Santa Maria is including all campuses since we have student Life Skills in each elementary campus. The only elementary campus without a Life Skills is Tony Gonzalez Elementary from Santa Maria ISD. Their identified students attend one of the Life Skills Elementary located in Mercedes ISD.

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Schedule #13—Needs Assessment (cont.)

County-district number or vendor ID: 108907

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.	Our identification of Students with Autism have increased from 12 in 2007 to 34 in 2018..	The Grant Program training for the special education staff will provide the students with the spectrum the opportunity to receive research based structured teaching methodology they need in order to be successful.
2.	Our previous teachers who were trained with the TEACH Program are no longer with the Mercedes Special Education Coop. We currently have Life Skills teachers, general education teachers and paraprofessionals who work with students with Autism in both Life Skills and Inclusion Support in the general education setting. Training will be provided to all staff who work with students with Autism.	The training will provide the special and general education staff with the structured teaching components such as those of TEACCH, some basic ABA methodology, and reading and writing strategies for our students on the spectrum.
3.	Special Education Staff will be attending training opportunities provided by Region One and the state Autism Conference sponsored by Texas Education Agency and coordinated by the Education Service Center, Region 2.	<p>The goal of the Texas Autism Conference is to provide parents, educators, and campus leadership with strategies, resources, tools, and evidence-based practices in the education and service of students with Autism Spectrum Disorder.</p> <p>The conference will include a general keynote address, breakout sessions, and a parent panel discussion. The event also provides networking opportunities for conference participants to exchange successes, challenges and ideas on how to increase student performance and success in life.</p>

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Schedule #14—Management Plan

County-district number or vendor ID: 108907

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.	Classroom 360 Consultant	The consultants from Classroom 360 must have the knowledge and skills to train our staff, certification to conduct the training in the area of ABA methodology, reading and writing strategies for our students on the spectrum.
2.	Special Education Teachers and Paraprofessionals	<p>All special education and related service personnel must be certified, endorsed, or licensed in the area or areas of assignment in accordance with 34 Code of Federal Regulations, §300.156; the Texas Education Code, §§21.002, 21.003, and 29.304; or appropriate state agency credentials.</p> <p>The qualifications must ensure that each person employed as a public school special education teacher in the State who teaches in an elementary school has obtained full state certification in special education.</p> <p>A special education teacher must hold a special education certification or endorsement to serve eligible students 3/21 years of age.</p> <p>Paraprofessional personnel must be certified and may be assigned to work with eligible students, general and special education teachers, and related service personnel.</p>
3.	Special Education Staff (Related Services, VI teacher, Speech Therapist and Special Education Counselor)	<p>Persons assigned to provide speech therapy instructional services must hold a valid Texas Education Agency certificate in speech and hearing therapy or speech and language therapy, or a valid state license as a speech/language pathologist.</p> <p>VI Teacher certified in the education of students with visual impairments must be available to students with visual impairments, including deaf-blindness, through one of the school district's instructional options, such as an education service center.</p> <p>When the admission, review, and dismissal committee has made the determination and the arrangements are specified in the student's individualized education program, physical education may be provided by the following personnel, occupational therapy assistants or physical therapy assistants working under supervision in accordance with the standards of their profession. Special education instructional or related service personnel who have the necessary skills and knowledge.</p>

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Schedule #14—Management Plan (cont.)

County-district number or vendor ID: 108907

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.

The process and procedures for monitoring the goals and objectives will be part of our Assessment Staff Meetings and the Six Weeks Progress Monitoring Meetings held every six weeks with our Life Skills Teachers. The monitoring with the parents will be done during our quarterly meetings with them and administrators during our monthly meetings.

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.

The MSEC Staff who have been involved with the TEAACH program have continuously followed up and provided support whenever a campus made a request. Staff also monitors classrooms through class visits and walk throughs to identify the structured components are being implemented.

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Schedule #15—Project Evaluation

County-district number or vendor ID: 108907

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.	Class 360 Progress Monitoring	1.	Training for special education staff.
		2.	
		3.	
2.	IEP Progress Reports	1.	Compliance Audit
		2.	
		3.	
3.	Unique Learning Reports	1.	Benchmarks and data
		2.	
		3.	
4.	Walk Throughs and Classroom visits	1.	Implementation of the structured materials, tasks, and visual schedules.
		2.	
		3.	
5.	Monthly Progress Monitoring Meetings every 6 Weeks.	1.	Progress Reports on student data and monitoring the grant's goals and objectives.
		2.	
		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.

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MSEC will collect data from IEP Progress Reports, Unique Learning System Benchmarks, ESY recommendations and State Assessment.

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

County-district number or vendor ID: 108907

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.

MSEC incorporates evidence-based and research-based design by requesting quotes and proposals from companies and consultant who show evidence of research-based and provide documentation to support.

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.

MSEC will generate reports using the Unique Learning Reports to establish a baseline and will conduct walk throughs for observation purposes.

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

County-district number or vendor ID:

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 will be given the opportunity to attend the Texas Autism Conference. Once attended the conference, meetings will be scheduled on a quarterly basis to follow up with what was learned at the conference on how to support and collaborate.

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.

The MSEC goal is to insure that students with ASD have access to structured learning environments, engage in technology, safe sensory motor labs and hands on visually support tasks and materials based on individual needs.

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Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: 108907

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 autism. 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 access to educators trained by Classroom 360 approaches, which include the components of structured learning, current ABA methodology, reading and writing strategies for students with ASD will be able to meet individualized Education Plan Goals. Students will be able to perform with more independence and success in both academic and functional skills.

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

County-district number or vendor ID: 108907

Amendment # (for amendments only):

TEA Program Requirement 2: Describe how the program will incorporate meaningful inclusion. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

MSEC is proposing to train inclusion resource/service providers, students will have access to staff that is knowledgeable in strategies for working with students on the spectrum while in the general education classrooms.

TEA Program Requirement 3: 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.

Click and type here to enter response.

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